

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

JT Ste 720, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405

STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as provided by the laws of the State of Alabama that UNIVERSITY OF ALABAMA HOSPITAL whose address is, JT 720, 619 19th ST. S., Birmingham, AL 35249-6510, which operates a hospital of the same name, at the same address, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by: Phillip Brent Snider of 2246 Lakeside Drive, McCalla, AL 35111, against all causes of action, suits, claims, counter claims and demands accruing to the said Phillip Brent Snider or his/hers legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and

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		ch necessitated such hospital	
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Amount Claimed:	\$65,504.20	Date of Admission:	10/19/2012
Date of Injury:	08/13/2010	Date of Discharge:	10/29/2012
	· · · · · · · · · · · · · · · · · · ·	*	such injured person, or the legal ajuries are, to the best of the claimant's
Vame:		Name:	
Address:		Address:	· · · · · · · · · · · · · · · · · · ·
Vame:		Name:	
Address:		Address:	*
Before me, Alabama, personally appears the authorized representations.	red, Thomas Elm ative for the claims	es who being by me first duly ant, and as such has personal l	Hospital Lien Prepared by: Linda Allen JT 720, 619 19 th Street South Birmingham, AL 35249 r the County of Jefferson, State of sworn, doth depose and say that she/he knowledge of the facts set forth in the
Foregoing statement of lien Subscribed and sworn to be	•	ary Public NOTARY PUBL	C STATE OF ALABAMA AT LARGE SION EXPIRES: Sept 30, 2015 NOTARY PUBLIC UNDERWRITERS