


D069398592

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051

NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that DCH Health Care Authority, whose address is 809 University Boulevard E Tuscaloosa, AL 35401-2029, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Cleon Wright**
Address: **1231 Finley Street**
Tarrant City, AL 35217
Admit Date: **August 10, 2014**
Discharge Date: **August 10, 2014**
Amount Due: **\$315.00**


20140908000280680 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
09/08/2014 11:08:00 AM FILED/CERT

To the best of the claimant's knowledge, the names and addresses of all persons, firms or corporations claimed by said injured person, or legal representative of said person, to be liable for damages arising from such injuries are as follows:

ALFA - X04-3964
2692 E. Pelham Pkwy.
Pelham, AL

DCH Regional Medical Center

BY:



Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, September 2, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

The foregoing statement was acknowledged and verified before me this 2014, by the duly authorized DCH Regional Medical



NOTARY PUBLIC

MY COMMISSION EXPIRES:



Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834