## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

POB 308, 619 19<sup>th</sup> ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 205-934-6400



09/21/2015 02:37:23 PM FILED/CERT

08/31/2015

Date of Admission:

## THIS IS NOT A BILL

## 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 POB 308, 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: Monica Crews of 868 Hwy 231, Vincent, Alabama 35178 against all causes of action, suits, claims, counter claims and demands accruing to the said Monica Crews or her legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

\$30,885.60

065155295-5243

Amount Claimed:

	Date of Injury:	08/31/2015		Date of Discharge:	09/02/2015
representa				ned by such injured person, such injuries are, to the be	
Name:			Name:		
Address:			Address:		
			Sentative, UAB/PFS	<del></del>	epared by: Brandy Lewis 519 19 <sup>th</sup> Street South gham, AL 35249
Alabama, is the auth	personally appeare norized representation	d, <u>Colundra McL</u> ve for the claimant	eod, who being by and as such has pe	n and for the County of Jeff me first duly sworn, doth de ersonal knowledge of the face September 20	epose and say that she cts set forth in the
		Motary	May Ni y Public	cole leuris	

