NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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

THIS IS NOT A BILL



Shelby Cnty Judge of Probate, AL 11/13/2015 01:52:26 PM FILED/CERT

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: Meagan Jones of 1094 County Road 411, Clanton, Alabama 35045 against all causes of action, suits, claims, counter claims and demands accruing to the said Meagan Jones 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.

065171888-5290

	Amount Claimed:	\$75,593.00		Date of Admission:	10/17/2015
	Date of Injury:	10/17/2015		Date of Discharge:	10/20/2015
representa		•	-	ned by such injured person, or such injuries are, to the best	-
Name:			Name:		
Address:			Address:		
	UNIVERSITY OF ALABAMA HOSPITAL By: COUNCIL MEDICAL Buly Authorized Representative, UAB/PFS Hospital Lien Prepared by: Brandy Lewis POB 308, 619 19 th Street South Birmingham, AL 35249				
Alabama, is the auth	personally appeared	l, <u>Colundra McL</u> e for the claimant	eod, who being by t, and as such has pe	n and for the County of Jeffe me first duly sworn, doth de ersonal knowledge of the fac NOVEMBER 201	pose and say that she ts set forth in the
		Motary	My Public	ele lewit	

