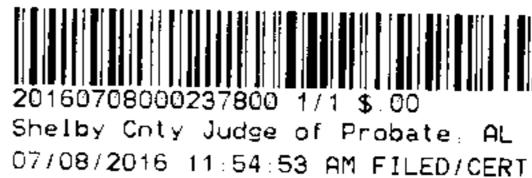
## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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

## THIS IS NOT A BILL



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**PUBLIC** 

## 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 19<sup>th</sup> 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: Nicholle Brendlinger of 29 Fox Hound Trl, Pelham, Alabama 35124 against all causes of action, suits, claims, counter claims and demands accruing to the said Lonnie Brendlinger or his 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.

Settlemen	is of settlement a	agreements and wi	nen necessitatea saen	nospital care.		
06524221	5.6141					
Amount Claimed:		\$13,089.60		Date of Admission:	05/20/2016	
Date of Injury:		05/20/2016		Date of Discharge:	scharge: 05/23/2016	
representa		•	-	med by such injured person n such injuries are, to the b	•	
Name:	Progressive Insurance		Name:			
	P.O.Box 512926		<del></del>	<del>"</del>		
Address:	Los Angeles, CA	¥ 90051	Address:			
	13	y. LACUM WOLK	ALABAMA HOSPI Dresentative, UAB/PFS	POB 308,	epared by: Michelle Brogdon , 619 19 <sup>th</sup> Street South ngham, AL 35249	
Alabama, is the auth foregoing	personally appe norized represent statement of lie	ared, <u>Colundra M</u> tative for the claim	IcLeod, who being by ant, and as such has personant true and correct.	<u> </u>	depose and say that she	

Notary Public