

NOTICE OF HOSPITAL LIEN
For the
HEALTHCARE AUTHORITY FOR MEDICAL WEST,
AN AFFILIATE OF UAB HEALTH SYSTEM

STATE OF ALABAMA
SHELBY COUNTY

Notice is hereby given, that the above Healthcare Authority which operates a hospital at 995 9th Ave SW, Bessemer AL 35022 known as **MEDICAL WEST**, does hereby claim a statutory lien for the reasonable charges of hospital care, treatment and maintenance rendered to:

Kathleen W Gray
724 34Th St S Apt 4
Birmingham AL 35222

against any and all causes of action, suits, claims, counter claims and demands as well as any judgments, settlements, and settlement agreements that may accrue to the Patient on account of the injuries that necessitated said treatment. This lien is continuing in nature and extends not only to the initial treatment rendered on the occasion stated below but also as to any follow-up care provided for said injuries.

Amt Claimed: \$5785.72

Admit Date: 8/16/2016

Injury Date: 8/16/2016

Discharge Date: 8/16/2016

The names and addresses of those persons, firms or corporations that are or may be potentially liable to the Patient on account of such injuries are, as follows:



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Shelby Cnty Judge of Probate, AL
08/24/2016 01:55:56 PM FILED/CERT

**HEALTHCARE AUTHORITY FOR MEDICAL WEST, AN
AFFILIATE OF UAB HEALTH SYSTEM**

By: 

Before me the undersigned Notary Public, personally appeared, William Kent Upshaw, who being known to me did upon oath state that they did execute the above Notice of Hospital Lien, with full authority and knowledge of its contents as and for the entity identified above as HEALTHCARE AUTHORITY FOR MEDICAL WEST, AN AFFILIATE OF UAB HEALTH SYSTEM.

Subscribed and sworn to before me this 22nd day of August, 2016.


Notary Public EXP. 3/14/17

Instrument Prepared by Attorney William Kent Upshaw, Comer &
Upshaw, LLP. 2107 2nd Ave No Birmingham, AL. 35203. (205) 250-
7670

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