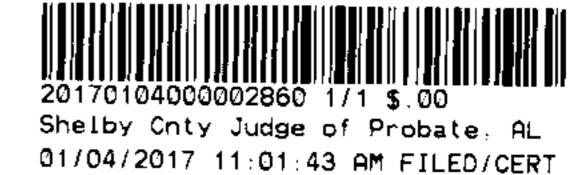
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

720 39th Street North Birmingham, AL 35222-1112 1-888-309-8435 or 205-934-6400

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 720 39th Street North Birmingham, AL 35222-1112, 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: Harold Skalka of 181 Summerwood Lane Sterrett, AL 35147 against all causes of action, suits, claims, counter claims and demands accruing to the said Harold Skalka or their 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.

| or settlem | ent agreements and w | hich necessitate | d such hospita | al care. | |
|--------------------------------|---|---|---|--|--|
| 06533993 | 8.6344 | | | | |
| | Amount Claimed: | \$111,821.76 | | Date of Admission: | 12/09/2016 |
| | Date of Injury: | 12/09/2016 | | Date of Discharge: | 12/16/2016 |
| representa | | - | - | s claimed by such injured p g from such injuries are, to | • |
| Name: | Geico Auto Insurance | | Name: | | |
| | Claim #05479783701 | 01013 | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| Address: | 1 Geico Center | · · · · · · · · · · · · · · · · · · · | Address: | | |
| | Macon, GA 31294 | | | | |
| Alabama, she is the the forego | personally appeared, authorized representating statement of lien. | By: <u>Old</u> Duly Autho Foundra McL tive for the clain and that the san | rized Representation And as sure are true and | AMA HOSPITAL Character, UAB/PFS Iblic in and for the County ag by me first duly sworn, on the correct. Correct. | loth depose and say that e of the facts set forth in |
| | | Meli | Notary Pul | mas Front L. | HOMAS A STATE OF THE PROPERTY OF THE PARTY O |

Hospital Lien Prepared by: Wondricica Armer

720 39th Street North

Birmingham, AL 35222-1112

