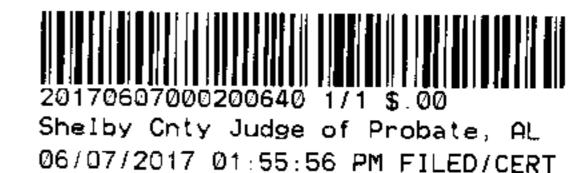
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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

THIS IS NOT A BILL



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: <u>Luis Mario Martinez</u> of <u>1564 Kent Dairy Rd</u>, <u>Lot 444</u>, <u>Alabaster</u>, <u>AL 35007</u> against all causes of action, suits, claims, counter claims and demands accruing to the said <u>Luis Mario Martinez</u> or his/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.

06501344	3.4143				
	Amount Claimed:	\$40,298.00		Date of Admission:	05/27/14
	Date of Injury:	05/10/14		Date of Discharge:	05/27/14
representa		-	-	s claimed by such injured p g from such injuries are, to	
Name:			Name:		<u> </u>
Address:	······································		Address:		
Alabama, she is the the forego	personally appeared, authorized representation ing statement of lien, d and sworn to before	By: <u>Ollif</u> Duly Author Columbra McL tive for the clain and that the san	rized Represe, a Notary Pueod, who being ant, and as some are true and day of	ntative, UAB/PFS ablic in and for the County ag by me first duly sworn, o ach has personal knowledge decorrect.	doth depose and say that

Notary Public

Hospital Lien Prepared by: Marco Passarello P O B 308, 619 19th Street South Birmingham, AL 35249

