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

AMENDED LIEN

INST#20170425000140970

PG: 1

Notice is he	ereby given, as provi	ded by the laws of the	e State of Alabama that UNIVI	ERSITY OF ALABAMA
HOSPITA	L whose address is	POB 308, 619 19 th S'	T. 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, treatmen				
•			7 Four J Road, Chelsea, AL 35	
			eruing to the said <u>Jeffery L. Ser</u>	
			agreements entered into by vir	
_			s, claims, counter claims, dema	
Ü		hich necessitated sucl		
065396590	J	mon necessitated sac.	ir nospitai vaivi	
003370370	Amount Claimed:	\$34,847.00	Date of Admission:	03/14/2017
	Date of Injury:	03/14/2017	Date of Discharge:	03/14/2017
Name:	as follows:	Na	ame:	<u> </u>
		Λ.	ddress:	
Address:				
		By: Oll Authorized	F ALABAMA HOSPITAL Representative, UAB/PFS Notary Public in and for the Con-	anty of Jefferson. State of
Alabama, pashe is the atthe foregoing	personally appeared, uthorized representating statement of lien.	Colundra McLeod,	who being by me first duly swo and as such has personal know true and correct.,	orn, doth depose and say that
Shelia Thomas Travell. Notary Public				

Hospital Lien Prepared by: Marco Passarello

Patient Financial Services

AVBC 720 39th St N Birmingham, AL 35222-1112 20171011000369850 1/1 \$.00 Shelby Cnty Judge of Probate: AL 10/11/2017 11:12:03 AM FILED/CERT

