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: Anthony Derrick of 131 Kensington Manor Dr, Calera, AL 35040 against all causes of action, suits, claims, counter claims and demands accruing to the said Anthony Derrick 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.

Date of Admission:

09/30/17

SHELLYN LEE GILBERT

My Commission Expires

October 25, 2020

065467502.7273

Amount Claimed:

Hospital Lien Prepared by: Marco Passarello

Patient Financial Services

Birmingham, AL 35222-1112

AVBC

720 39th St N

\$143,665.91

Da	ate of Injury:	09/30/17/17		Date of Discharge:	10/04/17	
	of such person,		-	s claimed by such injur g from such injuries are	•	_
Name:			Name:			
Address:			Address:		· • · · · •	
Alabama, pers she is the auth the foregoing	sonally appeared orized represent statement of lien	By: Cllub Duly Author Columbra McLe	ized Represe a Notary Present, a Notary Present, who being ant, and as see are true and	Intative, UAB/PFS The control of the Country of the control of th	orn, doth depos	se and say that

Shelby Cnty Judge of Probate, AL

10/11/2017 11:12:04 AM FILED/CERT