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



12/13/2017 11:31:22 AM FILED/CERT

12/04/17

STATE OF ALABAMA SHELBY COUNTY

Amount Claimed:

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: Edward C. Benson of 1401 Fl Shuttlesworth Dr, Birmingham, AL 35234 against all causes of action, suits, claims, counter claims and demands accruing to the said Edward C. Benson 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. 000052641.7338

\$9,041.00

Date of Admission:

	Date of Injury:	12/04/17	Date of Discharge:	12/04/17
representa		-	r corporations claimed by such inju mages arising from such injuries ar	-
Name:			Name:	
Address:			Address:	
Alabama, she is the the forego	personally appeared authorized represent oing statement of lier	By: Duly Author Columbra McLe tative for the claim and that the sam re me this	Y OF ALABAMA HOSPITAL rized Representative, UAB/PFS 1, a Notary Public in and for the Coeod, who being by me first duly sweet and, and as such has personal known are true and correct. day of Occomber	orn, doth depose and say that

Notary Public

Hospital Lien Prepared by: Marco Passarello Patient Financial Services AVBC 720 39th St N Birmingham, AL 35222-1112

