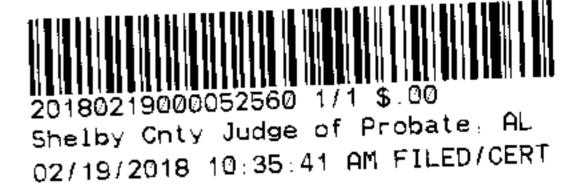
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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: Jessica Mallord of 10784 Gallups Xrd, Harpersville, AL 35078 against all causes of action, suits, claims, counter claims and demands accruing to the said Jessica Mallord 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.

065517912.8036

	Amount Claimed:	\$19,170.00		Date of Admission:	02/05/18	
	Date of Injury:	02/05/18		Date of Discharge:	02/06/18	
representa		•	_	s claimed by such injug g from such injuries are		
Name:	Southern Pioneer Insurance		Name:			
	Policy# CP00007928		•			
Address:	P.O. Box 17343		Address:			
	Jonesboro, AR 72403		•			
Alabama, she is the	personally appeared,	Colundra McI tive for the claim	a Notary Proceed a Notary Proceed who being mant, and as some are true and day of	Intative, UAB/PFS Iblic in and for the Connect duly swell It correct.	orn, doth depose	and say that
			Notary Pu	blic		

Hospital Lien Prepared by: Marco Passarello Patient Financial Services

AVBC

720 39th St N

Birmingham, AL 35222-1112

