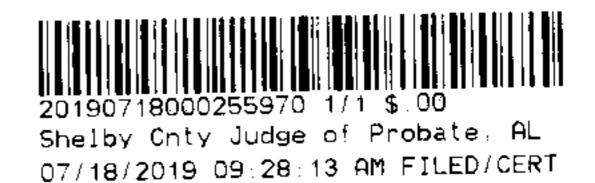
## PREPARED BY:

ASPIRION HEALTH RESOURCES KYLE S. FISCHER P.O. BOX 1437 COLUMBUS, GA 31902-1437 (706) 660-5507



## **HOSPITAL LIEN**

## STATE OF ALABAMA: COUNTY OF SHELBY:

TO THE PROBATE COURT AND CLERK OF PROBATE COURT OF SAID COUNTY: Notice is hereby given to all persons, firms and corporations, including

REF #: EAMC387839
JACKIE HEARD
3260 MILLCREEK ROAD APT 8
AUBURN, AL 36832-7820

SAFEWAY INSURANCE COMPANY ATTENTION: DESHERRI CARLISLE 300 RIVERHILLS BUSINESS PARK STE 360 BIRMINGHAM, AL 35242-5037 CLAIM NUMBER: 1117970-AL

JAMES DAVENPORT 987 COOSA COUNTY RD 78 SYLACAUGA, AL 35151-0000

that East Alabama Medical Center, 2000 Pepperell Parkway, Opelika, AL 36801, operated by East Alabama Healthcare Authority, 2000 Pepperell Parkway, Opelika, AL 36801 has treated as a patient JACKIE HEARD who resides at 3260 MILLCREEK ROAD APT 8, AUBURN, AL 36832-7820 and who was admitted for treatment at East Alabama Medical Center, 2000 Pepperell Parkway, Opelika, AL 36801 on 06/11/2019 and discharged on 06/11/2019, admitted on 06/11/2019 and discharged on 06/11/2019 and said patient incurred charges in the amount of \$880.84 for hospital care and treatment. East Alabama Medical Center hereby creates a lien up to the maximum allowable amount of any obtained or recovered damages which the patient or his/her legal representative may receive or be entitled to receive, whether by judgment, settlement, or compromise, from any and all causes of action, suits, claims, counterclaims or demands accruing to the patient, all in accord with the provisions of Code of ALA. § 35-11-370 et. seq. The above named persons, firms or corporations, if any, are claimed by the patient or his legal representative to be liable for said injuries and such persons, firms or corporations are so listed to the best of claimant's knowledge. This lien is for the amount being claimed is fair and reasonable for the services rendered.

## STATE OF GEORGIA: COUNTY OF MUSCOGEE:

Personally appeared before the undersigned attesting officer, duly authorized by law to administer oaths, the undersigned, who on oath, deposes and says that he is authorized to make this affidavit on behalf of East Alabama Medical Center and the statements contained in the above and foregoing lien are true to the best of his knowledge and belief.

East Alabama Medical Center

Sworn to and subscribed before me
This 12th day of July, 2019

By:

Kyle S. Fischer, General Counsel

Notary Public

Notary Public

Sworn to and subscribed before me
This 12th day of July, 2019

Notary Public

Notary Public

Notary Public

COUNTY, C