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CLAIM OF UNIVERSITY COMMUNITY HOSPITAL, INC
d/b/a FLORIDA HOSPITAL CARROLLWOOD
STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

ACCOUNT: 1282337
HOSPITAL CLAIM OF LIEN

Sara Garcia, Account Representative, being first duly sworn says they are the Authorized Agent of University Community Hospital, INC, d/b/a Florida Hospital Carrollwood ("Hospital"), Patient Financial Services, a non-profit corporation, located at 7171 N Dale Mabry Hwy, Tampa, FL 33614, and as the authorized agent of Florida Hospital Carrollwood, certified that Ben Smith whose address is at it appears on the records of said hospital is 5608 Charles Dr Tampa, FL 33619 has been furnished hospital care, treatment and maintenance n Florida Hospital Carrollwood from 6/27/2017 to the date of discharge from said hospital on 6/27/2017.

That Ben Smith is indebted to the University Community Hospital, INC, d/b/a Florida Hospital Carrollwood in the sum of \$31,924.66 for such hospital care, treatment and maintenance and that said sum is now due and owing Florida Hospital Carrollwood as a reasonable and necessary charge for such hospital care, treatment and maintenance.

To the best knowledge and Affiant, said Ben Smith suffered injury or illness by reason of an accident occurring on or about the 30th day of July 2016. An exact, executed copy of hereof has been furnished to said Ben Smith at the aforementioned address.

To the best knowledge of Affiant, the names and addresses of all persons, firm or corporations claimed by such ill or injured person or by the legal representative of such person, to be liable on account of such illness or injuries are as follows:

Liberty Mutual
P.O Box 1052
Attn: Claims
Montgomeryville, PA 18936
POLICY NUMBER#: N/A
CLAIM#: LA00003413504501
POLICY HOLDER: Ben Smith

And that a copy of hereof has been mailed by registered mail, postage paid, to the above named, firms or corporations at the above address(es) on this 6th day of July 2017.

This claim is furnished to and filed with the Clerk of the Circuit Court, Hillsborough County, Florida, that part owing and belonging to Ben Smith of any recovery of money or sum had or collected or to be collected, whether by judgement, settlement, settlement agreement of compromise, to the extent of the aforesaid reasonable and necessary charges of Florida Hospital for the hospital care, treatment and maintenance of said Ben Smith, up to the date of such payment; and recording hereof shall constitute notice of such lien to app persons, firms or corporations who pay any judgment, settlement or compromise to said Ben Smith arising out of any claim for damages for such illness or injury which the said Ben Smith has against such person, firms or corporations, their assignees, agents, or patties having interest by or through such persons, firms or corporations.

THIS IS NOT A CLAIM AGAINST ANY REAP PROPERTY OF ANY PERSONS NAMED HEREIN.

The fee of the Clerk of the Circuit Court covering the cost of filing and recoding of this lien has been paid.

Signature FH Authorized Agent

Sara Garcia, Account Representative, Agent of Florida Hospital Carrollwood

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

ACCOUNT: 1282337

On this day before me, Sara Garcia, Account Representative, personally known to me to be the authorized agent of University Community Hospital, INC, d/b/a/ Florida Hospital Carrollwood, did execute this claim of Lien of University Community Hospital, INC, d/b/a Florida Hospital Carrollwood in my presence, and did not take an oath. Witness my hand and official seal in the Count and State aforesaid the 6th, of July 2017.

Signature of Notary Public

My commission expires _____

This instrument was prepared by:
Sara Garcia, Account Representative
Patient Financial Services
12470 Telecom Drive, Suite 500
Temple Terrace, FL 33637

