

BURTON H. SILVERSTEIN, d/b/a  
AAA ASSIGNMENT SERVICE, AS  
ASSIGNEE OF SOUTH BALDWIN  
HOSPITAL

Plaintiff

VS.

CHARLOTTE ZIGLAR

Defendant

1

IN THE CIRCUIT COURT OF

1

BALDWIN COUNTY, ALABAMA

1

AT LAW

1

CASE NO. *8494*

1.

The Plaintiff claims of the Defendant the sum of SIX HUNDRED TWENTY SIX and 45/100 (\$626.45) DOLLARS, due from her by account between the Defendant and the South Baldwin Hospital, on the 19th day of April, 1967, which sum of money, with interest thereon, is still unpaid and is the property of the Plaintiff by assignment made to him by South Baldwin Hospital on April 15, 1968.

2.

The Plaintiff claims of the Defendant the sum of SIX HUNDRED TWENTY SIX and 45/100 (\$626.45) DOLLARS, due from her by account between the Defendant and the South Baldwin Hospital, on the 19th day of April, 1967, which sum of money, with interest thereon, is still unpaid and is the property of the Plaintiff by assignment made to him by South Baldwin Hospital on April 15, 1968. A copy of the assignment and an itemized statement of the account sued on and assigned, verified by the affidavit of a competent witness, is attached hereto as Exhibits "A" and "B" and made a part hereof.

WILTERS, BRANTLEY & NESBIT

BY: *Walter S. Nesbit*

Attorney for Plaintiff

FILED

JAN 2 1969

ALICE J. BUCK CLERK  
REGISTER

Foley, Alabama  
April 15, 1968

For value received, I Marshall Crosby,  
Administrator of the South Baldwin  
Hospital, do hereby assign and set over  
to B. H. Silverstein d/b/a  
AAA Assignment Service the account owed  
to the South Baldwin Hospital by

Charlotte Zigler

South Baldwin Hospital

Marshall Crosby  
Administrator

STATE OF Alabama  
COUNTY OF Baldwin

Personally appeared before me, the undersigned authority, in and for said County and State, Marshall Cooper, who after first being duly sworn deposes and says that he is the ADMINISTRATOR of the South Baldwin Hospital and as such officer he has the supervision and custody of all the records of the said South Baldwin Hospital including the accounts. Affiant further says that on the 19 day of April, 1967, that Charlotte Ziglar was indebted to said South Baldwin Hospital in the amount of \$ 626.45. Further that this indebtedness is still due and unpaid.

Marshall Cooper

Sworn to and subscribed before me this 18 day of December, 1968.

Joseph A. Stewart  
Notary Public, State at Large  
My commission expires Aug. 5, 1972



CASE NO.

Inclusion 2205-67

**SOUTH BALDWIN HOSPITAL - 125 FOLLY, ALABAMA**

7/27/67  
WICK

PATIENT'S NAME (29-36) LAST: *Bain* FIRST: *Richard* MIDDLE: *Clayton* HOME ADDRESS: *Box 201A Rt. 1, Foley, Alabama 36701*  
 SEX: *M* RACE: *W* AGE: *17* DATE OF BIRTH (37-41): *6-12-49* ETHNIC: *S* EMPLOYER: *None*  
 INSURED BY: *Robert Lechert Auto Liability* CONTRACT OR POLICY NO. (2-10): *4/5/67* TYPE: *(1) MFD.* (2) SUC. (3) O.B. (4) ACCID.  
 SUBSCRIBER OR RESPONSIBLE PARTY (12-14): *Richard Clayton Bain* ADDRESS: *Box 201A Rt. 1, Foley, Alabama 36701* PHONE: *937-2873* OCCUPATION: *Student*  
 DATE ADMITTED (15-18): *4-19-67* HOUR: *3:25* DATE OF DISC. (19-22): *4/20/67* HOUR: *9:20 AM* ADMI. OFFICER: *Dr. John B. Foster* ATTENDING PHYSICIAN(S) ADDRESS: *Dr. John B. Foster*  
 FINAL DIAGNOSIS AND SURGICAL PROCEDURE:

DATE	ROOM	R-SPW	RATE	DAYS	AUTHORIZATION TO RELEASE INFORMATION: I HEREBY AUTHORIZE THE ABOVE NAMED HOSPITAL TO RELEASE TO MY INSURORS ALL INFORMATION WHICH WILL BE CONTAINED HEREON WHEN COMPLETE.	ASSIGNMENT OF INSURANCE BENEFITS: I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE ABOVE NAMED HOSPITAL THE HOSPITAL BENEFITS PAYABLE UNDER THE TERMS OF MY POLICY FOR THIS PERIOD OF HOSPITALIZATION.	DATE	SIGNATURE	DATE	(L.S.) POLICYHOLDER
<i>4-12-67</i>	<i>15</i>	<i>2</i>	<i>23.00</i>	<i>7</i>						

OPERATING ROOM 1 DELIVERY ROOM 2 ANESTHESIA 3	MEDICAL - SURGICAL 4 I. V. SOLUTIONS 4 TRAYS-CATHETER 5 DRESSINGS-CASIS 6	X-RAY	LABORATORY	DRUGS	DIPLOMA LIAISON 18 NURSERY 19 PLASTIC SERVICE 20 COT	MISCELLANEOUS		TOTAL CHARGES OR DESCRIPTION	PAYMENTS & ALLOWANCES 8.	DATE	BALANCE	OLD BALANCE PRE-PAID
						AMOUNT	CODE					
								<i>23.00</i>		<i>4/16/67</i>	<i>23.00</i>	<i>0.00</i>
								<i>50.25</i>		<i>4/20/67</i>	<i>73.25</i>	<i>23.00</i>
	<i>240</i>		<i>12.00</i>	<i>11</i>	<i>40</i>			<i>25.00</i>		<i>4/20/67</i>	<i>98.25</i>	<i>73.25</i>
	<i>800</i>							<i>28.25</i>		<i>4/20/67</i>	<i>126.50</i>	<i>98.25</i>
								<i>37.10</i>		<i>4/20/67</i>	<i>163.60</i>	<i>126.50</i>
			<i>4/10</i>					<i>68.55</i>		<i>4/20/67</i>	<i>232.15</i>	<i>163.60</i>
								<i>94.55</i>		<i>4/20/67</i>	<i>326.70</i>	<i>232.15</i>
								<i>75</i>		<i>4/20/67</i>	<i>401.70</i>	<i>326.70</i>
										<i>4/20/67</i>	<i>247.70</i>	<i>401.70</i>
	<i>4-10</i>		<i>56.00</i>	<i>11</i>	<i>00</i>	<i>16-30</i>		<i>161.00</i>				

247.70

AAA ASSIGNMENT SERVICE  
 FIRST FEDERAL SAVINGS BANK  
 MOBILE, ALABAMA 36602

DATE PAID  
 1067

XERO COPY

4833

TOTAL CHARGES

INSURANCE COVERAGE

CASE NO.

Special Section 9247-07

SOUTH BALDWIN HOSPITAL - 125 FOLEY, ALABAMA

5/21/67  
HOME  
247-5213

PATIENT'S NAME (23-34) LAST Eaton			FIRST (Mary)			MIDDLE Ruth			HOME ADDRESS Rt. 1, Box 207 A, <i>Suburban Lakes</i>		
SEX F	RACE W	AGE 17	DATE OF BIRTH (37-41) 6-12-49			S W M O S			EMPLOYER ADDRESS		
INSURED BY None			CONTRACT OR POLICY NO. (2-19)			TYPE	INS. ASSIGNED	TYPE OF CASE	(1) MED.	(2) SUG.	(3) O.B.
SUBSCRIBER OR RESPONSIBLE PARTY (12-14) Charlotte Siglar (Sister) <i>Charlotte</i>						ADDRESS Same			PHONE		OCCUPATION 10/24/67
DATE ADMITTED (15-16) 4-15-67		HOUR 1:15 AM	DATE OF DISC. (19-22) 4/16/67		HOUR 9:30 AM	ADMIT. OFFICER		PRIOR ADM.	ATTENDING PHYSICIAN(S) AND ADDRESS Dr. John K. Koster		
FINAL DIAGNOSIS AND SURGICAL PROCEDURE											

DATE 4-15-67				ROOM 1-2	P-SP-W SP	RATE 16.00	DAYS 7	AUTHORIZATION TO RELEASE INFORMATION: I HEREBY AUTHORIZE THE ABOVE NAMED HOSPITAL TO RELEASE TO MY INSURORS ALL INFORMATION WHICH WILL BE CONTAINED HEREON WHEN COMPLETE.				ASSIGNMENT OF INSURANCE BENEFITS: I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE ABOVE NAMED HOSPITAL THE HOSPITAL BENEFITS PAYABLE UNDER THE TERMS OF MY POLICY FOR THIS PERIOD OF HOSPITALIZATION.			
DATE				SIGNATURE				DATE				(U.S.) POLICYHOLDER			

OPERATING ROOM 1. DELIVERY ROOM 2. ANESTHESIA 3.	MEDICAL - SURGICAL				X-RAY	LABORATORY	DRESS	ROOM - BOARD NURSERY NURSING SERVICE COST	MISCELLANEOUS		TOTAL CHARGES OR DESCRIPTION	PAYMENTS & ALLOWANCES 7.	DATE	BALANCE	OLD BALANCE PICKUP
	1. V. SOLUTIONS 4.	TRAYS-CATHETERS 5.	DRESSINGS-CASTS 6.	AMOUNT					CODE						
	4.00		150.00	5.00	14.00	18.00				97.00		4/16/67	97.00		
						3.00				3.00		4/16/67	100.00	74.00	
	4.00									4.00		4/16/67	99.00	94.00	
AAA ASSIGNMENT SERVICE FIRST FEDERAL SAVINGS BANK MOBILE, ALABAMA 36682															
<b>HAND DESTROYED</b> DATE DEC 1967															
	8.00		50.00	2.00	14.00	18.00				92.00					
TOTAL CHARGES															
INSURANCE COVERAGE															

XERO COPY

5034

7-55110

6832-05

SOUTH BALDWIN HOSPITAL - 125 POLK, ALABAMA

*11/2/66*  
PHONE

PATIENT'S NAME (93-99) LAST: **ROBERTSON** FIRST: **MARY** MIDDLE: **ANN** HOME ADDRESS: **Box 577 Robertsville, Ala.** PHONE: *11/2/66*

SEX: **F** RACE: **W** AGE: **16** DATE OF BIRTH (97-41): **6/12/50** S W M A B: **5** EMPLOYER: **Stevenson** ADDRESS: *11/2/66*

INSURED BY: **Continental Group** CONTRACT OR POLICY NO. (2-10): **3100** TYPE: **1** INS. ASSIGNED: **1** TYPE OF CASE: (1) MED. (2) SUR. (3) O.B. (4) CCID. **1**

SUBSCRIBER OR RESPONSIBLE PARTY (12-14): **Dr. Charlotte Rieger, Inter** ADDRESS: **3100** PHONE: **3100** OCCUPATION: **Chemist**

DATE ADMITTED (15-18): **10/12/65** HOUR: **5:15 P.** DATE OF DISC. (19-22): **10/28/65** HOUR: **8:30 AM** ADMIT. OFFICER: **ROBERTSON** PRIOR ADM.: **1/31/5** ATTENDING PHYSICIAN(S) AND ADDRESS: **Dr. John A. Foster**

FINAL DIAGNOSIS AND SURGICAL PROCEDURE: *Admission to hospital*

DATE: **10/12/65** ROOM: **162** P-SPAW: **2** DATE: **10/28/65** DAYS: **5**

AUTHORIZATION TO RELEASE INFORMATION: I HEREBY AUTHORIZE THE ABOVE NAMED HOSPITAL TO RELEASE TO MY INSURER ALL INFORMATION WHICH WILL BE CONTAINED HEREON WHEN COMPLETE.

ASSIGNMENT OF INSURANCE BENEFITS: I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE ABOVE NAMED HOSPITAL THE HOSPITAL BENEFITS PAYABLE UNDER THE TERMS OF MY POLICY FOR THE PERIOD OF HOSPITALIZATION.

DATE: **11/2/66** SIGNATURE: *J. C. Williams* DATE: **11/2/66** POLICYHOLDER: **6832**

OPERATING ROOM 1. DELIVERY ROOM 2. ANESTHESIA 3.	MEDICAL - SURGICAL 4. V. SOLUTIONS 5. TRAYS-CATHETERS 6. DRESSINGS-CASTS 7.	X-RAY	LABORATORY	DRUGS	POOL - BOARD NURSERY NURSING SERVICE COT	MISCELLANEOUS		TOTAL CHARGES OR DESCRIPTION	PAYMENTS ALLOWANCES 8.	DATE	BALANCE	OLD BALANCE PICKUP
						AMOUNT	CODE					
					68.50			68.50		10/12/65	23.75	
					22.90			159.36		10/12/65	173.30	68.50
					22.90			399.06		10/12/65	310.70	1073.30
		20.00			22.50			92.50		10/12/65	243.20	310.00
					22.50			225.00		10/12/65	265.70	243.20
								2.00		10/12/65	267.70	265.70
								635.7		10/19/65	204.10	267.70
								635.7		10/25/65	207.50	204.10

**RAD DEPT**  
DATE: **NOV 1 1965**

AAA ASSIGNMENT SERVICE  
FIRST FEDERAL SAVINGS BANK  
MOBILE, ALABAMA 36602

TOTAL CHARGES: **2167.70**

INSURANCE COVERAGE: **68.50**

XERO COPY

XERO COPY

6832

CASE NO. 100-100000-100000

NAME (LAST) (FIRST) (MIDDLE) ADDRESS CITY STATE PHONE

EMPLOYER OF PATIENT ADDRESS CITY STATE PHONE

NAME OF EMPLOYEE OR EMPLOYER (LAST) (FIRST) (MIDDLE) ADDRESS CITY STATE PHONE

DATE ADMITTED TIME DATE OF BIRTH AGE SEX RACE M S W D RELIGION TYPE (1) MED. (2) SURG. (3) G.D. (4) ACCIDENT OF CASE

DATE DISCHARGED TIME FINAL DIAGNOSIS

ATTENDING PHYSICIAN ADDRESS CONTRACT NO. TYPE

HOSPITAL RADIOLOGISTS

DATE	ROOM NO.	ROOM	DATE	NO. DAYS	NO. DAYS	RA.	IN-LIEU DATES	MATERNITY DATES
							R	R
							R	R
							R	R

BLOOD	ANESTHESIA	OPERATING OR DELIVERY ROOM	BASIC DAILY CARE	LABORATORY	X-RAY	MED & SURG. SUPP. AMOUNT	CODE	DRUGS	MISCELLANEOUS AMOUNT	CODE	DATE	TOTAL CHARGES	CREDITS	BALANCE

**URGENT**  
MAY 31 1962

AAA ASSIGNMENT SERVICE  
FIRST FEDERAL SAVINGS BANK  
MOBILE, ALABAMA 36602

AUTHORIZATION TO RELEASE INFORMATION: I HEREBY AUTHORIZE THE SOUTH BALDWIN HOSPITAL TO RELEASE THE INFORMATION REQUESTED OF THIS FORM. DATE \_\_\_\_\_

ASSIGNMENT OF INSURANCE BENEFITS: I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE SOUTH BALDWIN HOSPITAL ALL BENEFITS HEREIN SPECIFIED AND OTHERWISE PAYABLE TO ME BUT NOT TO EXCEED THE AMOUNTS TO BE PAID FOR THIS PERIOD OF HOSPITALIZATION. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE TO THE HOSPITAL FOR CHARGES NOT COVERED BY THIS ASSIGNMENT.

DATE \_\_\_\_\_ XERO COPY \_\_\_\_\_ SIGNED \_\_\_\_\_

4386

SUMMONS AND COMPLAINT

Moore Printing Co. - Bay Minette, Ala.

STATE OF ALABAMA  
Baldwin County

Circuit Court, Baldwin County

No. 8494

.....TERM, 19.....

TO ANY SHERIFF OF THE STATE OF ALABAMA:

You Are Hereby Commanded to Summon Charlotte Ziglar

to appear and plead, answer or demur, within thirty days from the service hereof, to the complaint  
filed in the Circuit Court of Baldwin County, State of Alabama, at Bay Minette, against.....

Charlotte Ziglar Defendant.....

by Burton H. Silverstein, d/b/a AAA Assignment Service as Assignee  
of South Baldwin Hoapital. Plaintiff.....

Witness my hand this 2nd day of January 1969  
Alice J. [Signature] Clerk

1/4/69



STATE OF ALABAMA

Baldwin County

CIRCUIT COURT

Burton H. Silverstein, d/b/a

AAA Assignment Service

Plaintiffs

vs.

Charlotte Ziglar

Defendants

SUMMONS AND COMPLAINT

Filed ..... 19.....

FILED

..... JAN 2 1969 ..... Clerk

ALICE A. BROWN CLERK REGISTERED

WILTERS, BRANTLEY & NESBIT

BY:

Plaintiff's Attorney

Defendant's Attorney

Defendant lives at

Rt 1, Box 201A, Robertsdale

Received in Office

FILED

JAN 21 1969

Sheriff

I have executed this summons

this 21 Jan 1969

by leaving a copy with

Charlotte Ziglar

Sheriff claims 60 miles at

Ten Cents per mile Total \$ 6.00

TAYLOR WILKINS, Sheriff

BY: E. Childers DEPUTY SHERIFF

Taylor Wilkins Sheriff

E. Childers Deputy Sheriff

Childers