

ORIGINAL

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

Plaintiff

VS.

WOODROW PHININISEE

Defendant

I

I

I

I

IN THE CIRCUIT COURT OF

BALDWIN COUNTY, ALABAMA

AT LAW

CASE NO. 8517

1.

The Plaintiff claims of the Defendant the sum of THREE HUNDRED FORTY ONE and 10/100 DOLLARS (\$341.10) due from him by account between the Defendant and the South Baldwin Hospital on the 17th day of August, 1966, which sum of money, with interest thereon, is still unpaid and is the property of the Plaintiff by assignment made to him by the South Baldwin Hospital on April 15, 1968.

2.

The Plaintiff claims of the Defendant the sum of THREE HUNDRED FORTY ONE AND 10/100 DOLLARS (\$341.10) due from him by account between the Defendant and the South Baldwin Hospital on the 17th day of August, 1966, which sum of money, with interest thereon, is still unpaid and is the property of the Plaintiff by assignment made to him by the 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:

Amelia S. Nesbit
Attorney for Plaintiff

FILED

JAN 16 1969

ALICE J. DUCK

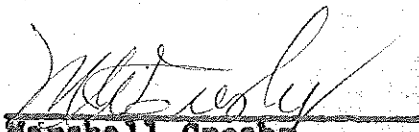
CLERK
REGISTER

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

Woodrow P. Pinnisee .

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 Crosby, 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 17 day of August, 1966, that Woodrow Phinizie was indebted to said SOUTH BALDWIN HOSPITAL in the amount of \$341.10. Further that this indebtedness is still due and unpaid.

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

Ben H. Slusher
Notary Public, State at Large
My commission expires Aug. 5, 1972

604-66

SOUTH RANDOLPH HOSPITAL - 125 FOLEY, ALABAMA

DATE	ROOM	P-SF-W	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.	(U.S.)
1-18-66	22-1	SP	11.00				
					DATE	SIGNATURE	DATE
							POLICYHOLDER

OPERATING ROOM DELIVERY ROOM ANESTHESIA	1. 2. 3.	MEDICAL - SURGICAL I. V. SOLUTIONS TRAYS-CATHETERS DRESSING-CASIS	4. 5. 6.	X-RAY	LABORATORY	ORDERS	ROOM - BOARD NURSERY NURSING SERVICE COT	MISCELLANEOUS AMOUNT	CODE	TOTAL CHARGES OR DESCRIPTION	PAYMENTS ALLOWANCES	7. 8.	DATE	BALANCE	OLD BALANCE PICK-UP	
							1.500			15.00			1/10/66	15.00		
		7.50				11.00	26.15	15.00		59.65			1/11/66	74.65	115.00	
		4.50	-6			6.00	19.15	15.00		45.25			1/12/66	119.90	74.65	
						1.50	13.80	15.00		30.40			1/13/66	150.30	119.90	
							21.70	15.00		36.70			1/14/66	187.00	150.30	
		4.50				3.00	17.80			47.80			1/15/66	214.30	187.00	
<p>AAA ASSIGNMENT SERVICE FIRST FEDERAL SAVINGS MOBILE, ALABAMA 36602</p> <p>BAD DEBT</p> <p>DATE <u>101</u> 1966</p>																
		16.50				21.50	101.30	75.00		214.30						
														TOTAL CHARGES		
														INSURANCE COVERAGE		

ROAD TEST

1966

AAA ASSIGNMENT SERVICE
FIRST FEDERAL SAVINGS CO
MOBILE ALABAMA 36602

CASE NO.		OUTPATIENT		SOUTH BALDWIN HOSPITAL - 125 FOLEY, ALABAMA										CLAIM NO.											
PATIENT'S NAME (23-36) (LAST)				(FIRST)		(MIDDLE)		HOME ADDRESS						PHONE											
Phininius				Mary		Allen		400 3rd Avenue Foley						5/20 4/25											
SEX	RACE	AGE	DATE OF BIRTH (37-4)		SWED	EMPLOYER		ADDRESS																	
P		25	7-3-39											4/29 4/21 2/6											
INSURED BY				CONTRACT OR POLICY NO. (2-10) TYPE INS. ASSIGNED TYPE OF CASE										(1) MED. (2) SURG. (3) O.B. (4) ACCIDENT											
SUBSCRIBER OR RESPONSIBLE PARTY (12-14)				ADDRESS				PHONE				OCCUPATION													
DATE ADMITTED (15-16) HOUR				ADMIT. OFFICER		PRIOR ADM.		DATE OF DISC. (15-22) HOUR		ATTENDING PHYSICIAN(S) AND ADDRESS															
07 8-24-63 9:00 PM										Dr. R. A. Rowe															
FINAL DIAGNOSIS AND SURGICAL PROCEDURE														Hematomu vulva											
DATE		ROOM		P-SP-W		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		POLICY HOLDER (I.S.)							
OPERATING ROOM 1. DELIVERY ROOM 2. ANESTHESIA 3.		I. V. SOLUTIONS 2. TRAYS-CATH. DRESSINGS-CASIS 5.		4. 5. 6.		X-RAY		LAB.		DRUGS		ROOM-BOARD NURSERY NURSINGEE COT		MISCELLANEOUS AMOUNT CODE		TOTAL CHARGES OR DESCRIPTION		PAYMENTS 7. ALLOWANCES 8.		DATE		BALANCE		OLD BALANCE PICK-UP	

—

SOUTH DALDWIN HOSPITAL - 125 FOLEY, ALABAMA

DATE	ROOM	P-SPAY	RATE	DAYS	AUTHORIZATION TO RELEASE INFORMATION: I HEREBY AUTHORIZE THE ABOVE NAMED HOSPITAL TO RELEASE TO MY PERSONS 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	(L.S.) POLICYHOLDER

OPERATING ROOM 1. DELIVERY ROOM 2. ANESTHESIA 3.			MEDICAL - SURGICAL I. V. SOLUTIONS 4. TRAYS-CATHETER 5. DRESSINGS-CASTS 6.			X-RAY	LABORATORY	DRUGS	ROOM - BOARD NURSERY NURSING SERVICE COT	MISCELLANEOUS AMOUNT CODE		TOTAL CHARGES OR DESCRIPTION	PAYMENTS ALLOWANCES 7. 8.	DATE	BALANCE	OLD BALANCE BEG. OF
								3.00		5.00	5.00	3.00		12/6	2.00	- 0 -
<p>VIA ASSIGNMENT SERVICE FIRST FEDERAL SAVINGS BANK MOBILE, ALABAMA 36682</p> <p>3463 DEBT DATE JAN 11 1966</p> <p>TOTAL CHARGES INDICATED COVERAGE</p>																

☐ O
☐ Q
☐ U
☐ X

OXFORD

CASE NO.

CLAIM NO.

SOUTH BAYVIEW HOSPITAL - 125 FOLEY, ALABAMA

[illegible]

PATIENT'S NAME (23,36) (LAST)

(F1333)

(MODE)

HOME ADDRESS

PHONE

Pinningo

Woodrow

Box 39 Policy

SEX	RACE	AGE	DATE OF BIRTH (YY-4)	SWID	EMPLOYER

25 4-11-36 Golf Course

INQUIRED BY _____ CONTRACT OR POLICY NO. (2-10) TYPE INS. ASSIGNED TYPE _____ (1) MFL (2) SURG. (3) O.B. (4) ACCIDENT
OF _____
CASE _____

SUBSCRIBER OR RESPONSIBLE PARTY (12-14)

ANNALS

1110

OCCUPATION:

DATE ADMITTED (15-18) HOUR

ADMIT. OFFICER:

PRIOR AD⁴.

DATE OF DISC. (19-22) HOUR

ATTENDING PHYSICIAN(S)
AND
ADDRESS

Dr. R. A. Rowe

FINAL DIAGNOSIS AND SURGICAL PROCEDURE

Urathral discharge

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.

(L.5.)

OPERATING ROOM 1.
DELIVERY ROOM 2.
ANESTHESIA 3.

L. V. SOLUTIONS
TRAYS-CATH.
DRESSINGS-CASTS

4.
5.
6.

X-RAY

LEAD

DRUG G

NURSERY
NURSINGER
COT

AMOUNT	COD
100	100
200	200
300	300
400	400
500	500
600	600
700	700
800	800
900	900
1000	1000
1100	1100
1200	1200
1300	1300
1400	1400
1500	1500
1600	1600
1700	1700
1800	1800
1900	1900
2000	2000
2100	2100
2200	2200
2300	2300
2400	2400
2500	2500
2600	2600
2700	2700
2800	2800
2900	2900
3000	3000
3100	3100
3200	3200
3300	3300
3400	3400
3500	3500
3600	3600
3700	3700
3800	3800
3900	3900
4000	4000
4100	4100
4200	4200
4300	4300
4400	4400
4500	4500
4600	4600
4700	4700
4800	4800
4900	4900
5000	5000
5100	5100
5200	5200
5300	5300
5400	5400
5500	5500
5600	5600
5700	5700
5800	5800
5900	5900
6000	6000
6100	6100
6200	6200
6300	6300
6400	6400
6500	6500
6600	6600
6700	6700
6800	6800
6900	6900
7000	7000
7100	7100
7200	7200
7300	7300
7400	7400
7500	7500
7600	7600
7700	7700
7800	7800
7900	7900
8000	8000
8100	8100
8200	8200
8300	8300
8400	8400
8500	8500
8600	8600
8700	8700
8800	8800
8900	8900
9000	9000
9100	9100
9200	9200
9300	9300
9400	9400
9500	9500
9600	9600
9700	9700
9800	9800
9900	9900
10000	10000

DATE	AMOUNT	DESCRIPTION
10/1/78	100.00	PAID TO CASH
10/2/78	50.00	PAID TO CASH
10/3/78	25.00	PAID TO CASH
10/4/78	75.00	PAID TO CASH
10/5/78	150.00	PAID TO CASH
10/6/78	30.00	PAID TO CASH
10/7/78	120.00	PAID TO CASH
10/8/78	40.00	PAID TO CASH
10/9/78	60.00	PAID TO CASH
10/10/78	90.00	PAID TO CASH
10/11/78	110.00	PAID TO CASH
10/12/78	80.00	PAID TO CASH
10/13/78	130.00	PAID TO CASH
10/14/78	50.00	PAID TO CASH
10/15/78	70.00	PAID TO CASH
10/16/78	100.00	PAID TO CASH
10/17/78	120.00	PAID TO CASH
10/18/78	90.00	PAID TO CASH
10/19/78	140.00	PAID TO CASH
10/20/78	60.00	PAID TO CASH
10/21/78	80.00	PAID TO CASH
10/22/78	110.00	PAID TO CASH
10/23/78	130.00	PAID TO CASH
10/24/78	100.00	PAID TO CASH
10/25/78	150.00	PAID TO CASH
10/26/78	70.00	PAID TO CASH
10/27/78	90.00	PAID TO CASH
10/28/78	120.00	PAID TO CASH
10/29/78	50.00	PAID TO CASH
10/30/78	70.00	PAID TO CASH
10/31/78	100.00	PAID TO CASH
11/1/78	120.00	PAID TO CASH
11/2/78	90.00	PAID TO CASH
11/3/78	140.00	PAID TO CASH
11/4/78	60.00	PAID TO CASH
11/5/78	80.00	PAID TO CASH
11/6/78	110.00	PAID TO CASH
11/7/78	130.00	PAID TO CASH
11/8/78	100.00	PAID TO CASH
11/9/78	150.00	PAID TO CASH
11/10/78	70.00	PAID TO CASH
11/11/78	90.00	PAID TO CASH
11/12/78	120.00	PAID TO CASH
11/13/78	50.00	PAID TO CASH
11/14/78	70.00	PAID TO CASH
11/15/78	100.00	PAID TO CASH
11/16/78	120.00	PAID TO CASH
11/17/78	90.00	PAID TO CASH
11/18/78	140.00	PAID TO CASH
11/19/78	60.00	PAID TO CASH
11/20/78	80.00	PAID TO CASH
11/21/78	110.00	PAID TO CASH
11/22/78	130.00	PAID TO CASH
11/23/78	100.00	PAID TO CASH
11/24/78	150.00	PAID TO CASH
11/25/78	70.00	PAID TO CASH
11/26/78	90.00	PAID TO CASH
11/27/78	120.00	PAID TO CASH
11/28/78	50.00	PAID TO CASH
11/29/78	70.00	PAID TO CASH
11/30/78	100.00	PAID TO CASH
12/1/78	120.00	PAID TO CASH
12/2/78	90.00	PAID TO CASH
12/3/78	140.00	PAID TO CASH
12/4/78	60.00	PAID TO CASH
12/5/78	80.00	PAID TO CASH
12/6/78	110.00	PAID TO CASH
12/7/78	130.00	PAID TO CASH
12/8/78	100.00	PAID TO CASH
12/9/78	150.00	PAID TO CASH
12/10/78	70.00	PAID TO CASH
12/11/78	90.00	PAID TO CASH
12/12/78	120.00	PAID TO CASH
12/13/78	50.00	PAID TO CASH
12/14/78	70.00	PAID TO CASH
12/15/78	100.00	PAID TO CASH
12/16/78	120.00	PAID TO CASH
12/17/78	90.00	PAID TO CASH
12/18/78	140.00	PAID TO CASH
12/19/78	60.00	PAID TO CASH
12/20/78	80.00	PAID TO CASH
12/21/78	110.00	PAID TO CASH
12/22/78	130.00	PAID TO CASH
12/23/78	100.00	PAID TO CASH
12/24/78	150.00	PAID TO CASH
12/25/78	70.00	PAID TO CASH
12/26/78	90.00	PAID TO CASH
12/27/78	120.00	PAID TO CASH
12/28/78	50.00	PAID TO CASH
12/29/78	70.00	PAID TO CASH
12/30/78	100.00	PAID TO CASH
12/31/78	120.00	PAID TO CASH
1/1/79	90.00	PAID TO CASH
1/2/79	140.00	PAID TO CASH

PAYMENTS 7.
ALLOWANCES 9.

DATE _____

BALANCE

OLD BALANCE
PICK-UP

[illegible]

TOTAL CHARGES

BLUE CROSS-ING. COVERAGE

501

1999

CONCLUSIONS

3374-65

724-1555
PHONE

Chemical structure of a substituted benzene ring. The ring has a carboxylic acid group (COOH) at the top position. Moving clockwise from the carboxylic acid group, the substituents are: a methyl group (CH_3), a methoxy group (OCH_3), and a side chain consisting of a methylene group (CH_2) attached to a carbon atom that is double-bonded to a methyl group (CH_3) and single-bonded to a hydrogen atom (H).

2/25/60
3/3/60

100-443887-1000

502

AAA-ASSIGNMENT SERVICE
FIRST FEDERAL SAVINGS BLDG
MOBILE, ALABAMA 36602

CASE NO.

OPERATION

SOUTH BALDWIN HOSPITAL - 125 FOLEY, ALABAMA

CLAIM NO.

PATIENT'S NAME (23-36) (LAST)

(FIRST)

(MIDDLE)

HOME ADDRESS

PHONE

Whitnise

Braude

Ann

Box 409

Foley

SEX RACE AGE

DATE OF BIRTH (37-4)

SWMD EMPLOYER

ADDRESS

F M. 7-20-65

INSURED BY

CONTRACT OR POLICY NO. (2-10) TYPE INS. ASSIGNED TYPE OF CASE

(1) MED. (2) SURG. (3) D.S. (4) ACCIDENT

SUBSCRIBER OR RESPONSIBLE PARTY (12-14)

ADDRESS

PHONE

OCCUPATION

Woodrow Whitnise-Father works at Golf Course in Gulf Shores

DATE ADMITTED (15-18) HOUR

ADMIT. OFFICER

PRIOR ADM.

DATE OF DISC. (19-22) HOUR

ATTENDING PHYSICIAN(S)

AND

ADDRESS

Dr. R. A. Rowe

FINAL DIAGNOSIS

AND

SURGICAL PROCEDURE

vomiting diarrhea

To come in Wednesday or Thursday to pay

DATE	ROOM	P.S.P.W.	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	POLICY HOLDER (U.S.)

OPERATING ROOM 1.
DELIVERY ROOM 2.
ANESTHESIA 3.I. V. SOLUTIONS
TRANS-CATH.
DRESSINGS-CASTS 4.

5.

6.

X-RAY

LAB.

DRUGS

ROOM-BOARD
NURSERY
NURSING
COVMISCELLANEOUS
AMOUNT CODETOTAL
CHARGES OR
DISCRIPTIONPAYMENTS 7.
ALLOWANCES 8.

DATE

BALANCE

OLD BALANCE
PICK-UPAAA ASSIGNMENT SERVICE
FIRST FEDERAL SAVINGS
MOBILE, ALABAMA 36682BAD DEBT
JUN 1 1966
DATE

TOTAL CHARGES

BLUE CROSS-INS. COVERAGE

XERO COPY

XERO COPY

XERO COPY

403

SUMMONS AND COMPLAINT

Moore Printing Co. - Bay Minette, Ala.

STATE OF ALABAMA
Baldwin County

Circuit Court, Baldwin County

No.....

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

TO ANY SHERIFF OF THE STATE OF ALABAMA:

Woodrow Phininisee

You Are Hereby Commanded to Summon

.....

.....

.....

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.....

Woodrow Phininisee

..... Defendant.....

by Burton H. Silverstein, d/b/a AAA Assignment Service, as Assignee

of South Baldwin Hospital

..... Plaintiff.....

Witness my hand this.....day of..... 19..69.

....., Clerk

24-3-1-69

504

ORIGINAL

No. 8377 Page.....

STATE OF ALABAMA

Baldwin County

CIRCUIT COURT

Burton H. Silverstein, d/b/a

AAA Assignment Service

Plaintiffs

vs.

Woodrow Phininisee

Defendants

SUMMONS AND COMPLAINT

Filed 19.....

FILED

JAN 16 1969

Clerk

ALICE J. DUCK

CLERK
REGISTER

WILTERS, BRANTLEY & NESBIT

BY:

Plaintiff's Attorney

Defendant's Attorney

Defendant lives at

Rt 1 (Mills Quarters).....

Foley, Alabama
Received In Office

RECEIVED

19.....

JAN 16 1969

Sheriff

I have executed this summons

this 1/16/69 1969

by leaving a copy with

Woodrow P. Phininisee

Sheriff claims 72 miles at

10¢ per mile Total \$7.20

TAYLOR WILKINS, Sheriff

BY R. Phininisee
DEPUTY SHERIFF

Taylor Wilkins

Sheriff

R. Phininisee

Deputy S

Taylor