ORIGINAL

BURTON H. SILVERSTEIN, d/b/a AAA ASSIGNMENT SERVICE, AS ASSIGNEE OF SOUTH BALDWIN HOSPITAL	†	IN THE CIRCUIT COURT OF
	I	BALDWIN COUNTY, ALABAMA
Plaintiff		
	I	AT LAW
VS.		
WILLIAM T. MOTHERSHED	I	CASE NO. 2518
Defendant		

1.

The Plaintiff claims of the Defendant the sum of THREE HUNDRED SIXTY ONE AND 90/100 DOLLARS ($361.90), due from him by account between the Defendant and the South Baldwin Hospital on the 16th day of December, 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 SIXTY ONE AND 90/100 DOLLARS ($361.90) due from him by account between the Defendant and the South Baldwin Hospital on the 16th day of December, 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 accountsued on and assigned, verified by the affidavit of a competent witness, is attached hereto as Exhibits "A" and "B" and madea part hereof.

WILTERS, BRANTLEY & NESBIT

BY: Phyllis S. Nesbit
Attorney for Plaintiff

FILED

JAN 16 1969

ALICE J. BUCK CLERK REGISTER

505

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.

William T. Mothershed.

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 16 day of December, 1966, that William T. Motheresbed was indebted to said South Baldwin Hospital in the amount of $361.90. Further that this indebtedness is still due and unpaid.

Marshall Crosby

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

Ruth Silvette

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

CASE NO.

/ Readmission 7980-66

SOUTH BALDWIN HOSPITAL – 125 FOLEY, ALABAMA

PATIENTS NAME (23-36) LAST	FIRST	MIDDLE	HOME ADDRESS	PHONE
Mothershed	Isabelle	Gertrude	Box 159 Foley, Ala	

SEX	RACE	AGE	DATE OF BIRTH (37-41)	S W M D	EMPLOYER	ADDRESS
F	W	54	8/23/12	M	Hw.	

INSURED BY	CONTRACT OR POLICY NO. (2-10)	TYPE	INS. ASSIGNED	TYPE OF CASE	(1) MED.	(2) SUG.	(3) O.B.	(4) ACCID.
Blue Cross Blue Shield	1095060 Rider 200,400	C	B 10		X			

SUBSCRIBER OR RESPONSIBLE PARTY (12-14)	ADDRESS	PHONE	OCCUPATION
William Thomas Mothershed			City of Foley

DATE ADMITTED (15-18)	HOUR	DATE OF DISC. (19-22)	HOUR	ADMIT. OFFICER	PRIOR ADM.	ATTENDING PHYSICIAN(S) AND ADDRESS
10/3/66	11:40 A.M.	10/17/66	9:30 A.M.	Holliday	9/5/66	2135 Dr. John E. Foster

FINAL DIAGNOSIS AND SURGICAL PROCEDURE

DATE	ROOM	P-SP-W	RATE	DAYS
10/3/66	1-1	SP	15.00	14

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.

DATE SIGNATURE

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.S.)

DATE 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	MISCELLANEOUS CODE	TOTAL CHARGES OR DESCRIPTION	PAYMENTS 7. ALLOWANCES 8.	DATE	BALANCE	OLD BALANCE PICK-UP
	2 26			1 80	15 00	16 00	3	34 05		10/3/66	34 05	—
	1 57		16 00	2 75	15 00			35 35		10/4/66	69 40	34.05
				7 05	15 00			22 05		10/5/66	91 45	69.40
				8 85	15 00			23 85		10/6/66	115 30	91.45
				7 25	15 00			22 25		10/7/66	137 55	115.30
				4 90	15 00			19 90		10/8/66	157 45	137.55
				7 60	15 00			22 60		10/9/66	180 05	157.45
			3 00	9 75	15 00			27 75		10/10/66	207 80	180.05
				4 15	15 00			19 15		10/11/66	226 95	207.80
	.25			2 25	15 00			17 50		10/12/66	244 45	226.95
				4 30	15 00	16 00	3	34 30		10/13/66	278 75	244.45
				4 45	15 00			19 45		10/14/66	298 20	278.75
				7 20	15 00			22 20		10/15/66	320 40	298.20
				6 05	15 00			21 05		10/16/66	341 45	320.40

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

TOTAL CHARGES

INSURANCE COVERAGE

Page 1

SEE PAGE TWO

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CASE NO. Page 2

SOUTH BALDWIN HOSPITAL – 125 FOLEY, ALABAMA

3/1/6[illegible]
3/29/67

PATIENTS NAME (23-36) LAST	FIRST	MIDDLE	HOME ADDRESS	PHONE
McMurdal[illegible]				

SEX	RACE	AGE	DATE OF BIRTH (37-41)	S W M D	EMPLOYER	ADDRESS

INSURED BY	CONTRACT OR POLICY NO. (2-10)	TYPE	INS. ASSIGNED	TYPE OF CASE	(1) MED.	(2) SUG.	(3) O.B.	(4) ACCID.

SUBSCRIBER OR RESPONSIBLE PARTY (12-14)	ADDRESS	PHONE	OCCUPATION

DATE ADMITTED (15-18)	HOUR	DATE OF DISC. (19-22)	HOUR	ADMIT. OFFICER	PRIOR ADM.	ATTENDING PHYSICIAN(S) AND ADDRESS

FINAL DIAGNOSIS AND SURGICAL PROCEDURE

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.

DATE ______ SIGNATURE ______

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.S.)

DATE ______ POLICYHOLDER ______

OPERATING ROOM 1. DELIVERY ROOM 2. ANESTHESIA 3.	MEDICAL - SURGICAL I. V. SOLUTIONS 4. TRAYS-CATHETERS 5. DRESSINGS-CASTS 6.	X-RAY	LABORATORY	DRUGS	ROOM - BOARD NURSERY NURSING SERVICE COT	MISCELLANEOUS AMOUNT	MISCELLANEOUS CODE	TOTAL CHARGES OR DESCRIPTION	PAYMENTS 7. ALLOWANCES 8.	DATE	BALANCE	OLD BALANCE PICK-UP
				3 55	15 00			18 55		10/1[illegible]/66	360 [illegible]	341 [illegible]
				3 40	15 00			18 40		10/[illegible]/66	378 [illegible]	360 [illegible]
				1 25	15 00			16 25		10/[illegible]/66	395 [illegible]	378 [illegible]
				1 95	15 00			16 95		10/[illegible]/66	412 [illegible]	395 [illegible]
				2 30	15 00			17 30		10/[illegible]/66	429 [illegible]	412 [illegible]
				2 30	15 00			17 30		10/[illegible]/66	446 [illegible]	428 [illegible]
				1 80	15 00			16 80		10/23/66	463 90	446 90
				1 80		483 [illegible]	2	484 70		10/24/66	948 40	463 70
									25 00	10/24/66	923 40	948 40
									643 40 BC	11/25/66	280 00	923 40
									10 00	12/[illegible]/66	270 00	280 00
	4 00		12 00	97 50	345 00	512 90		968 40			TOTAL CHARGES 968 40	
	4.00		19.00	70.60	195.00	360.00			-25.00 Ded.		INSURANCE COVERAGE 643.40	

DUE FROM PATIENT

BAD DEBT
DATE AUG 1967

AAA ASSIGNMENT SERVICE
FIRST FEDERAL SAVINGS BLDG
MOBILE, ALABAMA 36602

(2)

XERO COPY

509

CASE NO. [illegible]	NAME (LAST) [illegible]	(FIRST)	(MIDDLE)	ADDRESS	CITY / STATE	PHONE
EMPLOYER OF PATIENT [illegible]				ADDRESS	CITY / STATE	PHONE
NAME OF EMPLOYEE OR SUBSCRIBER (LAST) [illegible]	(FIRST)	(MIDDLE)		ADDRESS	CITY / STATE	PHONE

DATE ADMITTED	TIME	DATE OF BIRTH	AGE	SEX	RACE	M S W D	RELIGION	TYPE OF CASE (1) MED. (2) SURG. (3) O.B. (4) ACCIDENT
[illegible]	10:45 A.M.	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		(1)

DATE DISCHARGED: 5/9/62 TIME: 9:15 A.M. FINAL DIAGNOSIS: [illegible]

ATTENDING PHYSICIAN ADDRESS CONTRACT NO. TYPE

HOSPITAL RADIOLOGISTS [illegible]

DATE	ROOM NO.	P-SP-W	RATE	NO. DAYS	NO. DAYS	RA.	IN-LIEU DATES	MATERNITY DATES
[illegible]	[illegible]	[illegible]	12.50	7	7 APPROVED BY	DATE		

BLOOD	ANESTHESIA	OPERATING OR DELIVERY ROOM	BASIC DAILY CARE	LABORATORY	X-RAY	MED & SURG. SUPP.	DRUGS	MISCELLANEOUS	DATE	TOTAL CHARGES	CREDITS	BALANCE
			12.50			1.00	8.65		5/1/62	22.15		22.15
			12.50	5.00			4.85		5/?/62	22.35		44.50
			12.50	2.00			9.75		5/?/62	24.25		68.75
			12.50		11.00		2.90		5/?/62	[illegible]		97.15
							3.45		5/?/62	26.90		124.05
			12.50				4.45		5/12/62	16.25		137.20
			12.50				4.70		5/13/62	17.20		154.20
			12.50			65.25	2.10		5/?/62	69.95		224.15
Cr. transf. from adm. of [illegible]									5/?/62		108.00	116.15
									5/?/62		104.25	11.90
									[illegible]	[illegible]	11.90	0.00
			87.50	7.00	11.00	65.50	[illegible]			224.15		TOTAL CHARGES

AAA ADJUSTMENT SERVICE
FIRST [illegible]
MOBILE, ALABAMA [illegible]

DATE FEB 1963

AUTHORIZATION TO RELEASE INFORMATION: I HEREBY AUTHORIZE THE SOUTH BALDWIN HOSPITAL TO RELEASE THE INFORMATION REQUESTED ON THIS FORM.

SIGNED ________ DATE ________ 19__

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 HOSPITAL'S REGULAR CHARGES FOR THIS PERIOD OF HOSPITALIZATION. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE TO THE HOSPITAL FOR CHARGES NOT COVERED BY THIS ASSIGNMENT.

SIGNED ________ DATE ________

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XERO COPY

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:

You Are Hereby Commanded to Summon William T. Mothershed

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.....

William T. Mothershed ..... Defendant.....

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

Witness my hand this 16 day of Jan. 19 69

Clerk

E/1-16-69

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ORIGINAL

No. 258 Page.....

STATE OF ALABAMA

Baldwin County

CIRCUIT COURT

Burton H. Silverstein, d/b/a

AAA Assignment Service

Plaintiffs

vs.

William T. Mothershed

Defendants

SUMMONS AND COMPLAINT

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

..... Clerk

WILTERS, BRANTLEY & NESBIT

BY:

Plaintiff's Attorney

Defendant's Attorney

Defendant lives at

South of Airport in Foley

Received In Office

RECEIVED

..... 19.....

JAN 16 1969

..... Sheriff

I have executed this summons

this ..... 19.....

by leaving a copy with

William T. Mothershed

Sheriff claims 12 miles at

Ten Cents per mile Total $ 1.20

TAYLOR WILKINS, Sheriff

BY: Carlene Childers

DEPUTY SHERIFF

..... Sheriff

..... Deputy Sheriff