

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 Herman L. Clemmons

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.....

Herman L. Clemmons Defendant.....

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

....., Plaintiff.....

Witness my hand this 23 day of Jan 1969

Alice J. [Signature] Clerk

24/3-29-69

BURTON H. SILVERSTEIN,
d/b/a AAA ASSIGNMENT SERVICE
AS ASSIGNEE OF DRS. JOHN E.
FOSTER AND JULIUS MICHAELSON,
d/b/a MEDICAL ARTS CENTER and
SOUTH BALDWIN HOSPITAL

Plaintiff

VS.

HERMAN L. CLEMMONS

Defendant

IN THE CIRCUIT COURT

OF BALDWIN COUNTY, ALABAMA

AT LAW

CASE NO. *85-35*

1.

The Plaintiff claims of the Defendant the sum of ONE HUNDRED FORTY NINE and 75/100 DOLLARS (\$149.75) due from him by account between the Defendant and the South Baldwin Hospital on the 17th day of April, 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.

2.

The Plaintiff claims of the Defendant the sum of SEVENTY THREE and 00/100 DOLLARS (\$73.00) due from him by account between the Defendant and Drs. John E. Foster and Julius Michaelson d/b/a Medical Arts Center on the 18th day of April, 1966, which sum of money with interest thereon is still unpaid and is the property of the Plaintiff by assignment made to him by Drs. John E. Foster and Julius Michaelson, d/b/a Medical Arts Center on April 1, 1967. 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 made a part hereof.

WILTERS, BRANTLEY & NESBIT

BY: *Phyllis L. Nesbit*
Attorney for Plaintiff

FILED

JAN 23 1969

ALICE J. DUCK CLERK
REGISTER

VOL 61 PAGE 649

Foley, Alabama
April 1, 1967

For value received, we Dr. John E. Foster
and Dr. Julius Michaelson d/b/a/
Medical Arts Center do hereby assign and
set over to B.H. Silverstein d/b/a
AAA Assignment Service the account
owed us by

Thomas L. Clemmons.

Medical Arts Center

by Julius Michaelson

STATE OF Alabama
COUNTY OF Baldwin

Personally appeared before me, the undersigned authority, in and for said County and State, Daniela Blackwell, who after first being duly sworn deposes and says that she is the bookkeeper of the Medical Arts Center and as such officer he has the supervision and custody of all the records of the said Medical Arts Center including the accounts. Affiant further says that on the 18 day of April, 1966, that Herman L. Clemmons was indebted to said Medical Arts Center in the amount of \$ 73.00. Further that this indebtedness is still due and unpaid.

Daniela L. Blackwell
Sworn to and subscribed before me this 14 day of December, 1968.

Samuel H. Eberhart
Notary Public, State of Alabama
My Commission Expires Aug. 3, 1972

MEDICAL ARTS CENTER

Box 910

FOLEY, ALABAMA

See other 3 n/c

FAMILY CODE:

1. Charles
2. Barbara Mrs.
3. Barry
4. Herman

Mr. Herman Clemmons
Gen. Del.
Foley, Ala.

SUMMARY:

1. 25761
2. 25777
3. 26096
4. 500
5. _____
6. _____
7. _____
8. _____

L 1964 - MD. DAWKINS - State

DATE	CODE			CHARGES	CREDITS	BALANCE
	Doctor	Family	Service			
BALANCE FORWARDED						
OCT 28'64	3	1	7	15.00		15.00
OCT 28'64		1	2	3.00		22.68
NOV 4'64	3	1	1	4.00		32.90
NOV 30'64		2	0	10.00		37.00
JAN 29'65	3	1	1	5.00		42.00
JAN 29'65	3	3	1	5.00		47.00
FEB 12'65	3	3	1	5.00		52.00
FEB 12'65	3	1	1	5.00		57.00
MAR 9'65	3	3	2	3.00		65.00
MAR 9'65	3	3	7	10.00		63.00
MAR 10'65					2.00	67.00
MAR 12'65	3	3	1	4.00	5.00	62.00
MAR 12'65						67.00
MAR 15'65	3	1	1	5.00		72.00
MAR 15'65	3	3	1	5.00		78.00
JUL 19'65	3	3	1			73.00
JUL 19'65		3	2	6.00	5.00	
APR 18'66						

AAA ASSIGNMENT SERVICE
Medical Arts C. Center Bldg.
P. O. Box 987
Foley, Mass. 36595
PHONE 943-5687

Pay Last Amount
in this Column

AAA ASSIGNMENT SERVICE
Medical Arts C. Center Bldg.
P. O. Box 987
Foley, Ala. 36535
PHONE 943-5687

DOCTOR CODE

1. Dr. J. M. Harrison
2. Dr. John E. Foster
3. Dr. A. A. Horn

SERVICE INFORMATION CARD

Office Visit _____
Hospital Care _____
Nursing _____
X-ray _____
Pharmacy _____
Dental _____
Other _____

Pay Last Amount
in this Column


SEP 13 1965
MAR 1 1966

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

Herman L. Clemmons.

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 April, 1966, that Herman L. Clemmons was indebted to said South Baldwin Hospital in the amount of \$ 149.75. Further that this indebtedness is still due and unpaid.

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

W. H. [Signature]
Notary Public, State of Alabama

My Commission Expires Aug. 5, 1972

CASE NO.

6846-66

SOUTH BALDWIN HOSPITAL - 125 FOLEY, ALABAMA

PATIENTS NAME (23-36) LAST Clemons			FIRST Herman		MIDDLE Leslie		HOME ADDRESS Gen. Del. Foley			PHONE 5/19			
SEX M	RACE	AGE 31	DATE OF BIRTH (37-41) 3-9-35		S W M D M		EMPLOYER M.D. Dawkins			ADDRESS			
INSURED BY None			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 7/29 X		
DATE ADMITTED (15-18) 4-16-66		HOUR 4:15 PM		DATE OF DISC. (19-22) 4/12/66		HOUR 12:30 P.M.		ADMIT. OFFICER		PRIOR ADM.		ATTENDING PHYSICIAN(S) AND ADDRESS Dr. M. H. Taylor	
FINAL DIAGNOSIS AND SURGICAL PROCEDURE will get money from Employer & pay 4/18/66												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 4-16-66	ROOM 24-2	P-SP-6 SP	RATE 15.00	DAYS 1	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.		SIGNATURE		DATE		(L.S.) POLICYHOLDER	
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OPERATING ROOM 1. DELIVERY ROOM 2. ANESTHESIA 3.			MEDICAL - SURGICAL 1. V. SOLUTIONS 4. TRAYS-CATHETER 5. DRESSINGS-CASTS 6.			X-RAY	LABORATORY	DRUGS	ROOM - BOARD NURSING SERVICE COT	MISCELLANEOUS AMOUNT CODE		TOTAL CHARGES OR DESCRIPTION	PAYMENTS ALLOWANCES 7.	DATE	BALANCE	OLD BALANCE PICK-UP
5.00	3-		2.00									66 75		4/16/66	66 75	-6-
30.00	1-		6.00									10.00		4/16/66	56 75	66 75
AAA ASSIGNMENT SERVICE FIRST FEDERAL SAVINGS BANK MOBILE, ALABAMA 36602																
TOTAL CHARGES																
INSURANCE COVERAGE																

BAD DEBT
DATE SEP 1966

XERO COPY

XERO COPY

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VOL

CASE NO. 2071

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

EMPLOYER OF PATIENT Mobile 6, May 14, 1964, Foley, AL

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

Emma Lavinia Clemons, Mother

DATE ADMITTED TIME DATE OF BIRTH AGE SEX RACE H & W B RELIGION TYPE (1) REG. (2) BURG. (3) G.S. (4) ACCIDENT OF CASE

5/14/64 9:00 A M 1/16/63 39 Male White

DATE DISCHARGED TIME FINAL DIAGNOSIS

5/14/64 11:00 A M

ATTENDING PHYSICIAN ADDRESS CONTRACT NO. TYPE

HOSPITAL RADIOLOGIST

DATE	ROOM NO.	P-OP-W	RATE	NO. DAYS	NO. DAYS	BA.	IN-LINER DATES	MATERNITY DATES
5/14/64	10	100	5.00	2				
APPROVED BY						DATE		

BLOOD	ANESTHESIA	OPERATING OR DELIVERY ROOM	PATIENT DAILY CARE	LABORATORY	X-RAY	MEDICATIONS	DRUGS	MISCELLANEOUS	DATE	TOTAL CHARGES	CREDITS	BALANCE
			6.00						5/14/64	6.00		6.00
			6.00						5/14/64	6.00		12.00
<p>AAA ASSIGNMENT SERVICE FIRST FEDERAL SAVINGS BLDG. MOBILE, ALABAMA 36602</p>												
<p>DATE JUN 8 1964</p>												
											TOTAL CHARGES	

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

ASSIGNMENT OF INSURANCE BENEFITS: I HEREBY ASSIGN ALL BENEFITS 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.

January 21, 1972

AAA Assignment Service
1st Federal Savings & Loan Building
Mobile, Alabama

Re: Burton H. Silverstein vs. Herman L. Clemmons
Case # 8535

Dear Burt:

I am in receipt of your check for \$11.50 on December 10, 1971 in the above reference case; The Sheriff had collected \$11.00 on this case which was applied on the cost leaving a balance due of \$13.00. I have mentioned this to Phyllis, and so that I might close out the cost part of this case, she suggest I write you for this balance.

Trust you & your family are all well. When in Bay Minette come by to see me.

Yours very truly,

Clerk, Circuit Court

EBB/asg