ORIGINAL

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

Plaintiff

VS.

W. A. KILPATRICK

Defendant

IN THE CIRCUIT COURT OF

BALDWIN COUNTY, ALABAMA

AT LAW

CASE NO. 8536

1.

The Plaintiff claims of the Defendant the sum of TWO HUNDRED TWENTY SIX and 40/100 DOLLARS ($226.40) due from him by account between the Defendant and the South Baldwin Hospital on the lst day of September, 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 ofthe account sued on andassigned, 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 TWO HUNDRED SEVENTY NINE DOLLARS ($279.00) due from him by account between the Defendant and Drs. John E. Foster and Julius Michaelson, d/b/a Medical Arts Center on the 10th day of December, 1968, which sum of money withinterest thereon is still unpaid andis 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 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: Phyllis S. Heath
Attorney for Plaintiff

FILED

JAN 23 1969

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 W. A. Kilpatrick.....

.....

.....

.....

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.....

W. A. Kilpatrick....., Defendant.....

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

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

Witness my hand this 23 day of Jan. 19 69

Alice D. Duck, Clerk

E4/1/23/69

ORIGINAL

No. 8536 Page.....

STATE OF ALABAMA

Baldwin County

CIRCUIT COURT

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

Plaintiffs

vs.

W. A. Kilpatrick

Defendants

SUMMONS AND COMPLAINT

Filed FILED 19.....

JAN 23 1969 Clerk

ALICE J. BUCK CLERK REGISTER

WILTERS, BRANTLEY & NESBIT

BY:

Plaintiff's Attorney

Defendant's Attorney

Defendant lives at

Foley, Alabama

Received In Office

..... 19.....

RECEIVED

JAN 23 1969

..... Sheriff

I have executed this summons

this Feb 6 1969

by leaving a copy with

W. A. Kilpatrick

Sheriff claims 72 miles at ten Cents per mile Total $ 7.20

TAYLOR WILKINS, Sheriff

BY DEPUTY SHERIFF

Sheriff

Deputy Sheriff

Foley

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 10th day of December, 1968, that W.A. Kilpatrick was indebted to said Medical Arts Center in the amount of $279.00. Further that this indebtedness is still due and unpaid.

Daniela L. Blackwell.

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

Notary Public, State at Large

My Commission Expires Aug. 6, 1972

MEDICAL ARTS CENTER
Box 910
FOLEY, ALABAMA

FAMILY CODE:
1 Louise-MES
2 Victor
3
4
5
6
7
8

Mr. W. A. Kilpatrick
Box 784
Foley, Ala.

L Koehle Motors- 943-6011

NUMBER:
1 25492
2 28782
3
4
5
6
7
8

DATE	CODE Doctor	Family	Service	CHARGES	CREDITS	BALANCE
BALANCE FORWARDED						
AUG 21'64	2,	1,	15	150.00		150.00
AUG 31'64	2,	1,	1			
SEP 30'64	2,	1,	6	15.00		165.00
OCT 5'64	3,	1,	7	75.00		240.00
credit OB fee					137.00	103.00
JAN 5'65	3,	1,	1			
JAN 5'65		1,	2	6.00		109.00
JAN 13'65	2,	1,	7	50.00		159.00
JAN 17'66	2,	1,	15	150.00		
JAN 17'66		1,	2	3.00		312.00
JAN 19'66	2,	1,	2	3.00		315.00
JAN 21'66	2,	1,	1	4.00		319.00
JAN 31'66	1,	1,	6	35.00		354.00
MAY 10'66	1,	1,	1	4.00		358.00
delivered female infant 8/25/66						
SEP 1'66	2,	2,	7	15.00		373.00
From 1963				16.00		389.00
MAR 10 '67						
FEB '67	139,100				10.00	379.00
MAR '68	139,100				10.00	369.00

See other B/C

DOCTOR CODE
1 Dr. J. Michaelson
2 Dr. John E. Foster
3 Dr. E. A. Rowe
4 Dr.

SERVICE RENDERED CODE
1 Office Visit
2 Injection
3 Complete Exam
4 Home Call
5 Night Call
6 Hospital Care
7 Surgery
8 X-Ray
9 EKG
10 Physiotherapy
11 Orthopedic Care or Cast
12 Laboratory 15-
13 VA or PH
14 Emergency Room

Pay Last Amount in this Column
OB fee

553

BK ibs

STATEMENT

MEDICAL ARTS CENTER

Box 810

FOLEY, ALABAMA 36535

FAMILY CODE:
1
2
3
4
5
6
7
8

W.A. Kilpatrick
(page 2)

NUMBER:
1
2
3
4
5
6
7
8

ACCOUNTS DUE AND PAYABLE WITHIN 30 DAYS

DATE	CODE: Doctor	Family	Service	CHARGES	CREDITS	BALANCE
BALANCE FORWARDED						
APR '68				139,100		359.00 ●
MAY '68				139,100	10.00	349.00 ●
JUN '68				139,100	10.00	339.00 ●
JUL '68				139,100	10.00	329.00 ●
AUG '68				139,100	10.00	319.00 ●
SEP '68				139,100	10.00	309.00 ●
OCT '68				139,100	10.00	299.00 ●
NOV '68				139,100	10.00	289.00 ●
Dec '68				1391	10.00	279.00

559

DOCTOR CODE
1 Dr. J. Michelson
2 Dr. John E. Foster

1 Office Visit
2 Injection
3 Complete Exam
4 House Call
5 Night Call

SERVICE RENDERED CODE
6 Hospital Care
7 Surgery
8 X-Ray
9 EKG
10 Physiotherapy
11 Orthopedic Care or Cast
12 Laboratory
13 Sunday Call
14 Emergency Room Care

Pay Last Amt
In this Colu

15 Ob Pa

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

W. A. Kilpatrick.

South Baldwin Hospital

Marshall Crosby
Administrator

555

STATE OF Alabama

COUNTY OF Baldwin

Personally appeared before me, the undersigned authority, in and for said County and State, Marshall Cosby, 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 1st day of Sept., 1966, that W. A. Kilpatrick was indebted to said South Baldwin Hospital in the amount of $226.40. Further that this indebtedness is still due and unpaid.

Marshall Cosby

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

Notary Public, State at Large

My Commission Expires Aug. 5, 1972

CASE NO. [illegible]

SOUTH BALDWIN HOSPITAL — 125 FOLEY, ALABAMA

3/31/66

PATIENTS NAME (23-36) LAST	FIRST	MIDDLE	HOME ADDRESS	PHONE
Kilpatrick	Ola	Louise	Gen. Del. Foley, Alabama	[illegible]

SEX	RACE	AGE	DATE OF BIRTH (37-41)	S W M D	EMPLOYER	ADDRESS
F		30	1-20-35	M	Ben Franklin	5/19

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	1170672 Rider 400	0 3 43			X			6/28

SUBSCRIBER OR RESPONSIBLE PARTY (12-14)		ADDRESS	PHONE	OCCUPATION
Hodley Adolph Kilpatrick	(per insurance long app)			Mobile Motors

DATE ADMITTED (15-18)	HOUR	DATE OF DISC. (19-22)	HOUR	ADMIT. OFFICER	PRIOR ADM.	ATTENDING PHYSICIAN(S) AND ADDRESS
1/11/66	7:00 P.M.	1/16/66	9:00 A.M.	Rogers	3/10/65	Dr. H. H. Taylor

FINAL DIAGNOSIS AND SURGICAL PROCEDURE

DATE	ROOM	P-SP-W	RATE	DAYS
1/11/66	7-2	SP	15.00	6

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.

DATE ______ (L.S.) POLICYHOLDER ______

26.00

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 7. ALLOWANCES 8.	DATE	BALANCE	OLD BALANCE PICK-UP
					15.00			15.00		1/11/66	15.00	—
			18.00	.55	15.00			33.55		1/12/66	48.55	15.00
				7.16	15.00			22.16		1/13/66	70.71	48.55
	1.16			4.36	15.00			19.80		1/14/66	90.51	70.71
	3.30 dis			4.55	15.00			22.85		1/15/66	113.26	90.51
	3.00 dis			7.70				10.70		1/16/66	123.76	113.06
									25.00	1/28/66	(98.76)	123.76
	6.46		18.10	24.30	76.00			123.76		TOTAL CHARGES 123.76		
	6.46		18.00	24.30	75.00				25.00	INSURANCE COVERAGE 98.76		
										DUE FROM PATIENT		

AAA ADJUSTMENT SERVICE
FIRST FEDERAL SAVINGS BLDG
MOBILE, ALABAMA 36602
(3)

BAD DEBT
DATE JUL 1966

XERO COPY

557

CASE NO.

OUTPATIENT

SOUTH BALDWIN HOSPITAL – 125 FOLEY, ALABAMA

9/6/66

PATIENTS NAME (23-36) LAST	FIRST	MIDDLE	HOME ADDRESS	PHONE
Kilpatrick	Victor		101 W. Orange Foley	

SEX	RACE	AGE	DATE OF BIRTH (37-41)	S W M D	EMPLOYER	ADDRESS
M	W	1 wk	8-25-66	child		

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
Wesley A. Kilpatrick father works for Koehle Motor Company			

DATE ADMITTED (15-18)	HOUR	DATE OF DISC. (19-22)	HOUR	ADMIT. OFFICER	PRIOR ADM.	ATTENDING PHYSICIAN(S) AND ADDRESS
OP 9-1-66	9:15 PM					Dr. John M. Foster

FINAL DIAGNOSIS AND SURGICAL PROCEDURE Bleeding form Circumcision

9/22, 10/28, 11/28, 1/23/67, 3/1/67, 1967

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-CATHETER 5. DRESSINGS-CASTS 6.	X-RAY	LABORATORY	DRUGS	ROOM - BOARD NURSERY NURSING SERVICE CO1	MISCELLANEOUS AMOUNT	MISCELLANEOUS CODE	TOTAL CHARGES OR DESCRIPTION	PAYMENTS 7. ALLOWANCES 8.	DATE	BALANCE	OLD BALANCE PICK-UP
				1 00		2 00 -9-		3 00		9/1/66	3 00	
											TOTAL CHARGES	
											INSURANCE COVERAGE	

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

BAD DEBT
DATE JUN 1967

XERO COPY

58

CASE NO. [illegible]

SOUTH BALDWIN HOSPITAL — 125 FOLEY, ALABAMA

PATIENTS NAME (23-33) LAST	FIRST	MIDDLE	HOME ADDRESS	PHONE
[illegible]	[illegible]	Louise	[illegible], Foley, Alabama	

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

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

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

DATE ADMITTED (15-16)	HOUR	DATE OF DISC. (19-22)	HOUR	ADMIT. OFFICER	PRIOR ADM.	ATTENDING PHYSICIAN(S) AND ADDRESS
[illegible]	[illegible] P.M.	1/11/65	8:55 P.M.			Dr. John [illegible]

FINAL DIAGNOSIS AND SURGICAL PROCEDURE: [illegible] 1/11/65

DATE	ROOM	P-SP-W	RATE	DAYS
[illegible]	[illegible]	[illegible]	15.00	2

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.

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 CO1	MISCELLANEOUS AMOUNT	CODE	TOTAL CHARGES OR DESCRIPTION	PAYMENTS 7. ALLOWANCES 8.	DATE	BALANCE
					15.00			15.00		1/11/65	15.00
[illegible]	3.00 4		10.00	3.05	15.00			78.55		1/11/65	93.55
10.00 RR				12.25				22.25		1/11/65	115.80
	.75		4.00	.70				5.45		1/11/65	121.25
67.50	3.75		17.00	16.20	30.00			1/11/65		TOTAL CHARGES	
										INSURANCE COVERAGE	

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

BAD DEBT
DATE [illegible] 10 1965

59

MOORE PRINTING COMPANY
COMMERCIAL PRINTING
Office Supplies————Legal Forms
TELEPHONE 937-7171 P. O. BOX 36
Bay Minette, Alabama

Default Judgment
#8536
Verified accounts
$505.40
36.60 Ct
$542.00