

Unofficial

20 Document

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**NOTICE OF HOSPITAL LIEN****TEXAS PROPERTY CODE — CHAPTER 55 — SECTIONS 55.001-55.008**

1. The undersigned hereby gives notice for and on behalf of Mission Trail Baptist Hospital (hereinafter "Hospital") that Hospital has furnished hospital services to the individual named below (hereinafter "Injured Person"), whose injuries were caused by an accident attributed to the negligence of another person and who was admitted to Hospital not later than (72) hours after the occurrence of the accident that caused such injuries and damages. Pursuant to Texas Property Code § 55.001-55.008, the Hospital claims a lien upon a cause of action or claim by the Injured Person, arising from the cause of action or claim, for any damages recovered, or to be recovered, by the Injured Person, or by the Injured Person's heirs or personal representative, to the extent of the amount of the reasonable and necessary charges of the Hospital and any Hospital affiliated health facility for the treatment, care and maintenance of the Injured Person upon any judgment, settlement or compromise.
2. Pursuant to the requirements of Texas Property Code § 55.005, the Hospital submits the following information:

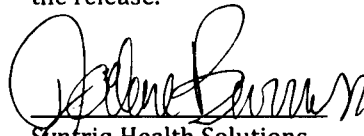
Name of Injured Person:	<b>Claudia Campos</b>
Address of Injured Person:	<b>23035 White Hickory, Elmendorf, TX 78112</b>
Date of Accident:	<b>09/18/2025</b>
Name of Hospital:	<b>Mission Trail Baptist Hospital</b>
Hospital Address:	<b>3333 Research Plaza, San Antonio, TX 78235</b>

3. To the best of the Hospital's knowledge, the name of the person(s), firm(s), or corporation(s) known to the Hospital and alleged by the injured person or by such person's legal representative to be liable to the injured person for damages arising from the injuries received are as follows:

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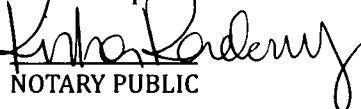
**USAA , Claim # 024175135802, PO Box 26001 Daphne, AL 36526**  
**Tortfeasor: Unknown**

4. This lien shall not attach to any real property owned by the injured person.
5. Pursuant to Texas Property Code § 55.007, a release of a cause of action or judgment to which this lien may attach is not valid unless (1) the charges of the Hospital claiming this lien were paid in full before the execution and delivery of the release; (2) the charges of the Hospital claiming this lien were paid before the execution and delivery of the release to the extent of any full and true consideration paid to the injured individual by or on behalf of the other parties to the release; or (3) the Hospital claiming this lien is a party to the release.

  
 Syntriq Health Solutions  
 Agent of Mission Trail Baptist Hospital  
 Return to: Syntriq Health Solutions  
 P.O. Box 1358  
 Oxford, MS 38655  
 Telephone: 800-222-3035

STATE OF MISSISSIPPI  
 COUNTY OF ALCORN

The foregoing instrument was acknowledged and verified before me this October 23, 2025 by Joelene Burress, the duly authorized agent of the above-named hospital, for and on behalf of said hospital.

  
 NOTARY PUBLIC

MY COMMISSION EXPIRES:

