


TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051


20131030000428590 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
10/30/2013 11:03:53 AM FILED/CERT

NOTICE OF HOSPITAL LIEN

Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that Health Care Authority of the Baptist Health Foundation, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Amanda Smith**
Address: **195 Salem Road Apt 1a**
Columbiana, AL 35115
Admit Date: **September 09, 2013**
Discharge Date: **September 09, 2013**
Amount Due: **\$5,219.00**

To the best of the claimant's knowledge, the names and addresses of all persons, firms or corporations claimed by said injured person, or legal representative of said person, to be liable for damages arising from such injuries are as follows:

*** Under Alabama code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not are named herein**

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY: 

The foregoing statement was acknowledged and verified before me this 23rd day of Oct, 2013, by Kim Fair the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES: _____




NOTARY PUBLIC

Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834

Prepared By: