

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

NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., 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: **Miguel Rodriguez**
Address: **100 West Lincoln Street**
Columbiana, AL 35171
Admit Date: **June 7, 2014**
Discharge Date: **June 7, 2014**
Amount Due: **\$5,700.00**

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:

Travelers - HUQ2613
Call Service #1816
Alpharetta, GA

Shelby Baptist Medical Center


BY: _____

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, June 19, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

The foregoing statement was acknowledged and verified before me this 2014, by the duly authorized Shelby Baptist Medical


NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



Prepared By:
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P.O Box 1465
Corinth, MS 38834

