


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


20141124000369300 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
11/24/2014 12:16:25 PM FILED/CERT

NOTICE OF AMENDED 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 System, 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: **Gregory Green**
Address: **134 Paddington Station**
Maylene, AL 35114
Admit Date: **8/27/2014**
Discharge Date: **8/27/2014**
Amount Due: **\$7,816.00**

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:

Access - AAI0019253
PO Box 105143
Atlanta,, GA 30348-5143

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY: _____

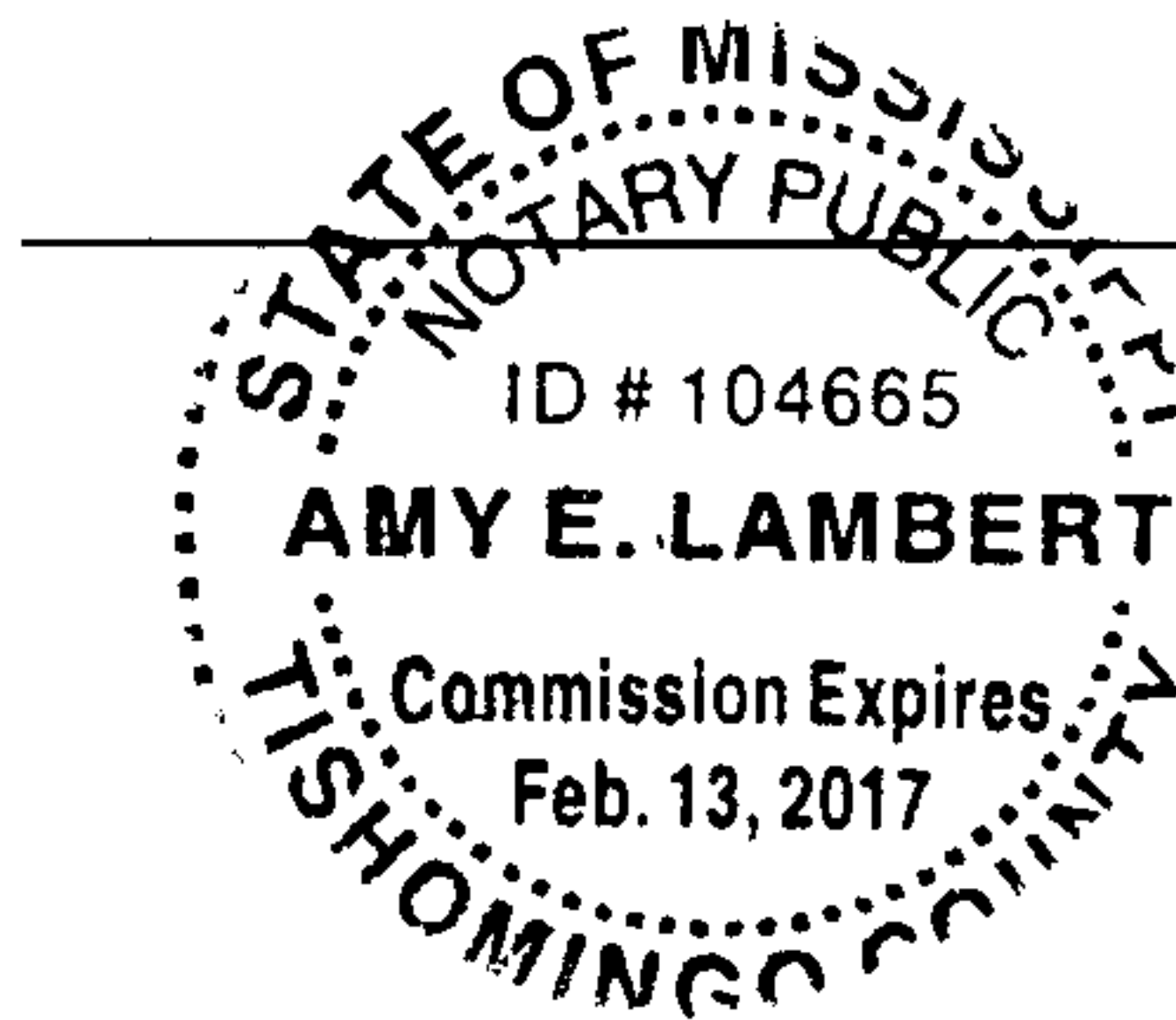
Shelby Baptist Medical Center

[Signature]
Agent

The foregoing statement was acknowledged and verified before me this 19th day of Nov, 2014, by Kimberlee M. 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