


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


20150420000126500 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
04/20/2015 12:03:59 PM FILED/CERT

NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Shelby Baptist Medical Center, 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: **Mia Horton**
Address: **14363 Highway 25**
Calera, AL 35040
Admit Date: **March 10, 2015**
Discharge Date: **March 10, 2015**
Amount Due: **\$14,856.80**

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:

ALFA Insurance - X0400004781
701 Logan Road
Clanton, AL

BY: _____

Baptist Health System, Inc.

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, April 16, 2015, by the duly authorized Hospital 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