


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


20150427000135860 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
04/27/2015 12:34:52 PM FILED/CERT

NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that 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: **Daniell Hill**
Address: **2217 Evergreen Drive**
West Blocton, AL 35184
Admit Date: **April 13, 2015**
Discharge Date: **April 14, 2015**
Amount Due: **\$1,792.00**

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:

USAA - 15988056
P. O. Box 5000
Daphne, AL

Shelby Baptist Medical Center

BY: _____

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, April 23, 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