


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


20150518000164420 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
05/18/2015 03:05:38 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: **Debbie Creel**
Address: **391 Girl Scout Road**
Chelsea, AL 35043

Admit Date: **April 14, 2015**
Discharge Date: **April 14, 2015**
Amount Due: **\$1,208.00**

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:

Cincinnati Insurance - 2424174
P.O. Box 27
Helena, AL 35080

Shelby Baptist Medical Center

BY:

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, May 12, 2015, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



NOTARY PUBLIC