

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

NOTICE OF AMENDED 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:	Alejandro Garcia
Address:	2415 Rock Creek Road
	Hoover, AL 35226
Admit Date:	01/10/2019
Discharge Date:	01/10/2019
Amount Due:	8,917.72

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:

Allstate Insurance - 0531686434

P.O. Box 2874

Clinton, IA 52733

Acceptance Insurance - 0011900222

P.O.Box 150769

Nashville, TN 37215

STATE OF MISSISSIPPI

COUNTY OF ALCORN

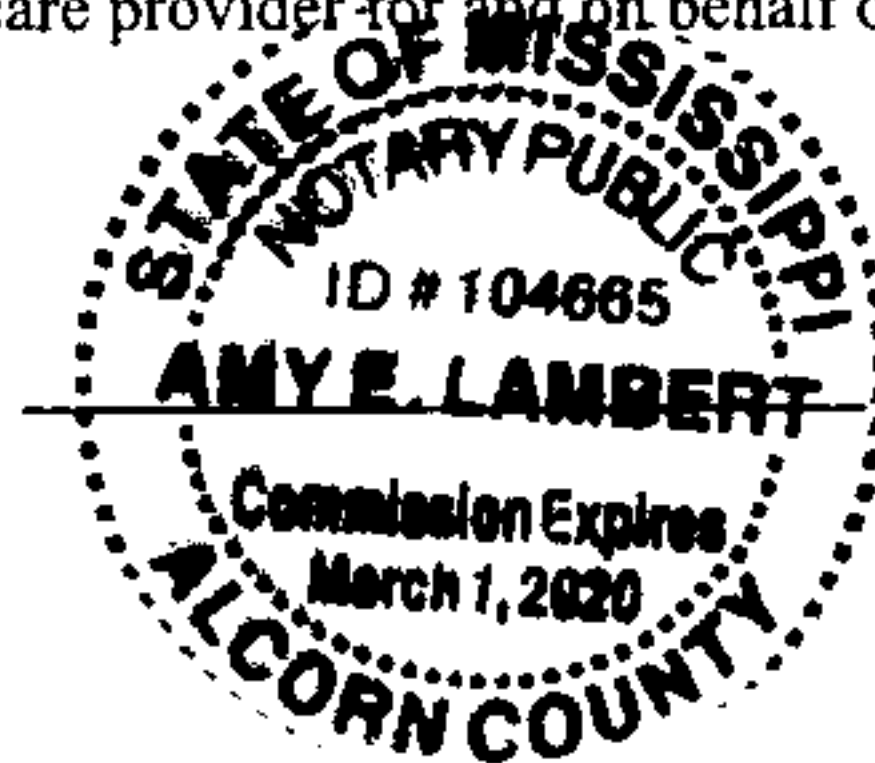
BY:

Amanda White
Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this Feb 19, 2019, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



NOTARY PUBLIC

Amy E. Lambert

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Shelby Cnty Judge of Probate, AL
02/22/2019 01:47:47 PM FILED/CERT

Prepared by:
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