D090555632

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

NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that DCH Health Care Authority, whose address is 809 University Boulevard E Tuscaloosa, AL 35401-2029, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name:	**April Hale**
Address:	**40 Moreland Road** **Brierfield, AL 35035**
Admit Date:	**02/06/2019**
Discharge Date:	**02/06/2019**
Amount Due:	**363.00**

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:

State Farm Insurance - 016878R81
P.O. Box 106171
Atlanta, GA

DCH Regional Medical Center

BY: _____
Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, March 15, 2019, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 126371 KIMBERLY LEANORD Commission Expires Jan. 3, 2023 ALCORN COUNTY

Prepared by:
Amanda White
P.O Box 1465
Corinth, MS 38834

20190321000091340 1/1 $.00
Shelby Cnty Judge of Probate: AL
03/21/2019 12:31:42 PM FILED/CERT