

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

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Shelby Cnty Judge of Probate, AL
04/15/2019 03:32:03 PM FILED/CERT

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: **Dyanna Allen**
Address: **132 Tanglewood Drive**
Alabaster, AL 35007
Admit Date: **02/28/2019**
Discharge Date: **02/28/2019**
Amount Due: **1,610.42**

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:

Geico Insurance - 0586143110101029

One Geico Center

Macon, GA 31296

Permanent General Insurance - PA2435147

P.O. Box 305195

Nashville, TN 37230

STATE OF MISSISSIPPI

COUNTY OF ALCORN

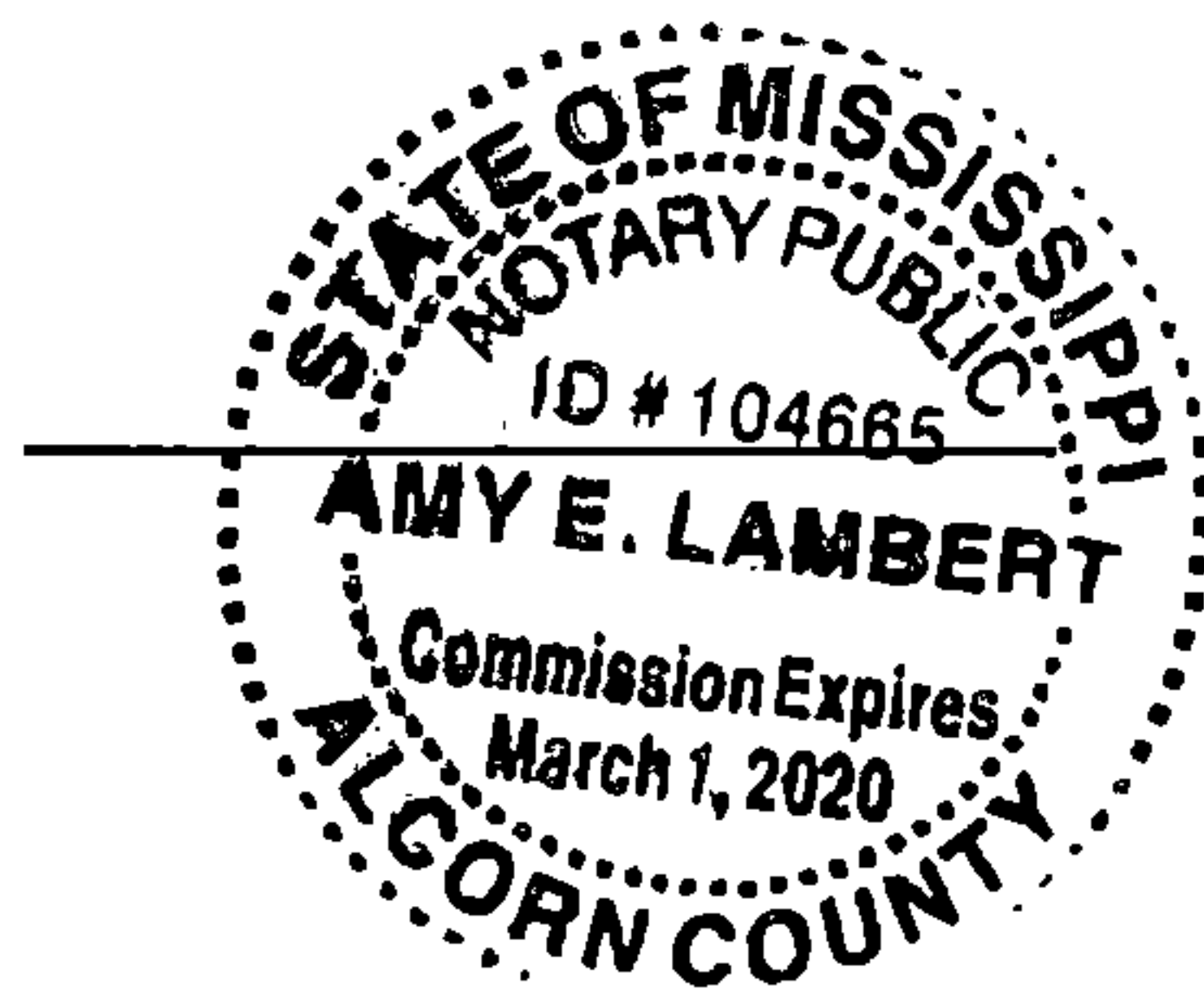
BY: _____

Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this Apr 11, 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

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