


STATE OF ALABAMA)
OFFICE OF THE JUDGE OF PROBATE)
COUNTY OF Shelby)


20080117000022730 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
01/17/2008 08:15:56AM FILED/CERT

NOTICE OF HOSPITAL LIEN

Notice is hereby given by Shelby Baptist Medical Center located at 1000 First Street North, Alabaster, AL 35007, operated by Baptist Health System located at 3201 4th Avenue South, Birmingham, AL 35222, that Shelby Baptist Medical Center has furnished reasonable and necessary hospital care, treatment and/or maintenance to:

Rachel J. Jackson
P O Box 25
Abernant, AL 35440-0025

from 11/14/2007 to 11/14/2007 and that the amount due for the services is \$ 1,642.00.

The person(s), firm(s), or corporation(s) claimed by the patient or his/her representative to be liable for damages arising from the illness or injuries for which the patient received healthcare services are as follows:

Travelers Insurance
Caller Service 1816
Alpharetta, GA 30022
Claim # UJF5113002

A lien is hereby created by the hospital upon any and all actions, claims, counterclaims, and demands accruing to the patient on account of the injuries which necessitated such hospital care and upon all judgments, settlements, and settlement agreements entered into on account of the injuries which necessitated such hospital care, all in accordance with the provisions of Alabama Statutes Annotated §35-11-370, et seq.

Shelby Baptist Medical Center

Prepared By:

Sandie Milliken
Sandie Milliken
Medical Reimbursements of America, LLC
o/b/o Shelby Baptist Medical Center
117 Seaboard Lane, Suite D100
Franklin, TN 37067
(615) 963-3871

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The foregoing statement was acknowledged and verified before me, on January 9, 2008, by Sandie Milliken, the duly authorized agent/operator of Shelby Baptist Medical Center, for an on behalf of said hospital.

My Commission Expires:

1/19/2011

