

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

20081117000441370 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
11/17/2008 12:02:48PM FILED/CERT

NOTICE OF AMENDED HOSPITAL LIEN

(Amending the lien filed on 6/3/2008 with Document # 20080603000223840)

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 833 Princeton Avenue, SW, POB III, Suite 300, Birmingham, AL 35211, that Shelby Baptist Medical Center has furnished reasonable and necessary hospital care, treatment and/or maintenance to:

Kristin N. Staten, a minor
322 Highway 77
Columbiana, AL 35051

from 2/2/2007 to 3/29/2007 and that the amount due for the services is \$ 2,492.40.


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 health care services are as follows:

Travelers Insurance
3000 Riverchase Galleria
Suite 600
Birmingham, AL 35244
Claim # UNF3803

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 Code Annotated §35-11-370, et seq.

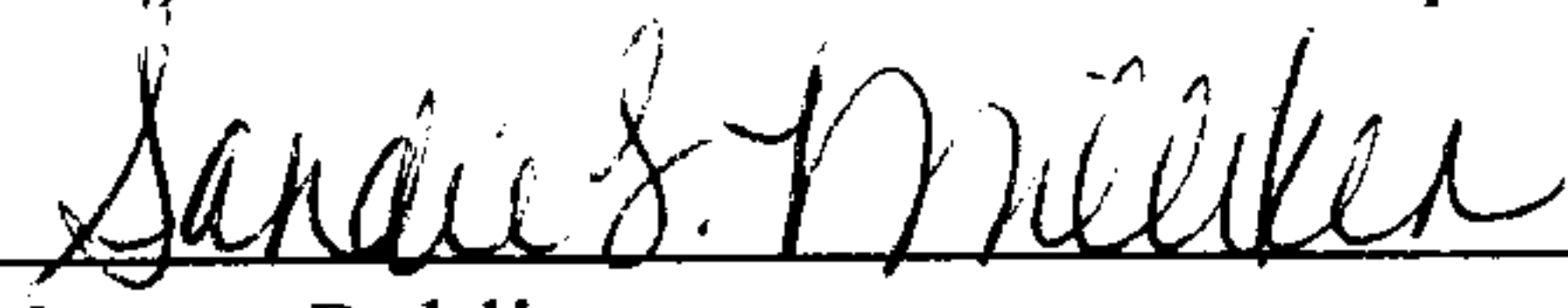
Shelby Baptist Medical Center

Prepared By:


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Medical Reimbursements of America, LLC
o/b/o Shelby Baptist Medical Center
425 Duke Dr., Suite 475
Franklin, TN 37067
(615) 963-3871

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The foregoing statement was acknowledged and verified before me, on October 27, 2008, by Cassie Entrekin, the duly authorized agent of Shelby Baptist Medical Center, for an on behalf of said hospital.


Notary Public

My Commission Expires:



