

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

20090213000050460 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
02/13/2009 10:48:06AM 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 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:

Timothy H. Smith
P O Box 777
Pelham, AL 35124-0777

from 8/22/2008 to 8/22/2008 and that the amount due for the services is \$ 1,113.00.

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 health care services are as follows:

Occidental Fire and Casualty
P.O. Box 771270
Coral Springs, FL 33077
Claim #: 548305

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

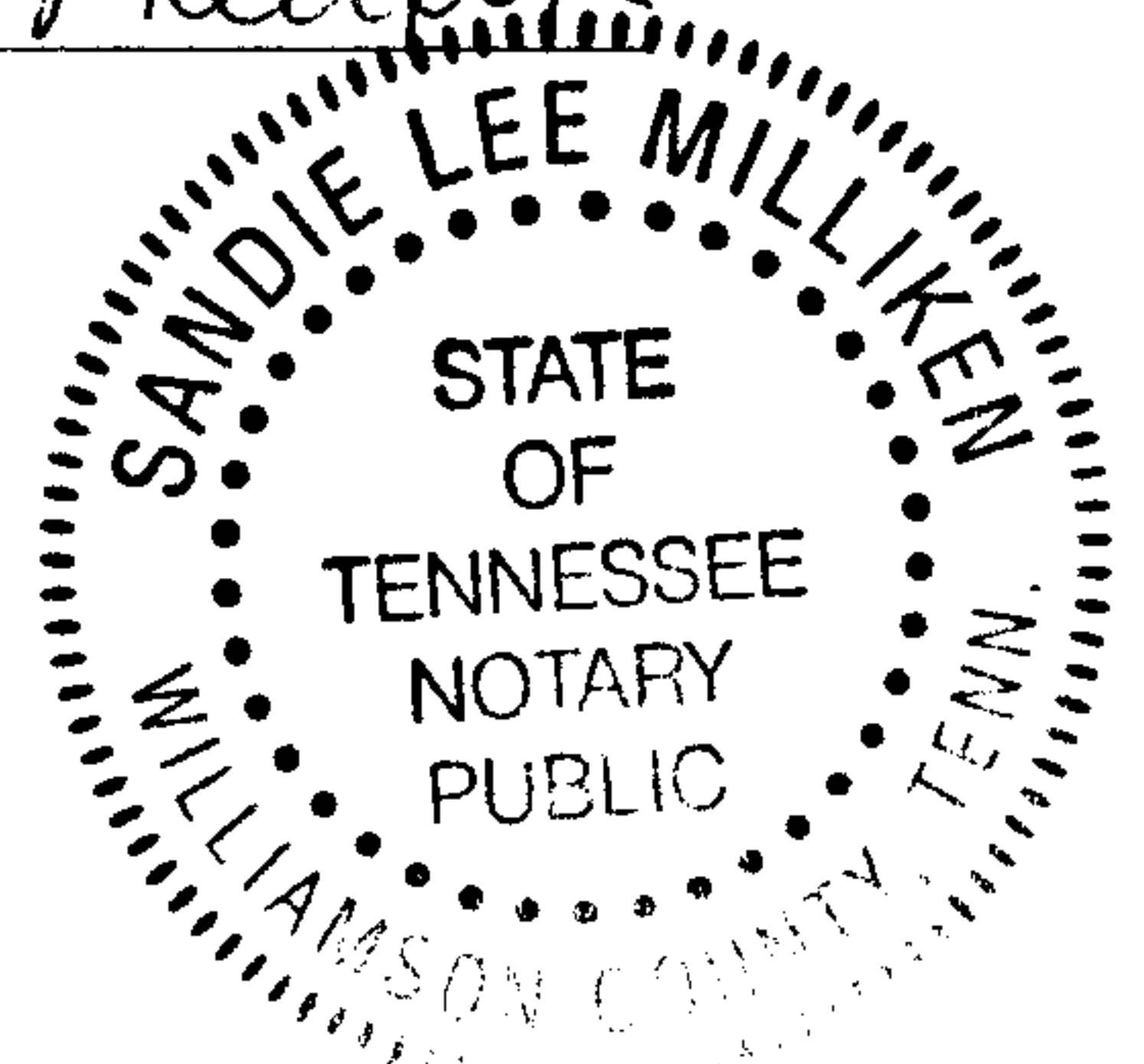
STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The foregoing statement was acknowledged and verified before me, on February 9, 2009, by Cassie Carroll, the duly authorized agent of Shelby Baptist Medical Center, for and on behalf of said hospital.

Sandie Lee Milliken
Notary Public

My Commission Expires:

10/1/2012



My Comm. Expires: 10/1/2012