STATE OF ALABAMA HOSPITAL LIEN

To: Honorable James W. Fuhrmeister Recording Office Shelby County Judge of Probate PO Box 825 Columbiana AL 35051

Dear Sir/Madam:

Please be advised that Baptist Health Systems Hospital claims a lien upon any funds recoverable or to be recovered by verdict, judgment, award, settlement or compromise secured by or on behalf of the injured person on his or her claim or right of action pursuant to the Code of Alabama (Title 35, Chapter 11, Sec. 370) with reference to the following matter:

1.	Name of injured person:	Jerlander Metcalfe
	Address:	372 Union Station Way, Calera, AL 35040

2.	Name of Hospital:	Shelby Baptist Medical
	Address:	833 Princeton Ave SW
		Birmingham AL 35211

3.	Name of Hospital Operator:	The Outsource Group
	Address:	7 Audubon Rd., Wakefield MA 01880

4.	Date of Admission of Patient:	06/22/12
	Date of Discharge	06/22/12

5. Amount due for hospital care:	\$1,707.00
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6.	Name of Party alleged liable for	State Farm Insurance, clm# 01-1F24-998
	Address:	PO Box 106145, Atlanta, GA 30348

In accordance with the provision of the Code of Alabama 35-11-371(a), a copy of this statement of lien has been or will be forwarded by certified mail to each person, firm or corporation alleged to be liable for the patient's injuries, and to the patient or personal representative at the address given at the time of admission.

Prepared by: Tien Nguyen ______ File# 3314174

Duly Authorized Representative of Shelby Baptist Hospital
7 Audubon Rd, Wakefield, MA 01880

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