

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

NOTICE OF AMENDED HOSPITAL LIEN

Amending Hospital Lien filed on 5/29/2008 with document #20080529000217130

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:

Wanda G. Wilbanks
4925 Cahaba Valley St
Birmingham, AL 35242-3639

from 5/17/2008 to 5/17/2008 and that the amount due for the services is \$ 1,811.00.

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:

State Farm
P.O. Box 830852
Birmingham, AL 35283
Claim #: 016866645

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:

Janet Kays
Janet Kays
Medical Reimbursements of America, Inc.
o/b/o Shelby Baptist Medical Center
7105 Moores Lane
Brentwood, TN 37027
(615) 963-3871


STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The foregoing statement was acknowledged and verified before me, on February 27, 2013, by Janet Kays, the duly authorized agent of Shelby Baptist Medical Center, for and on behalf of said hospital.

Elaine Hudson
Notary Public

My Commission Expires:

1-27-2015


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Shelby Cnty Judge of Probate, AL
03/07/2013 12:17:20 PM FILED/CERT

