

NOTICE OF HOSPITAL LIEN
BAPTIST HEALTH SYSTEMS
833 Princeton Avenue SW, suite 300, Birmingham, AL 35211

STATE OF ALABAMA
SHELBY COUNTY

Notice is hereby given, as provided by the laws of the State of Alabama that **BAPTIST HEALTH SYSTEMS** whose address is 833 Princeton Avenue SW, suite 300, Birmingham, AL 35211, which operates **Shelby Baptist Medical Center**, located at 1000 First Street North, Alabaster, AL 35007, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by **Samantha Delgado** of **1653 Kings James Drive, Alabaster, AL 35007**, against all causes of action, suits, claims, counter claims and demands accruing to the said **Samantha Delgado** or her legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

Amount claimed: \$3045.00
Date of injury: 05/15/13

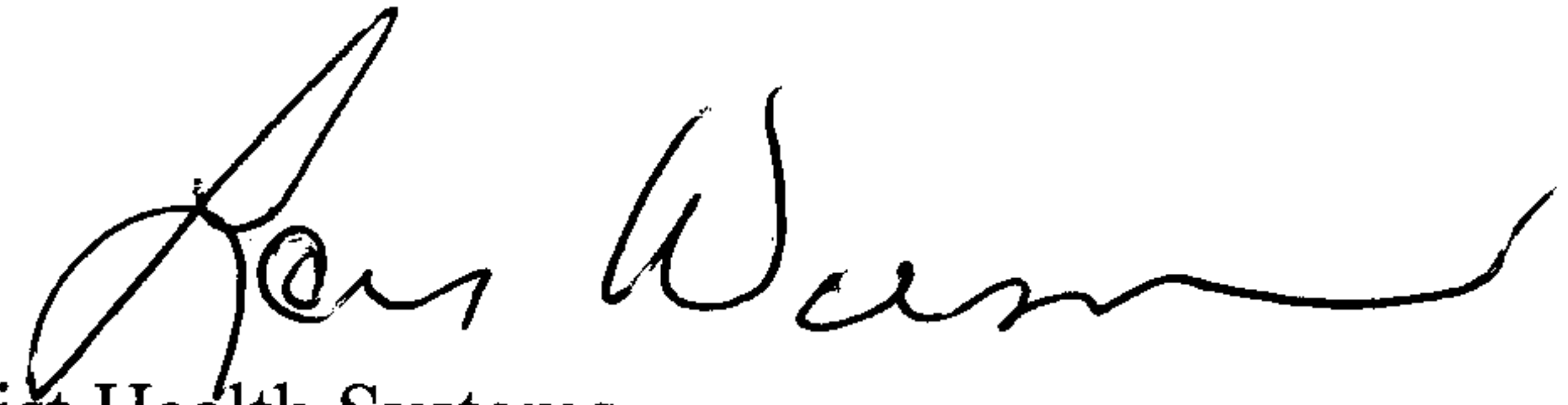
Date of admission: 05/15/13
Date of discharge: 05/15/13

The names and addresses of all persons, firms or corporations claimed by such injured person, or the legal representative of such person, to be liable for damages arising from such injuries are, to the best of the claimant's knowledge, as follows:

Name: Travelers [REDACTED]
Address: CS #1816 ,Alpharetta , GA 30023-1816

Name:
Address:

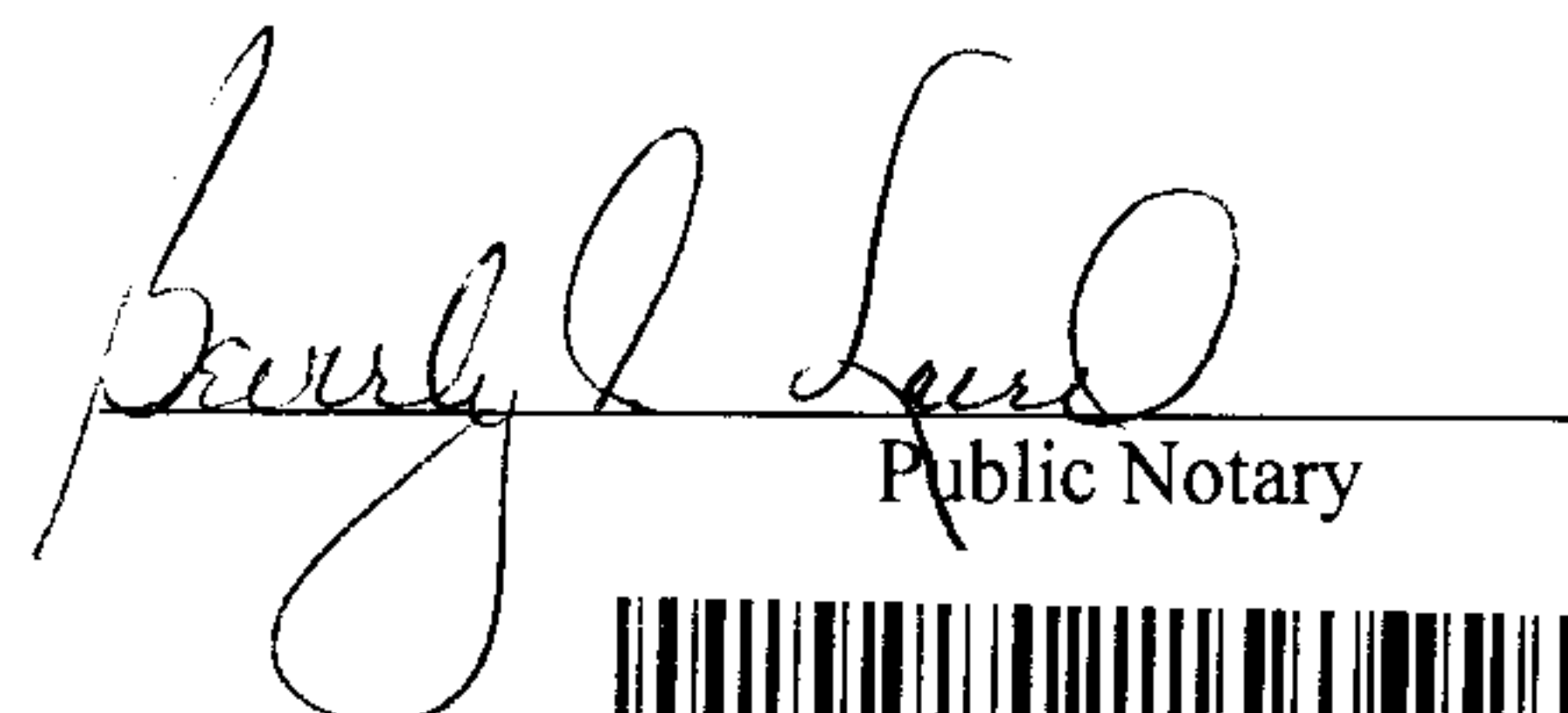
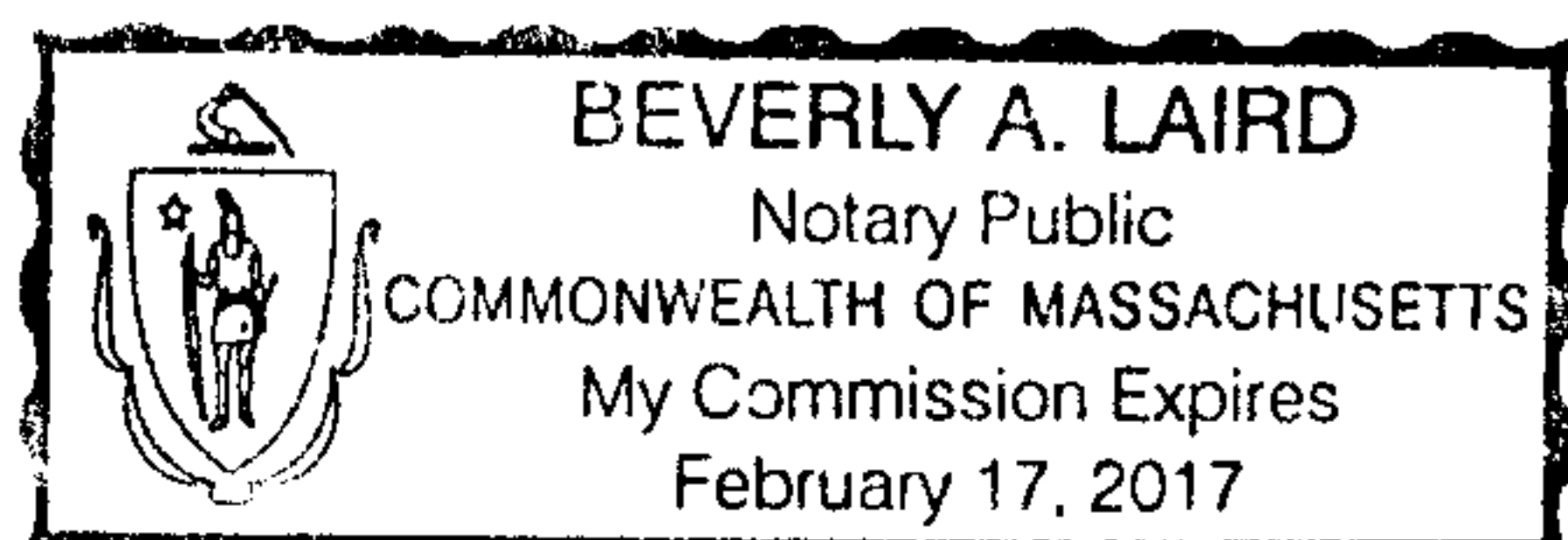
Hospital Lien prepared by: Lois Winn
Duly authorized representative of Baptist Health Systems
The Outsource Group, 7 Audubon Road, Wakefield MA 01880
File#3883454



Commonwealth of Massachusetts
County of Middlesex

On this, the 4 day of June, 20 13, before me a notary public, the undersigned person, personally appeared Lois Winn, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.



Public Notary

