

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051

NOTICE OF HOSPITAL LIEN

Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that Health Care Authority of the Baptist Health Foundation, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Susan Castillo**
Address: **104 Oliver Street Lot 15**
Columbiana, AL 351242054
Admit Date: **September 16, 2013**
Discharge Date: **September 17, 2013**
Amount Due: **\$1,809.00**

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

CMI - 6993799
Claims Department Attn: Mail Stop 3540 P. O. Box 1288
Bentonville, AR

Shelby Baptist Medical Center

BY: _____

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, October 2, 2013, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

The foregoing statement was acknowledged and verified before me this 2013, by the duly authorized Shelby Baptist Medical

MY COMMISSION EXPIRES: _____



NOTARY PUBLIC

