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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 Shelby Baptist Medical Center under the 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: **Paulette Brilliant**
Address: **5242 Roy Drive**
Helena, AL 35080

Admit Date: **September 14, 2013**
Discharge Date: **September 14, 2013**

Amount Due: **\$ 3,350.00**

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:

The Hartford
YKQAM90181
P. O. Box 14263
Lexington, KY 40512



20131007000402480 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
10/07/2013 03:30:10 PM FILED/CERT

Prepared By: 

Austin Gray, Authorized Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 30th day of Sept, 2013, by Austin Gray the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.


NOTARY PUBLIC

MY COMMISSION EXPIRES:

