

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: **Aaron Foster**
Address: **1090 Bone Road**
Columbiana, AL 36756
Admit Date: **November 22, 2013**
Discharge Date: **November 22, 2013**
Amount Due: **\$2,128.00**

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:

Geico Insurance - 0036646090101260
One Geico Center
Macon, GA

Shelby Baptist Medical Center

Prepared By:

Kimberlee M. Fair, Agent
P.O. Box 1465, Corinth, MS 38834

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, December 11, 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

20131219000485430 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
12/19/2013 01:35:40 PM FILED/CERT