

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

NOTICE OF AMENDED 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: **Asha Ashley**
Address: **3507 Highway 52 West Apt D**
Columbiana, AL 35124

Admit Date: **9/24/2013**
Discharge Date: **9/24/2013**
Amount Due: **\$1,360.00**

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:

State Farm - 01348H476
P. O. Box 106145
Atlanta, GA 30348

USAA - 02976939-002
Auto Injury Solutions PO Box 5000
Daphne, AL 35626

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY: _____

Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this 16th day of Dec., 2013, by Kim Faw the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

