

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

NOTICE OF AMENDED HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., 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: **Jerry Glass**
Address: **1905 22nd Street**
Columbiana, AL 35040

Admit Date: **5/22/2013**
Discharge Date: **5/24/2013**
Amount Due: **\$27,364.00**

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:

ACCC Insurance - B0010565-0

P.O. Box 3750

Alpharetta, GA 30023

Allstate - 0311453336

P. O. Box 606636

Dallas, TX 75266

Shelby Baptist Medical Center

BY: _____

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 12th day of Feb, 2014, by Kim Fair 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

Mischele M. Wilbanks

Prepared By:
Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834



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Shelby Cnty Judge of Probate, AL
02/17/2014 02:23:49 PM FILED/CERT