


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

**NOTICE OF 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: **Roger Price**  
Address: **113 Quail Run Circle**  
**Columbiana, AL 35186**  
  
Admit Date: **February 11, 2014**  
Discharge Date: **February 11, 2014**  
Amount Due: **\$5,351.00**

  
20140307000063940 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
03/07/2014 01:03:44 PM FILED/CERT

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:

**Everest - 5364900501**  
**P. O. Box 160**  
**Alpharetta, GA**

**Shelby Baptist Medical Center**

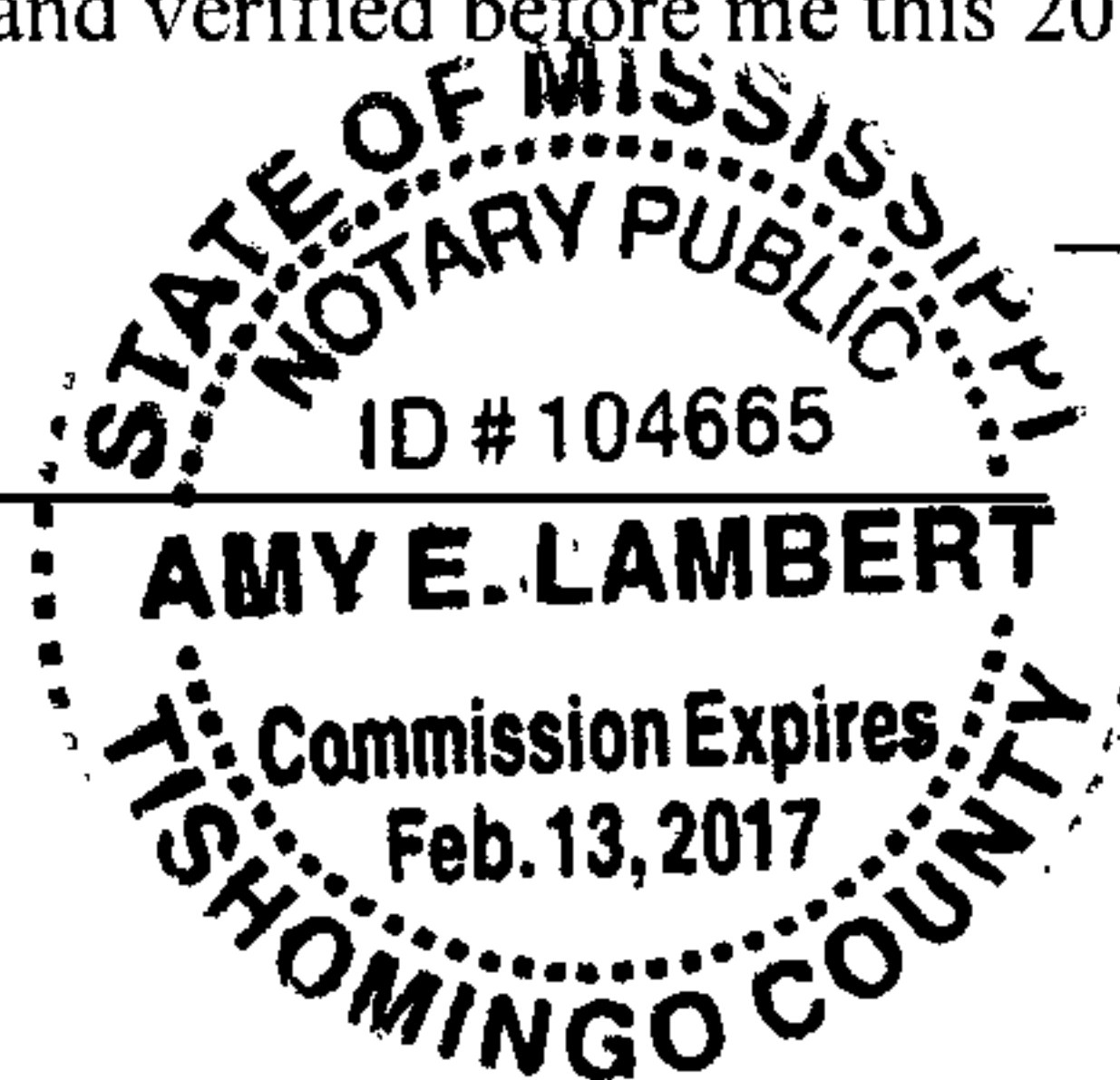
BY:   
**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, February 28, 2014, 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 2014 by the duly authorized Shelby Baptist Medical

MY COMMISSION EXPIRES: \_\_\_\_\_



  
NOTARY PUBLIC

*Prepared By: Austin Gray*  
*PO BOX 1465*  
*Corinth, MS 38834*