


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


20140428000126150 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
04/28/2014 01:31:05 PM FILED/CERT

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: **Corvon Burroughs**
Address: **P O Box 725**
Columbiana, AL 35007
Admit Date: **March 19, 2014**
Discharge Date: **March 19, 2014**
Amount Due: **\$1,172.00**

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:

Liberty Mutual - 0293226-78
P. O. Box 958441
Lake Mary, FL

Shelby Baptist Medical Center

BY: 

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN


The foregoing statement was acknowledged and verified before me this Wednesday, April 23, 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 Center

MY COMMISSION EXPIRES: _____




NOTARY PUBLIC


P.O Box 1465
Corinth, MS 38834