

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: **Katie English**
Address: **169 Flagstone Lane**
Columbiana, AL 35040

Admit Date: **April 4, 2014**
Discharge Date: **April 4, 2014**
Amount Due: **\$1,699.00**

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:

Travelers Insurance - HTS6711
CS # 1816
Alpharetta, GA

BY: _____

Shelby Baptist Medical Center

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, May 1, 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

Mitchell M. Wilbanks

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



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

