

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

20140804000240520 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
08/04/2014 12:30:02 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: **Rachael White**
Address: **73 Echo Lane**
Columbiana, AL 35051
Admit Date: **July 13, 2014**
Discharge Date: **July 13, 2014**
Amount Due: **\$2,320.00**

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 - B18183-4
P.O. Box 29569
Alpharetta, GA

Shelby Baptist Medical Center

BY: li

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, July 29, 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: _____



Amy E. Lambert
NOTARY PUBLIC

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