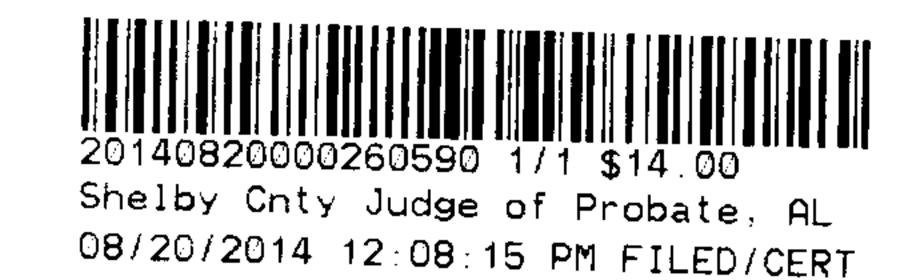
Shelby County Probate Office TO:

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:

Nadia Vires

Address:

1905 Holly Brook Lane

Columbiana, AL 36066

Admit Date:

1/18/2014

Discharge Date:

1/18/2014

Amount Due:

\$5,382.00

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:

Rental Insurance Services - R00116309

P.O. Box 670010

Coral Springs, FL 33067

USAA - 009715121-024

P. O. Box 5000

Daphne, AL 36526

**SEDGWICK Claims - 148001946** 

P. O. Box 94950

Cleveland, OH 44101

Shelby Baptist Medical Center

Agent

STATE OF MISSISSIPPI

**COUNTY OF ALCORN** 

The foregoing statement was acknowledged and verified before me this 15

the duly authorized Shelby Baptist Medical Center of the above named health care

BY:

provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

Hillian Roll Roll. Kimberlee M. Fair P.O Box 1465

Corinth, MS 38834