

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

20140820000260590 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
08/20/2014 12:08:15 PM FILED/CERT

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

BY:

[Signature] **Shelby Baptist Medical Center**

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 15th day of August, 2014, by Kim Fair the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

[Signature]



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