

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

20140925000300940 1/1 \$14.00
Shelby Cnty Judge of Probate: AL
09/25/2014 11:20:52 AM 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: **Alexandra Patterson**
Address: **4914 Lakeshore Drive**
Pell City, AL 35128
Admit Date: **8/9/2014**
Discharge Date: **8/12/2014**
Amount Due: **\$47,489.00**

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:

Metlife Insurance - TAD0821700
Claims Department P O Box 30018
Tampa, FL 33630
Country Financial - 201-1317948
PO Box 2020
Bloomington,, IL 31702

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY:

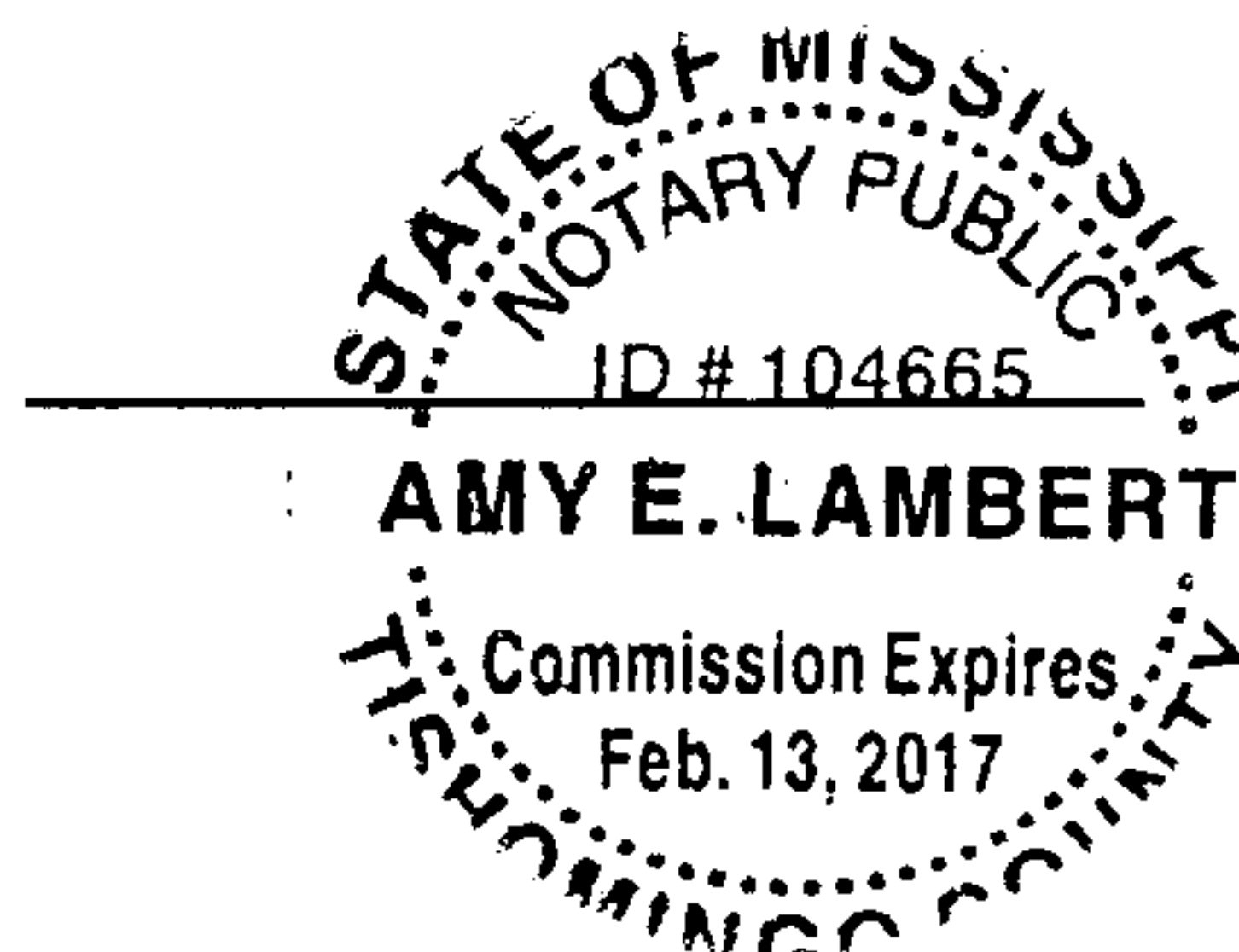
Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this 22nd day of Sept, 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



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