

TO: Shelby County Probate Office
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 System, 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: **Melissa Hayes**
Address: **2916 Highway 10**
Montevallo, AL 35115
Admit Date: **8/16/2014**
Discharge Date: **8/16/2014**
Amount Due: **\$1,303.00**

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:

Nationwide Insurance - 861194-GA
One Nationwide Gateway, Dept. 5578
Des Moines, IA 50391-5578

Shelby Baptist Medical Center

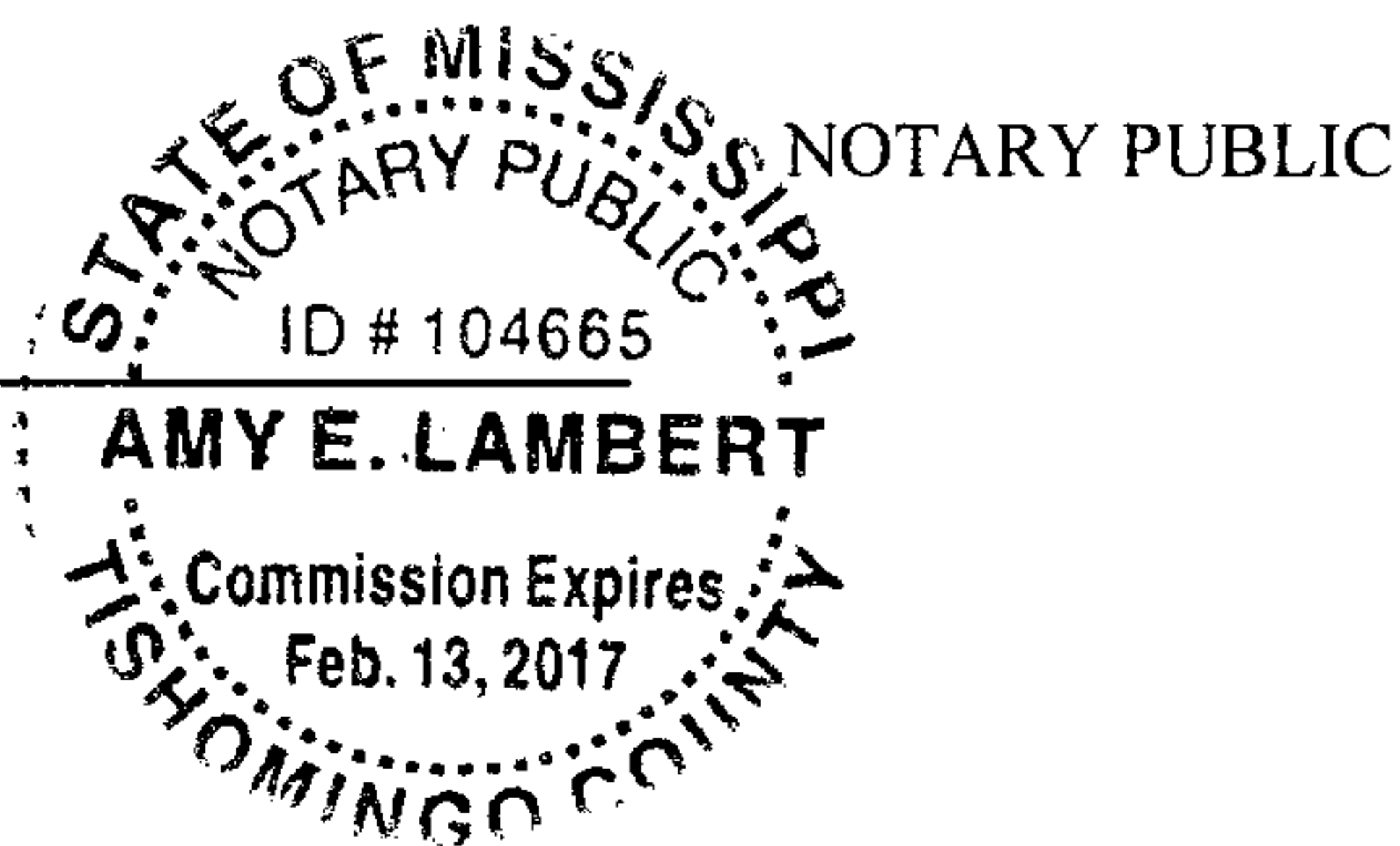
BY: _____


STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 24th day of October, 2014, by Kimberlee M. 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: _____




20141029000341280 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
10/29/2014 01:18:56 PM FILED/CERT

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