

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

20141201000376100 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
12/01/2014 12:22:56 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 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: **Kyle Hall**
Address: **919 County Road 267**
Clanton, AL 35045
Admit Date: **10/21/2014**
Discharge Date: **10/21/2014**
Amount Due: **\$1,870.00**

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:

Geico Insurance Claims - 0397291440101059

One Geico Center

Macon, GA 31296

Carolina Casualty Insurance Claims - P00949

P.O. Box 2575

Jacksonville, FL 32203

Shelby Baptist Medical Center

BY:

STATE OF MISSISSIPPI

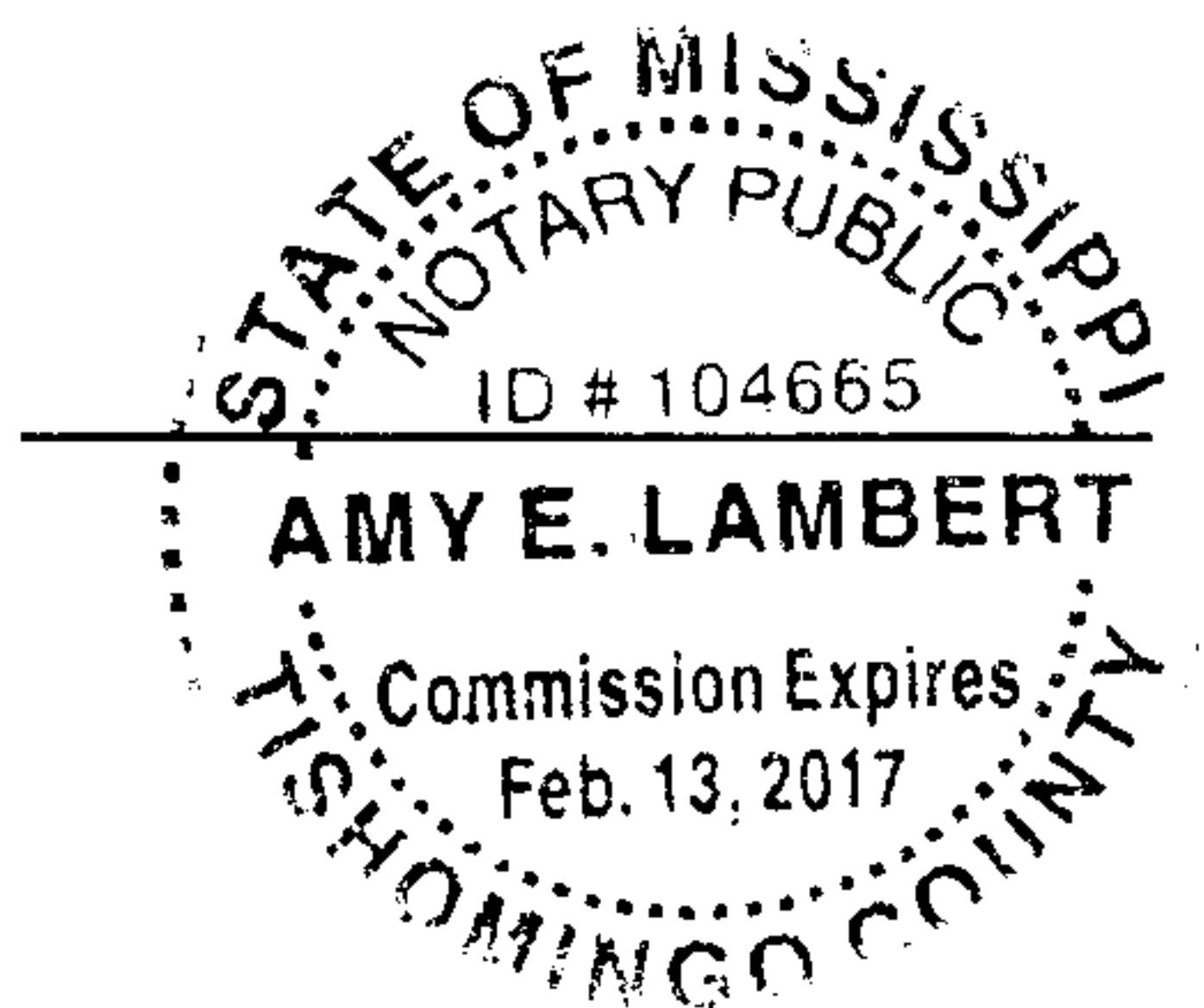
COUNTY OF ALCORN

Agent

The foregoing statement was acknowledged and verified before me this 26th day of Nov, 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:

NOTARY PUBLIC



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