


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

**NOTICE OF 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: **Linda Armstrong**  
Address: **456 Waxahatchee Circle**  
**Shelby, AL 35143**  
Admit Date: **December 10, 2014**  
Discharge Date: **December 10, 2014**  
Amount Due: **\$12,471.40**

  
20150102000000720 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
01/02/2015 10:47:27 AM FILED/CERT

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:

**USAA Insurance - 4189678-7**  
**Medical Mail/Auto Injury Solutions P O Box 5000**  
**Daphne, AL**

**Metlife Insurance - TAD18091**  
**Claims Injury Department P O Box 30018**  
**Tampa, FL**

**Shelby Baptist Medical Center**

**BY:** \_\_\_\_\_

**Agent**

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, December 30, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

The foregoing statement was acknowledged and verified before me this 2014, by the duly authorized Shelby Baptist Medical

MY COMMISSION EXPIRES: \_\_\_\_\_



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NOTARY PUBLIC

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