


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


20150121000021160 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
01/21/2015 08:46:01 AM FILED/CERT

NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that 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: **Eric Price**
Address: **134 Shaw Street**
Jemison, AL 35085
Admit Date: **January 1, 2015**
Discharge Date: **January 1, 2015**
Amount Due: **\$12,106.40**

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:

ALFA Insurance - X1300001870
701 Logan Road
Clanton, AL

Shelby Baptist Medical Center

BY: _____

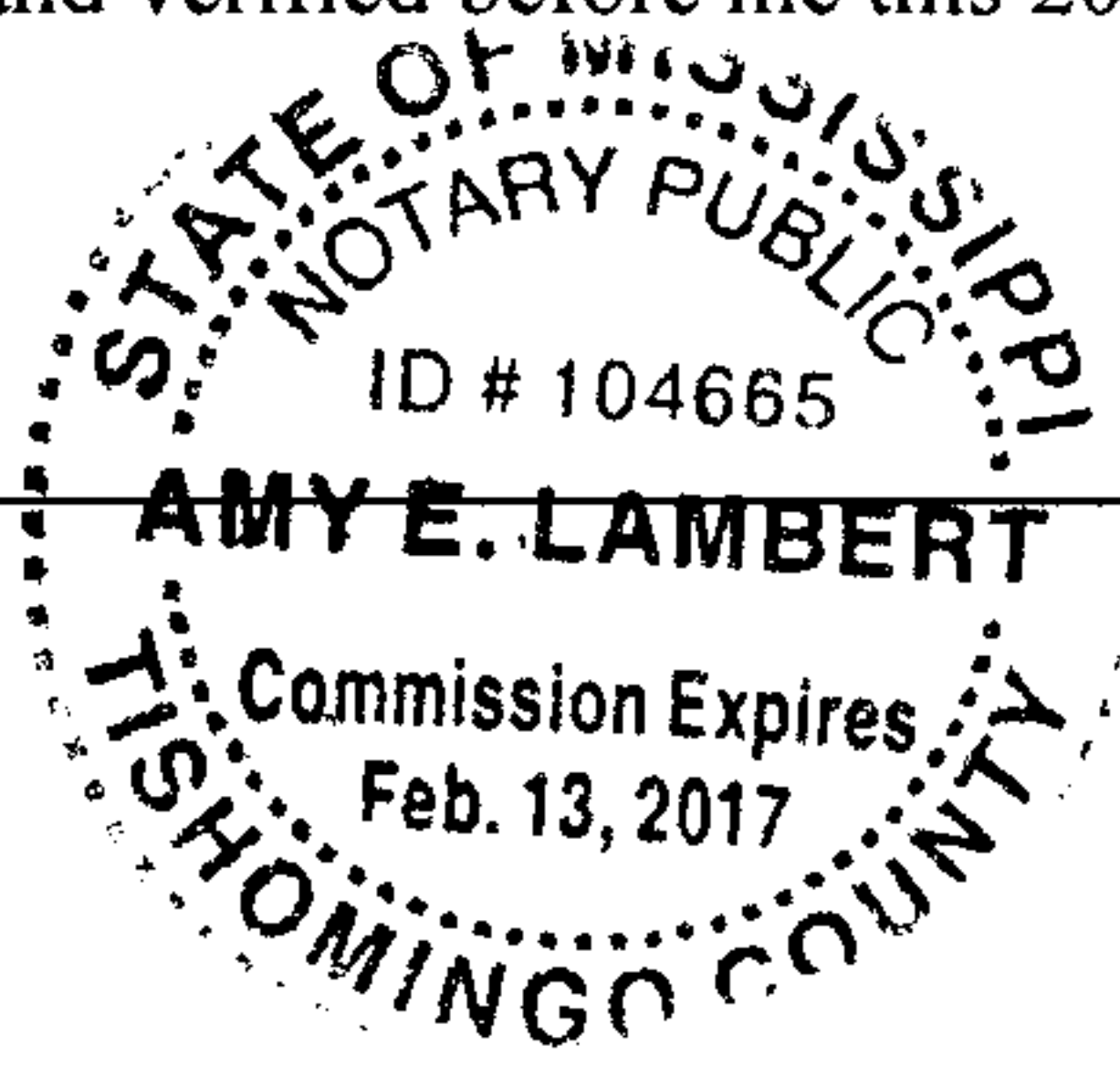
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, January 14, 2015, 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 2015, by the duly authorized Shelby Baptist Medical

MY COMMISSION EXPIRES: _____



NOTARY PUBLIC

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