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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 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: **Marla Simmons**
Address: **1209 Worley Road**
Ball Ground, GA 30107
Admit Date: **1/10/2015**
Discharge Date: **1/10/2015**
Amount Due: **\$193.00**

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:

USAA Insurance - 029168276-3
Medical Mail/Auto Injury Solutions P O Box 5000
Daphne, AL 36526

BY:

[Signature] **Shelby Baptist Medical Center**

STATE OF MISSISSIPPI

COUNTY OF ALCORN

Agent

The foregoing statement was acknowledged and verified before me this *10th* day of *Mar*, 2015, 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



Prepared By:

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



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Shelby Cnty Judge of Probate, AL
03/16/2015 12:37:32 PM FILED/CERT