


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


20150401000102370 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
04/01/2015 11:56:52 AM FILED/CERT

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: **Ricarda Gomez-Acosta**
Address: **285 Greenpark South**
Pelham, AL 35124
Admit Date: **2/22/2015**
Discharge Date: **2/22/2015**
Amount Due: **\$660.00**

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:

Allstate - 0358884161
P. O. Box 385004
Birmingham, AL 35242

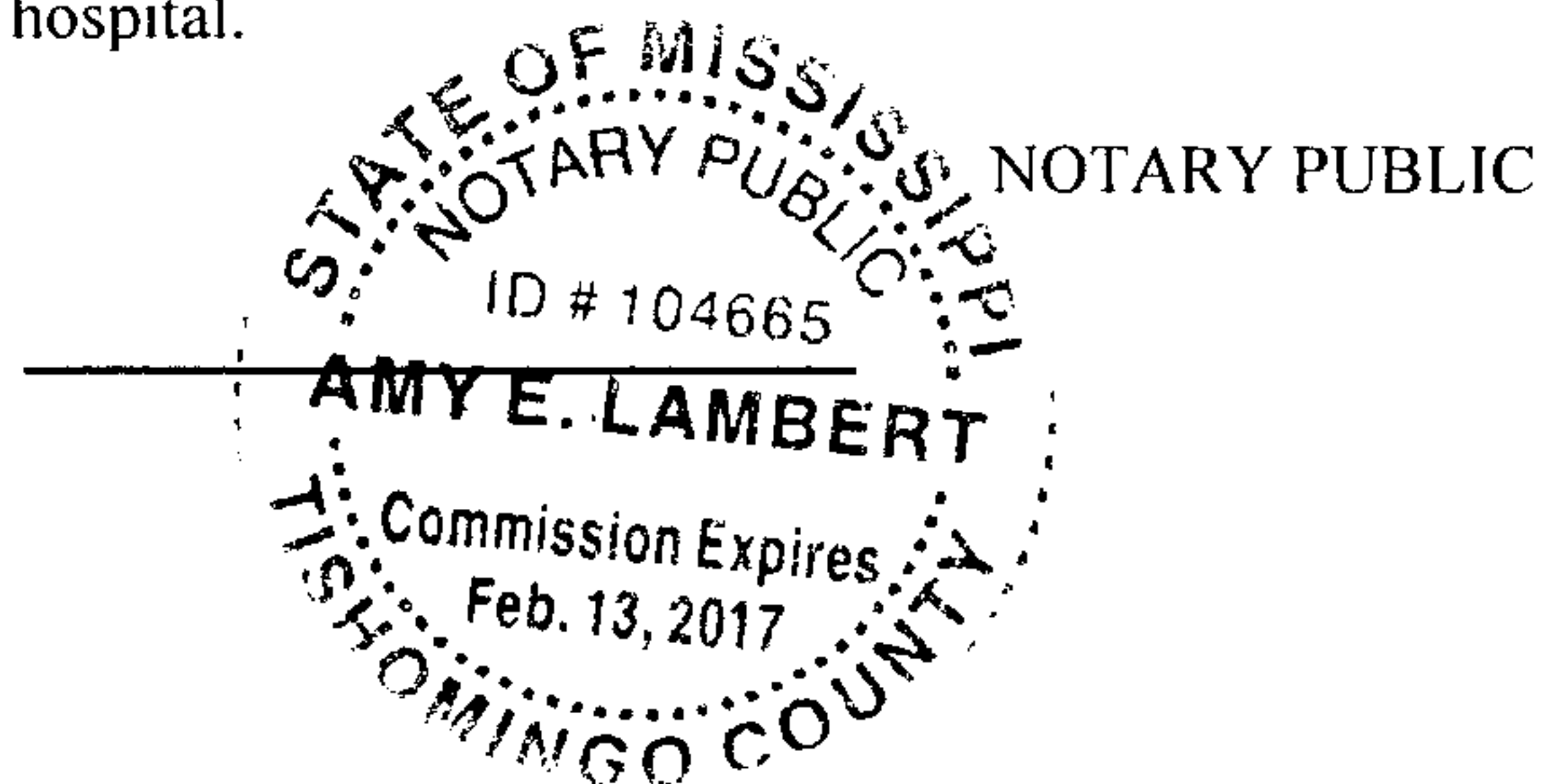
STATE OF MISSISSIPPI
COUNTY OF ALCORN

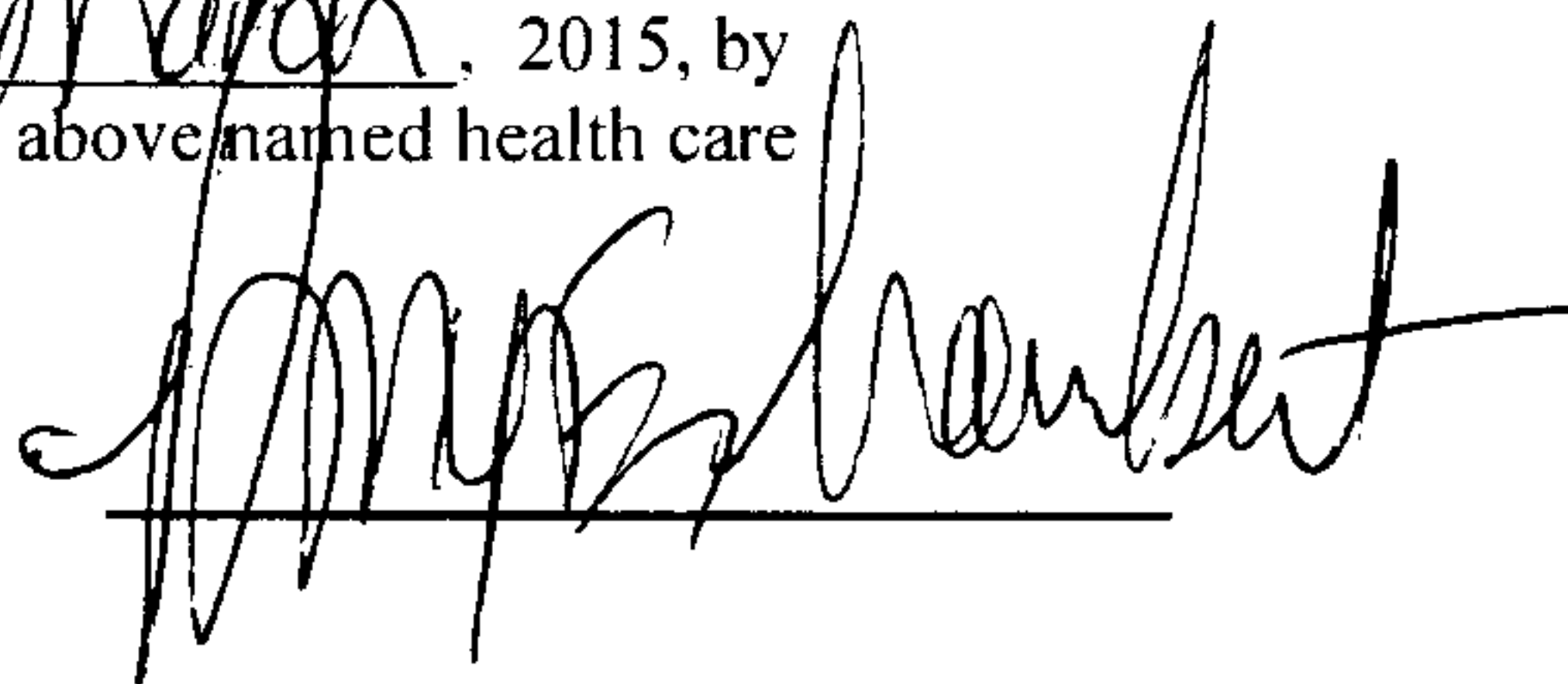
BY: _____


Shelby Baptist Medical Center
Agent

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




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