


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


20150401000102430 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
04/01/2015 11:56:58 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: **Stephanie Williams**
Address: **170 Birmingham Street Lot 10**
Montevallo, AL 35115

Admit Date: **February 7, 2015**
Discharge Date: **February 7, 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:

ALFA - A1-747
2692 East Pelham Parkway
Pelham, AL

ACCC - B0023252-0
P.O. Box 660487
Birmingham, AL


Shelby Baptist Medical Center

BY: _____

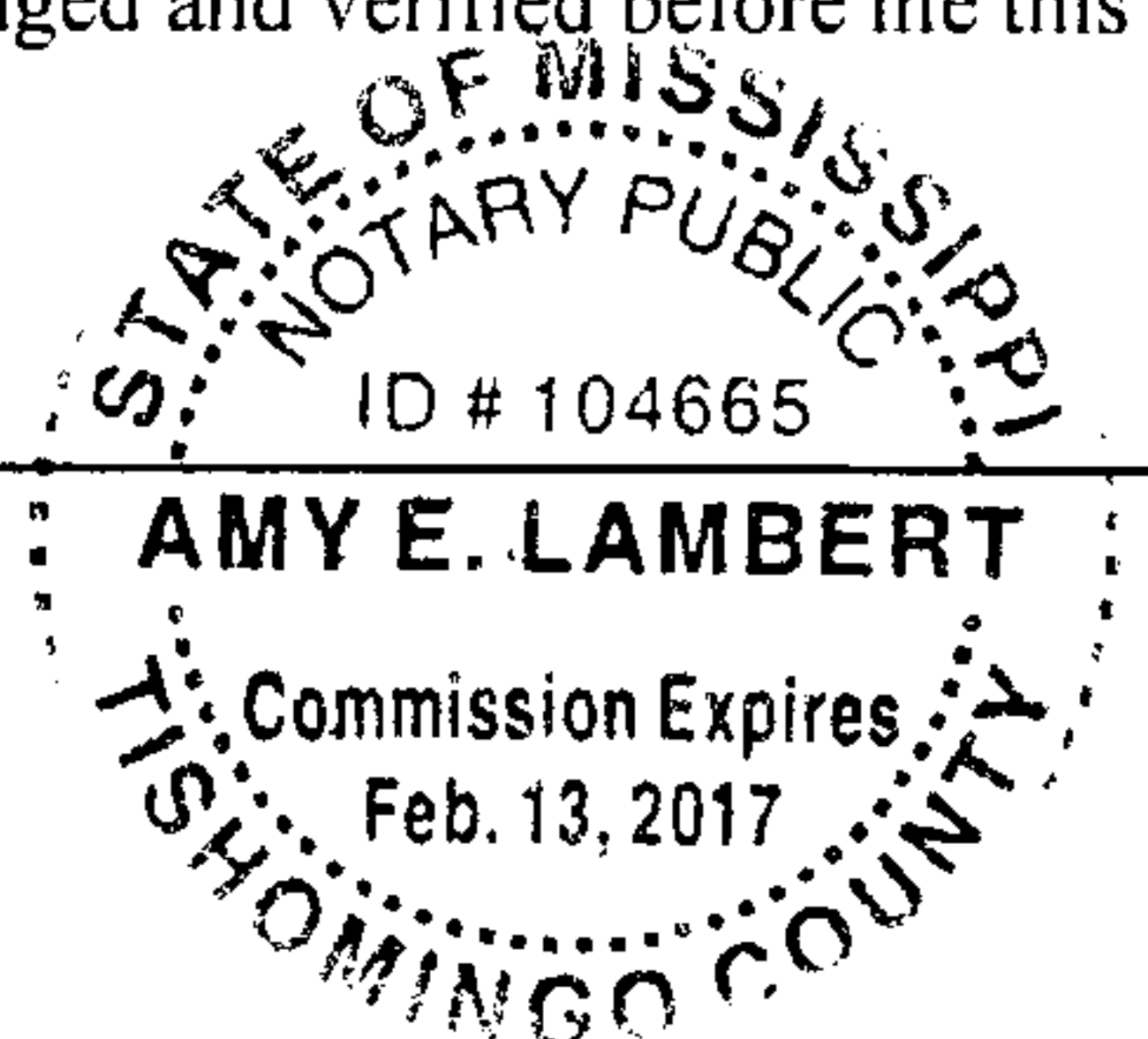
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, March 26, 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 Center

MY COMMISSION EXPIRES: _____




NOTARY PUBLIC

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