


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


20150427000135800 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
04/27/2015 12:30:12 PM FILED/CERT

NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Brookwood Medical Center, whose address is 2010 Brookwood Med Ctr Dr Birmingham, AL 35209, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Denise Hull**
Address: **5825 Southcrest Road**
Birmingham, AL 35213-1007
Admit Date: **March 25, 2015**
Discharge Date: **March 25, 2015**
Amount Due: **\$26,410.82**

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:

State Farm - 01632M360
P.O. Box 106145
Atlanta, GA

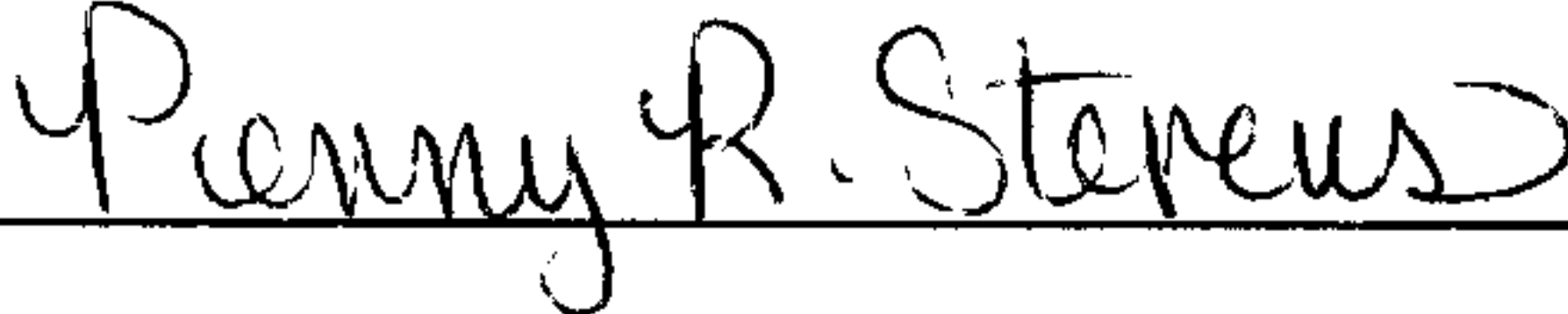
Brookwood Medical Center

BY: 

STATE OF MISSISSIPPI
COUNTY OF ALCORN

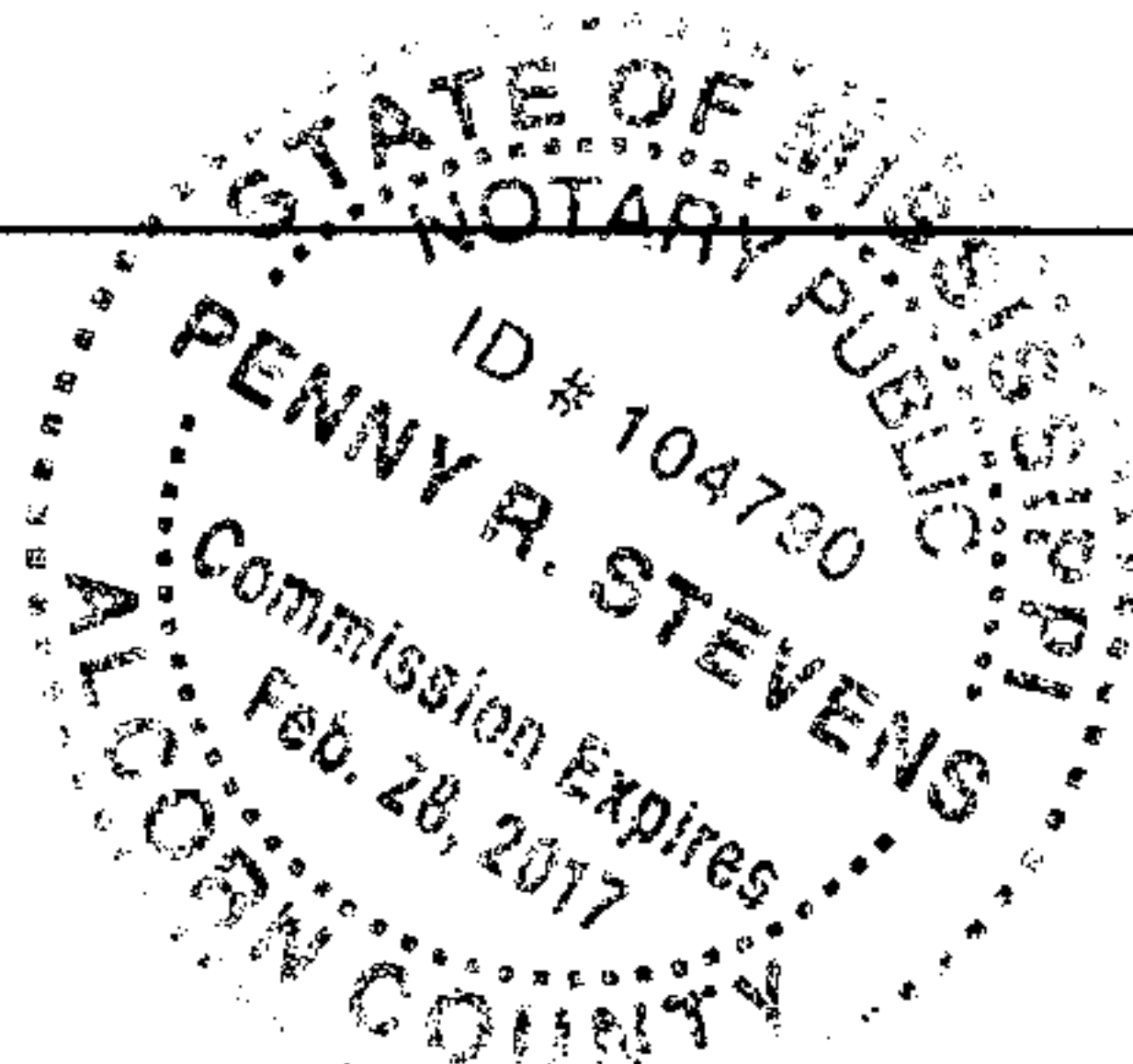
Prepared by:
Heather Shappley
Avectus Healthcare Solutions
P.O. Box 1465
Corinth, MS 38834

The foregoing statement was acknowledged and verified before me this Tuesday, April 21, 2015, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.



NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



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