

20150629000218500 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
06/29/2015 03:30:55 PM FILED/CERT

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


NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Health Care Authority of Morgan County-City of Decatur, d/b/a Decatur General Hospital, whose address is 1201 7th Street Southeast Decatur, AL 35601, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Andrew McNutt**
Address: **1300 Kensington Boulevard**
Calera, AL 35040
Admit Date: **May 28, 2015**
Discharge Date: **May 28, 2015**
Amount Due: **\$424.00**

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:

Key Insurance - K74616
P.O. Box 2014
Shawnee Mission, KS

Decatur Morgan Hospital
BY: 
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, June 24, 2015, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.




NOTARY PUBLIC

MY COMMISSION EXPIRES: _____