


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


20150717000243740 1/1 \$14.00
Shelby Cnty Judge of Probate: AL
07/17/2015 10:44:59 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: **Chandy Bishop**
Address: **208 Savannah Lane**
Calera, AL 35040
Admit Date: **6/3/2015**
Discharge Date: **6/3/2015**
Amount Due: **\$4,544.00**

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 Insurance - 0371169533

P.O. Box 660636

Dallas, TX 75266

Allstate Insurance Claims - 0371210963

P.O. Box 2874

Clinton, IA 52733

STATE OF MISSISSIPPI

COUNTY OF ALCORN

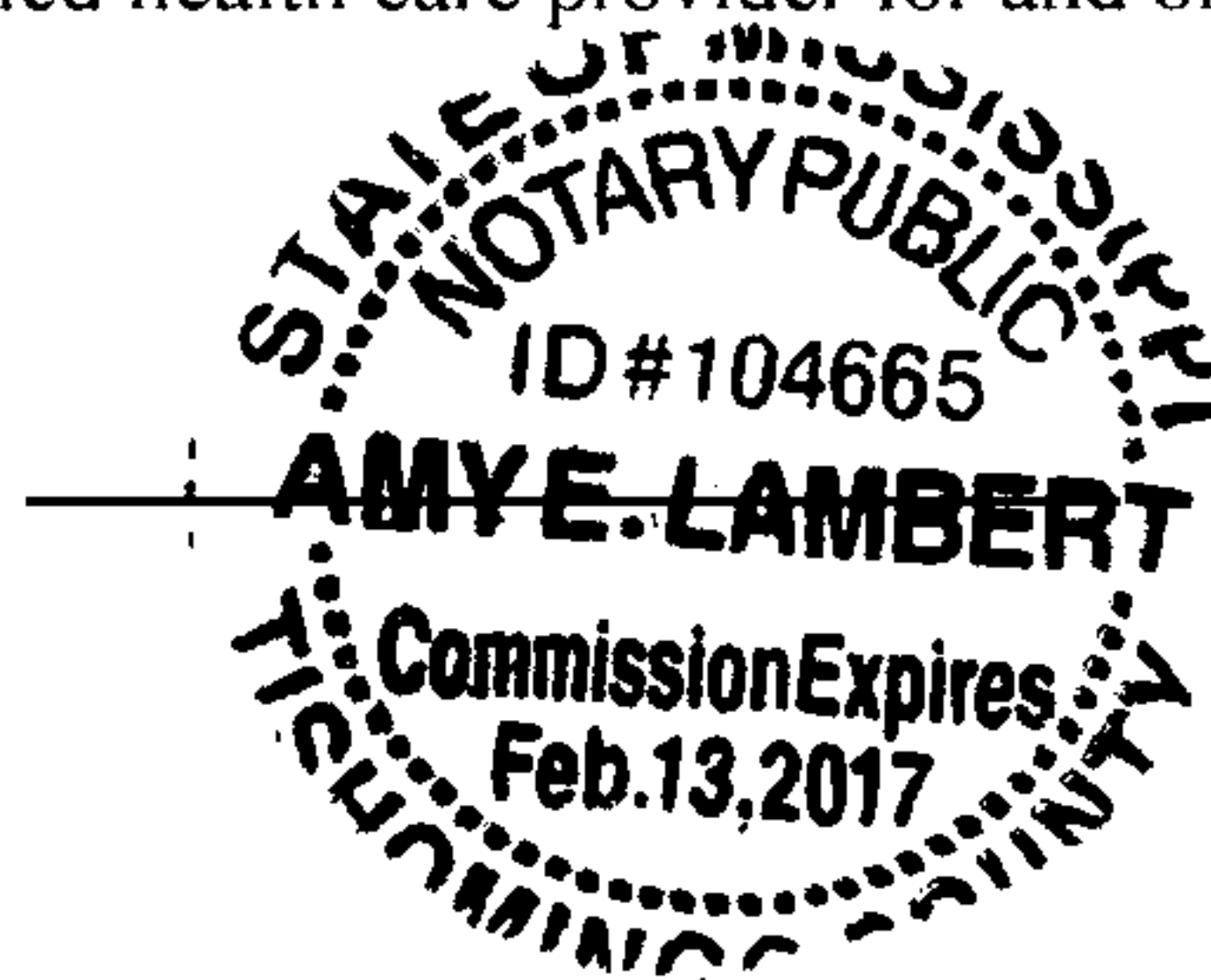
BY:

Shelby Baptist Medical Center

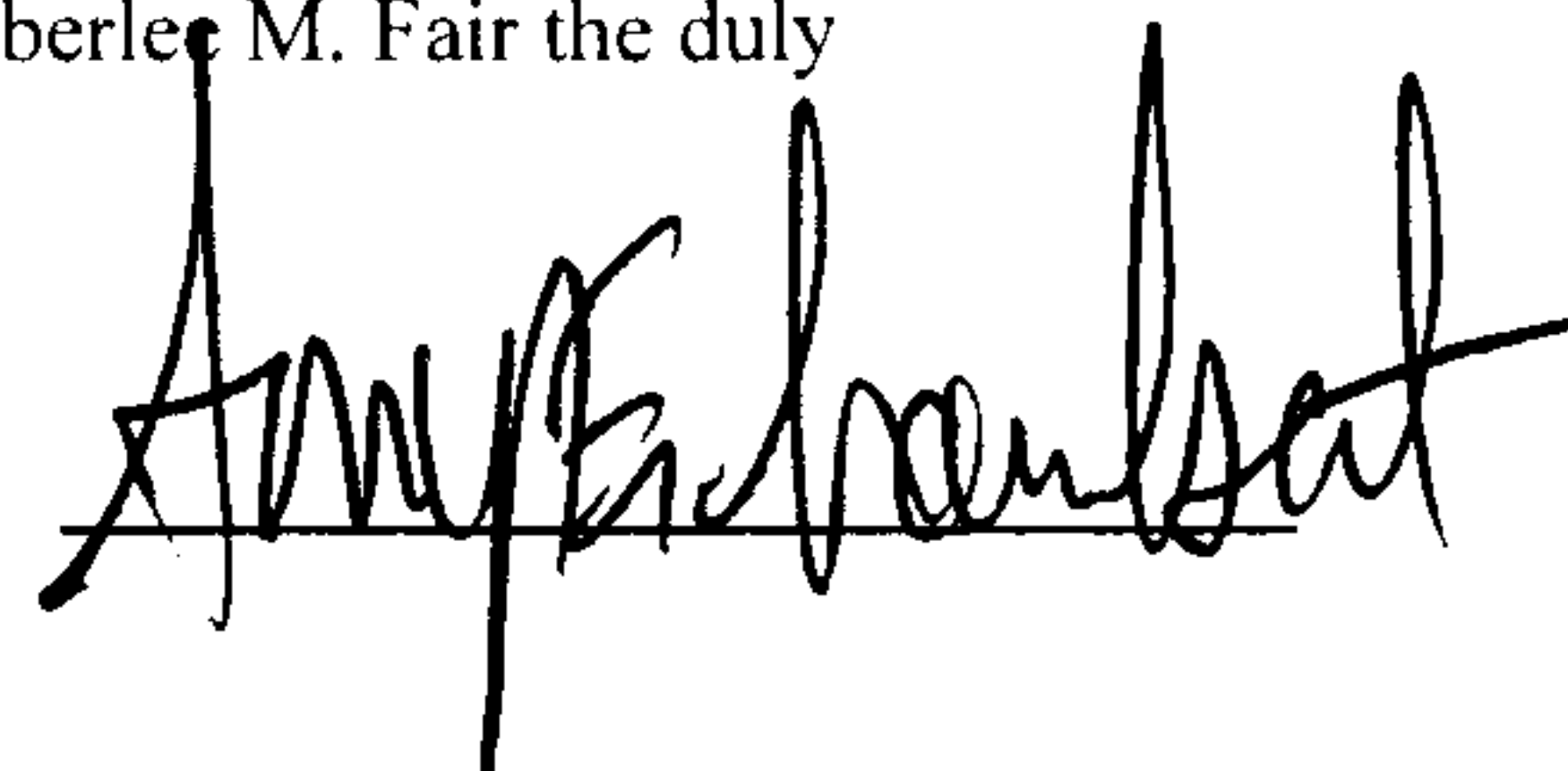
Agent

The foregoing statement was acknowledged and verified before me this Jul 13, 2015, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



NOTARY PUBLIC



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