


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


20150727000255490 1/1 \$.00
Shelby Cnty Judge of Probate, AL
07/27/2015 12:58:41 PM 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: **Bobby Dowdell**
Address: **Po Box 1237**
Alabaster, AL 35007
Admit Date: **6/10/2015**
Discharge Date: **6/10/2015**
Amount Due: **\$1,189.00**

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:

National General Insurance - 1673201

P.O. Box 1623

Winston Salem, NC 27102

Nationwide Insurance - 821600-GB

3300 Williston Road

Gainesville, FL 32608

STATE OF MISSISSIPPI

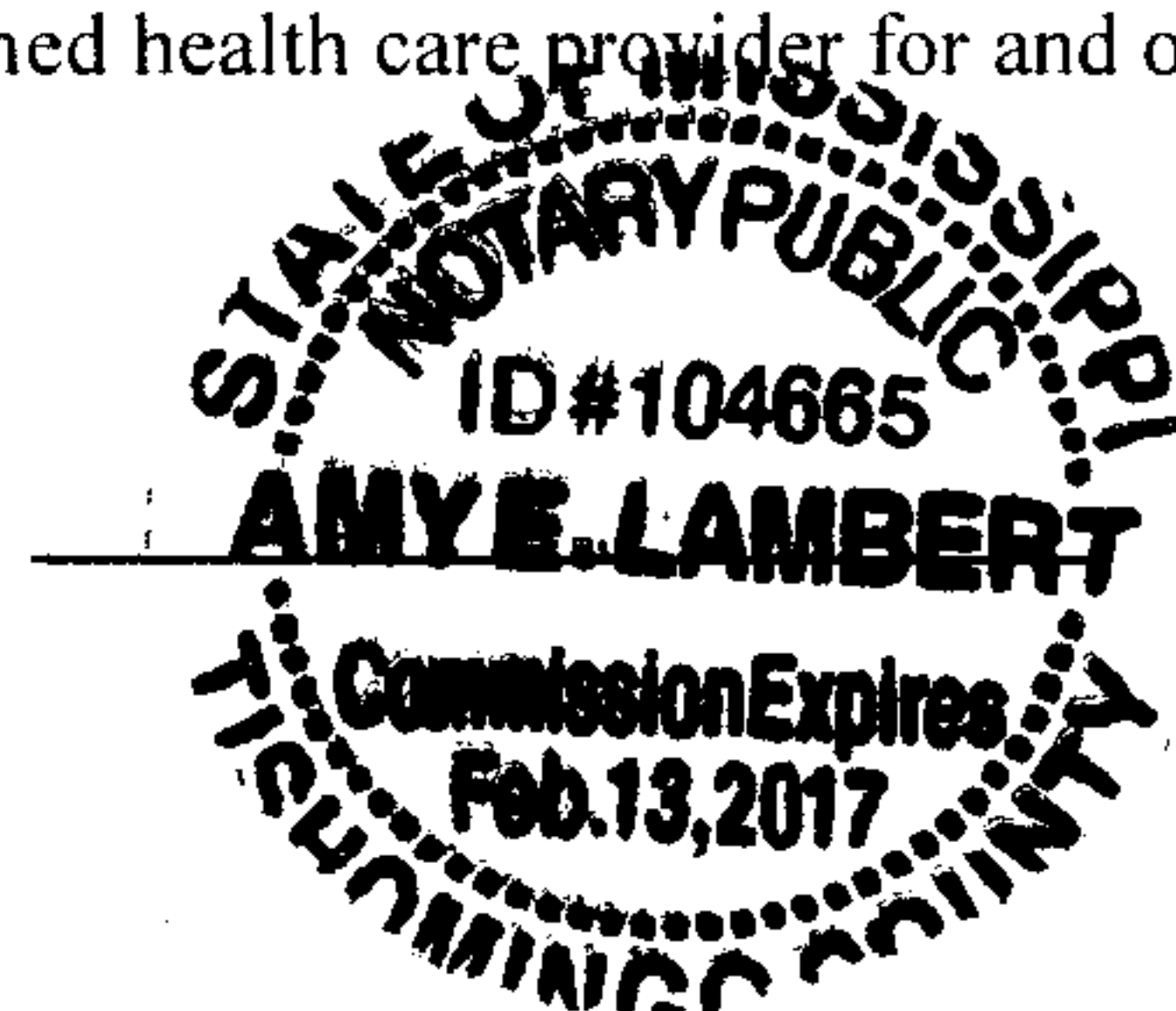
COUNTY OF ALCORN

BY:

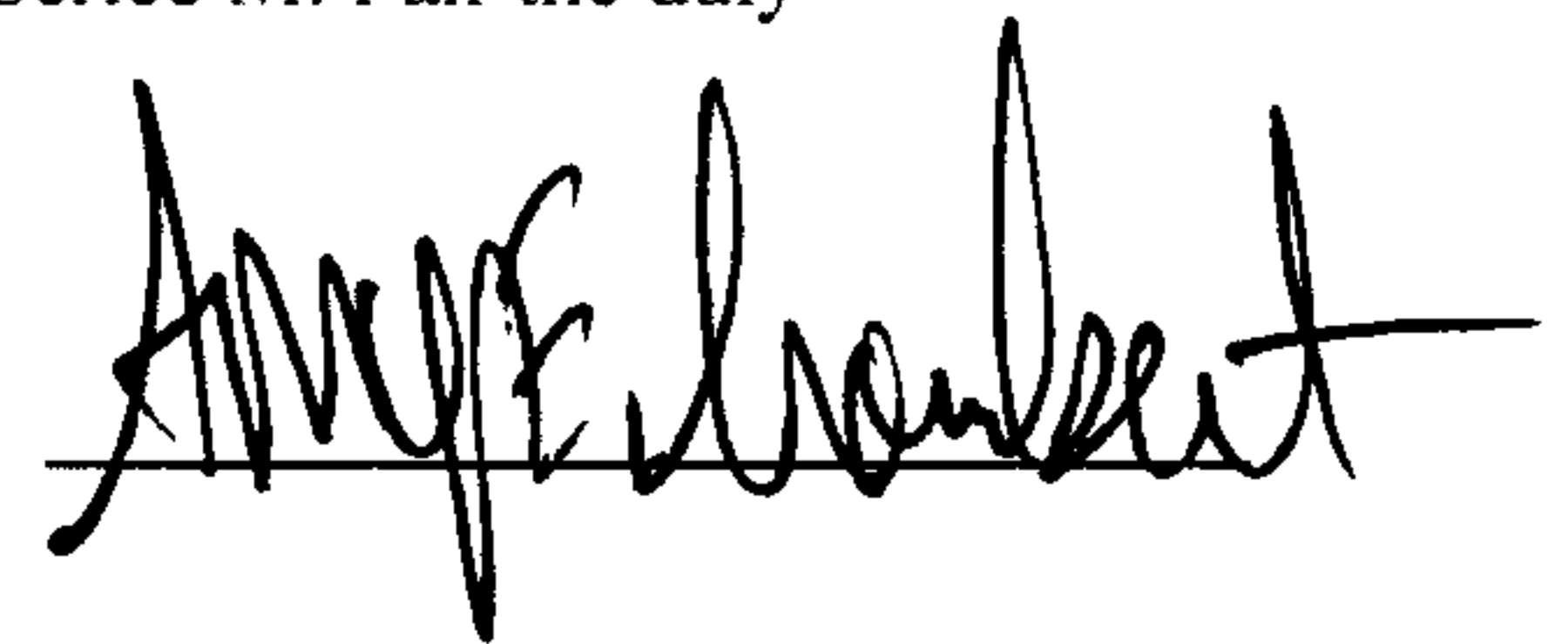

Shelby Baptist Medical Center
Agent

The foregoing statement was acknowledged and verified before me this Jul 24, 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