


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


20151001000343730 1/1 \$.00
Shelby Cnty Judge of Probate, AL
10/01/2015 12:00:03 PM 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: **Retonya Partin**
Address: **1105 Main Street**
Jemison, AL 35085
Admit Date: **August 25, 2015**
Discharge Date: **August 25, 2015**
Amount Due: **\$5,001.00**

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:

Geico Insurance - 0250736810101069
One Geico Center
Macon, GA

Shelby Baptist Medical Center

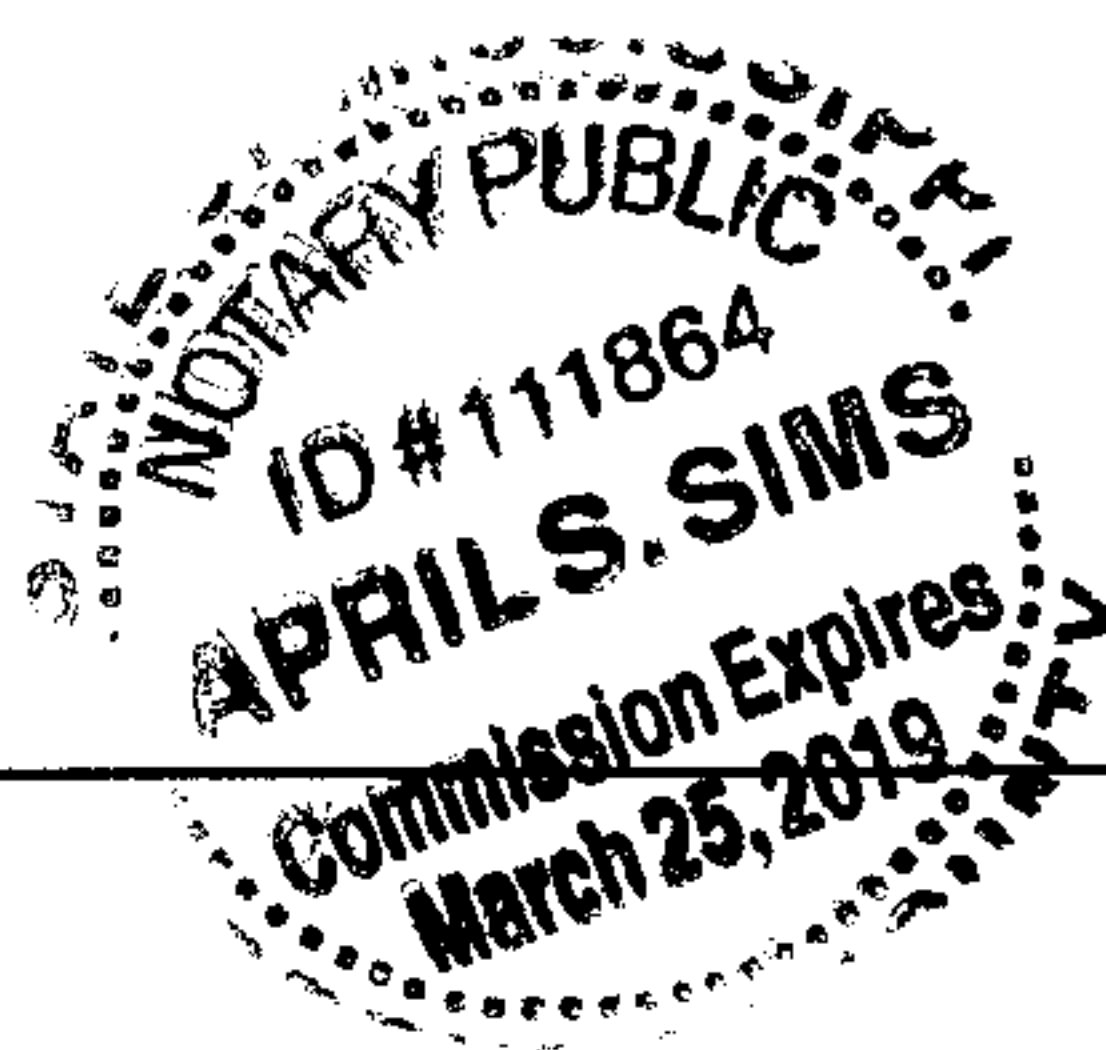
BY: _____

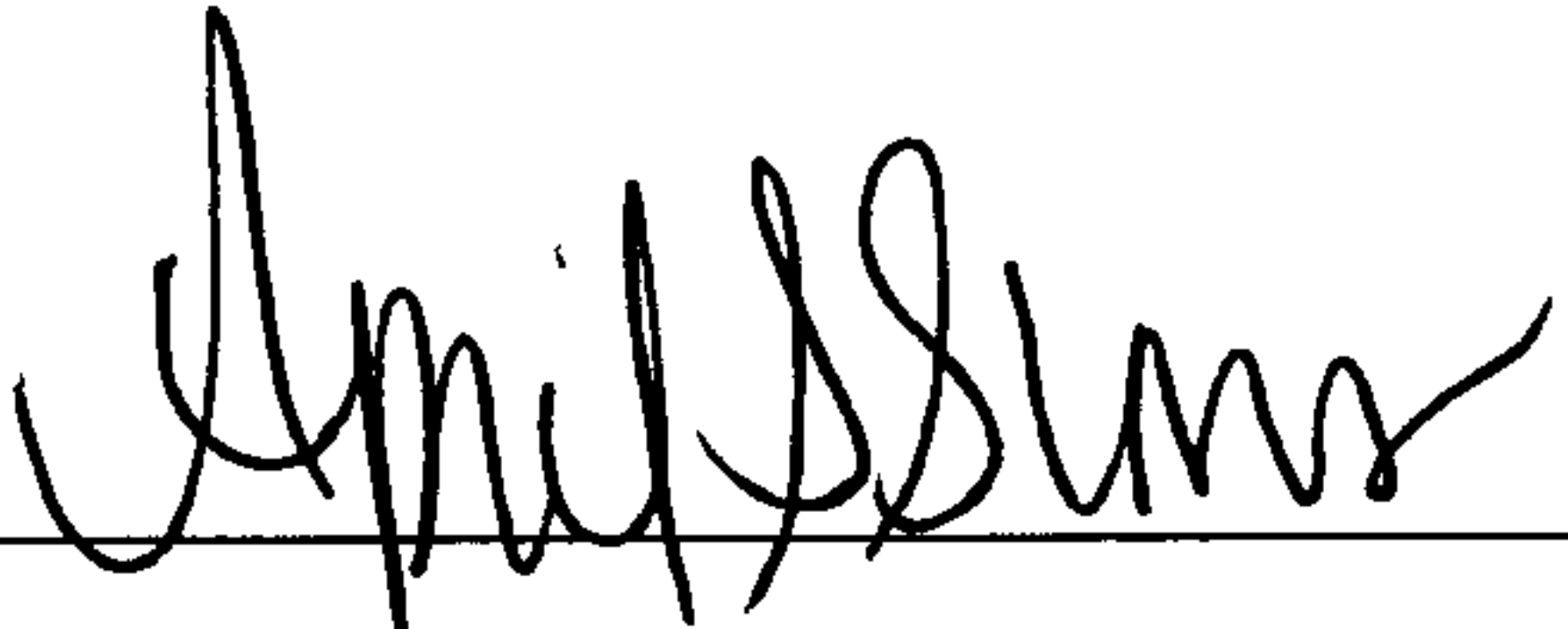
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Monday, September 28, 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