


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

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: **Minnie Brazzell**
Address: **1066 Main Street Unit 652**
Montevallo, AL 35115
Admit Date: **3/25/2016**
Discharge Date: **3/25/2016**
Amount Due: **\$8,673.23**


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Shelby Cnty Judge of Probate, AL
06/10/2016 11:16:30 AM FILED/CERT

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:

ACCC Insurance - B30516
P.O. Box 3750
Alpharetta, GA 30023

BY:


Shelby Baptist Medical Center

STATE OF MISSISSIPPI

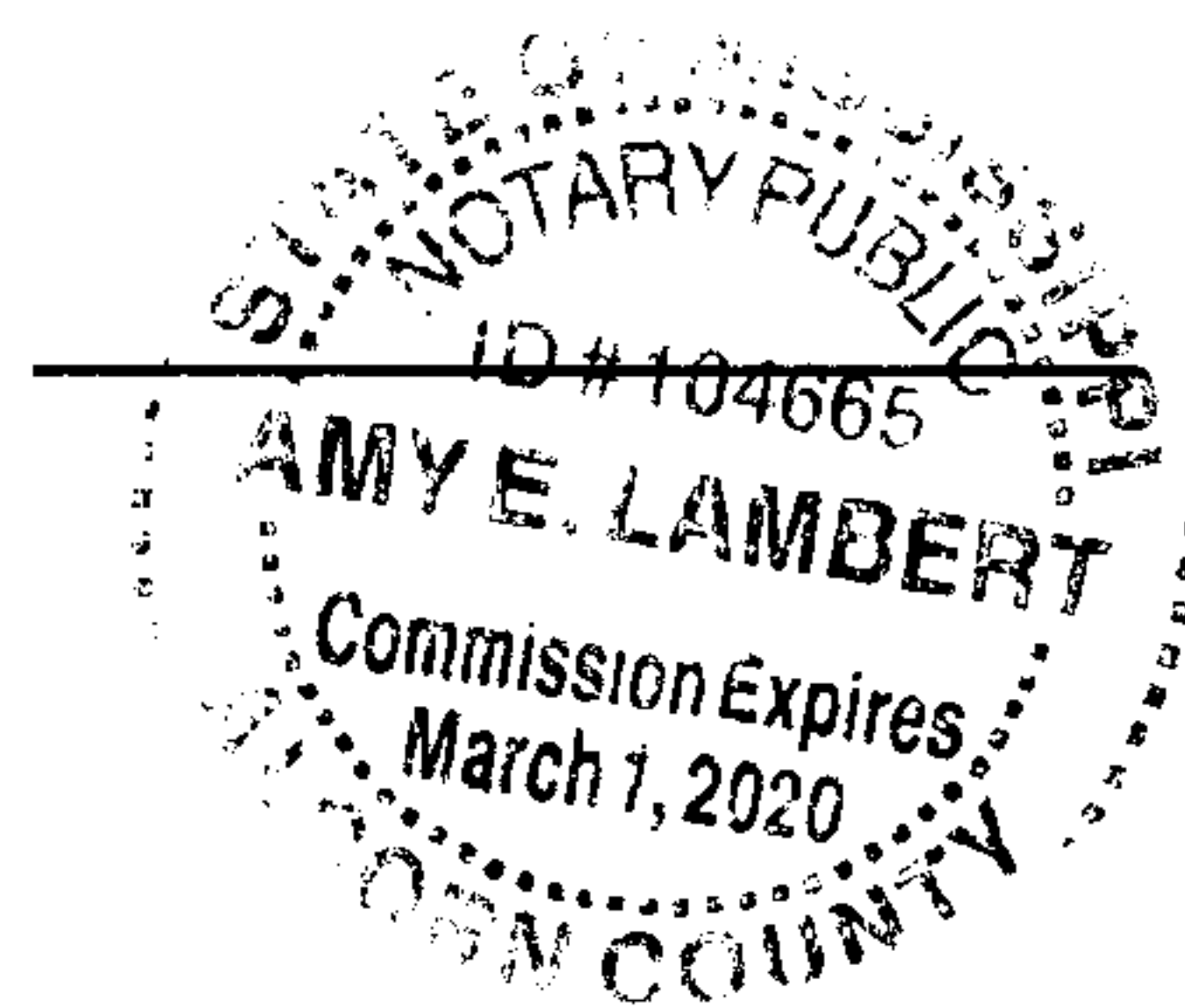
COUNTY OF ALCORN

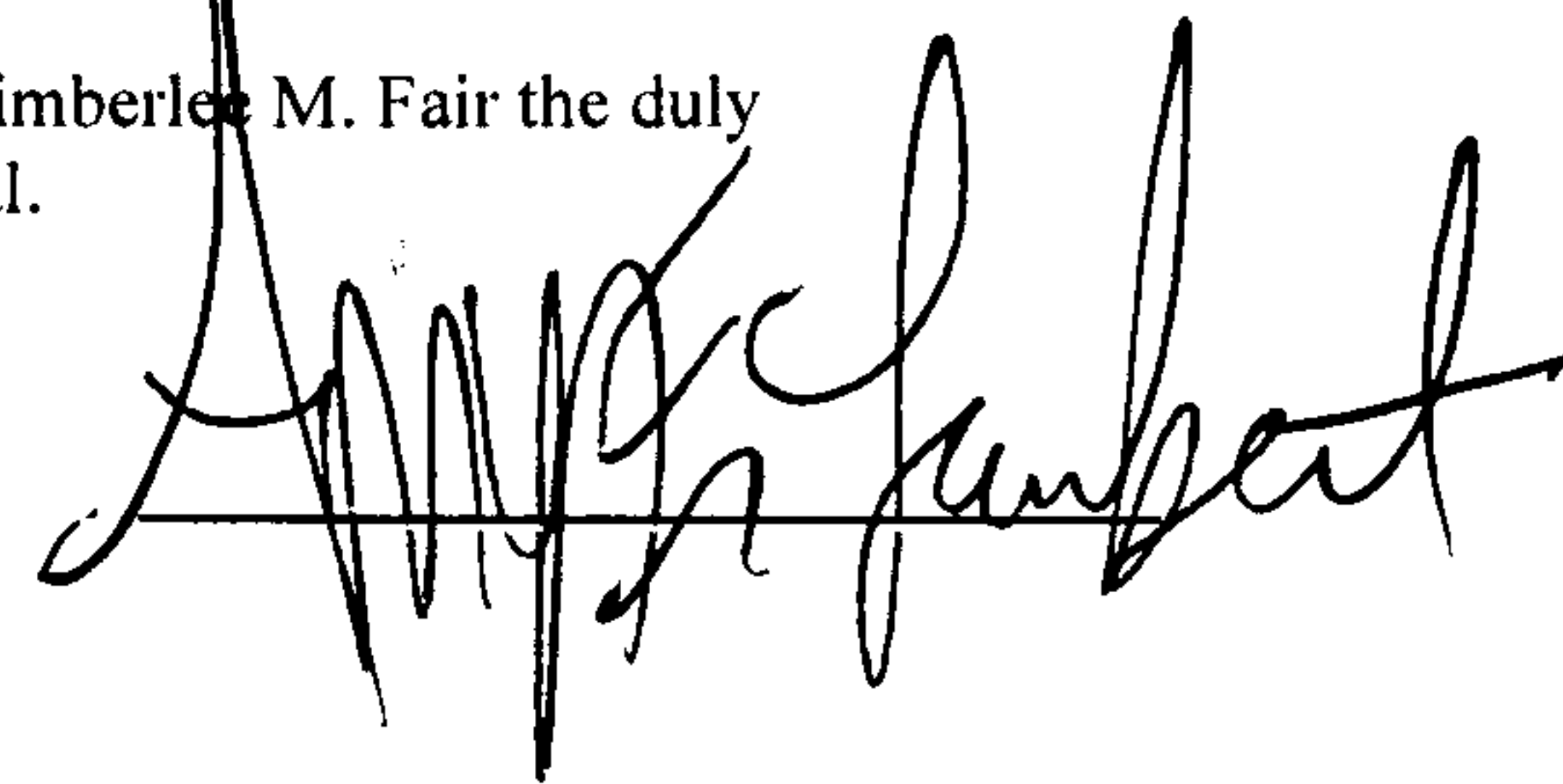
Agent

The foregoing statement was acknowledged and verified before me this Jun 7, 2016, 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