411411046

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

20160706000233640 1/1 $.00
Shelby Cnty Judge of Probate, AL
07/06/2016 11:12:31 AM 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:	**Melody Bivins**
Address:	**PO Box 1206** **Alabaster, AL 35007**
Admit Date:	**June 16, 2016**
Discharge Date:	**June 16, 2016**
Amount Due:	**$2,201.20**

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:

State Farm Insurance - 018S14706
P.O. Box 106145
Atlanta, GA

Shelby Baptist Medical Center Acute

BY: _____

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, June 29, 2016, 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: _____

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