

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


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Shelby Cnty Judge of Probate, AL
07/12/2016 07:32:29 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:

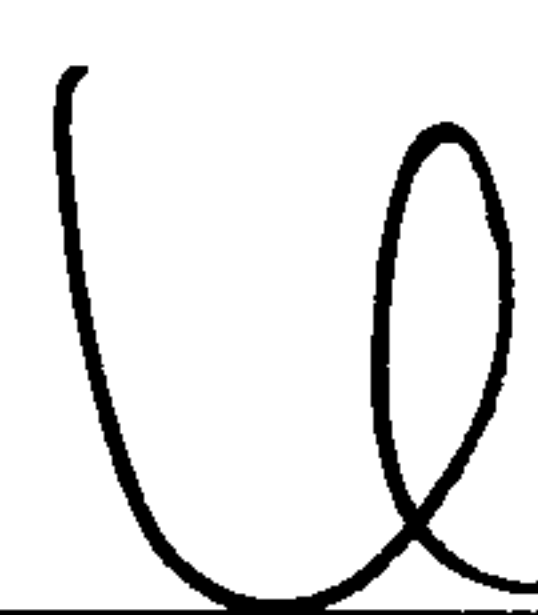
Patient's Name: **Bridgette Lucas**
Address: **510 Hicks Street Apt 2A**
Montevallo, AL 35115
Admit Date: **June 29, 2016**
Discharge Date: **June 29, 2016**
Amount Due: **\$6,618.00**

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:

State Farm Insurance - 01888M951
P.O. Box 106145
Atlanta, GA

ACCC Insurance - B0032934-2
P.O. Box 3750
Alpharetta, GA

BY: _____

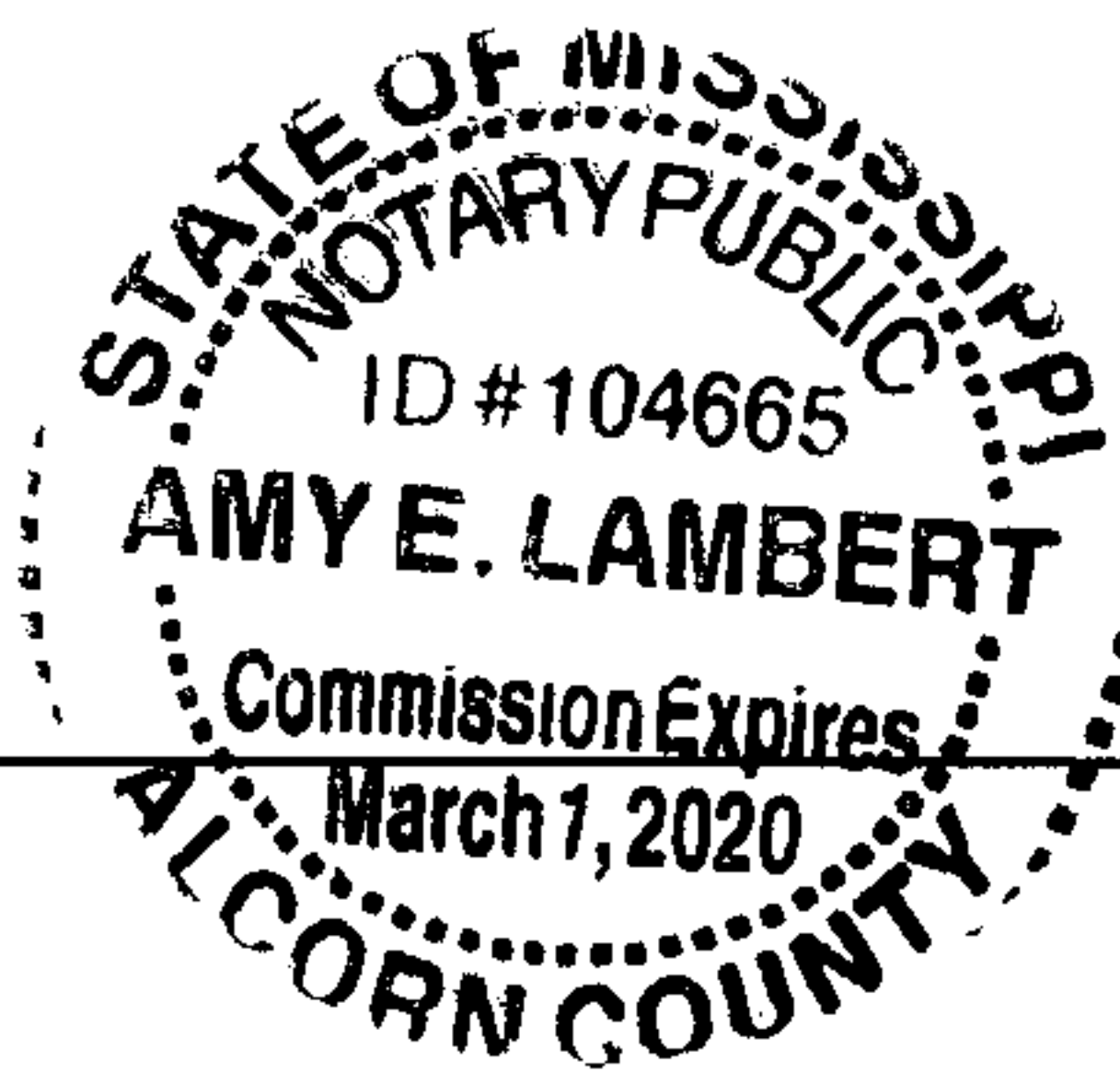
 **Shelby Baptist Medical Center**

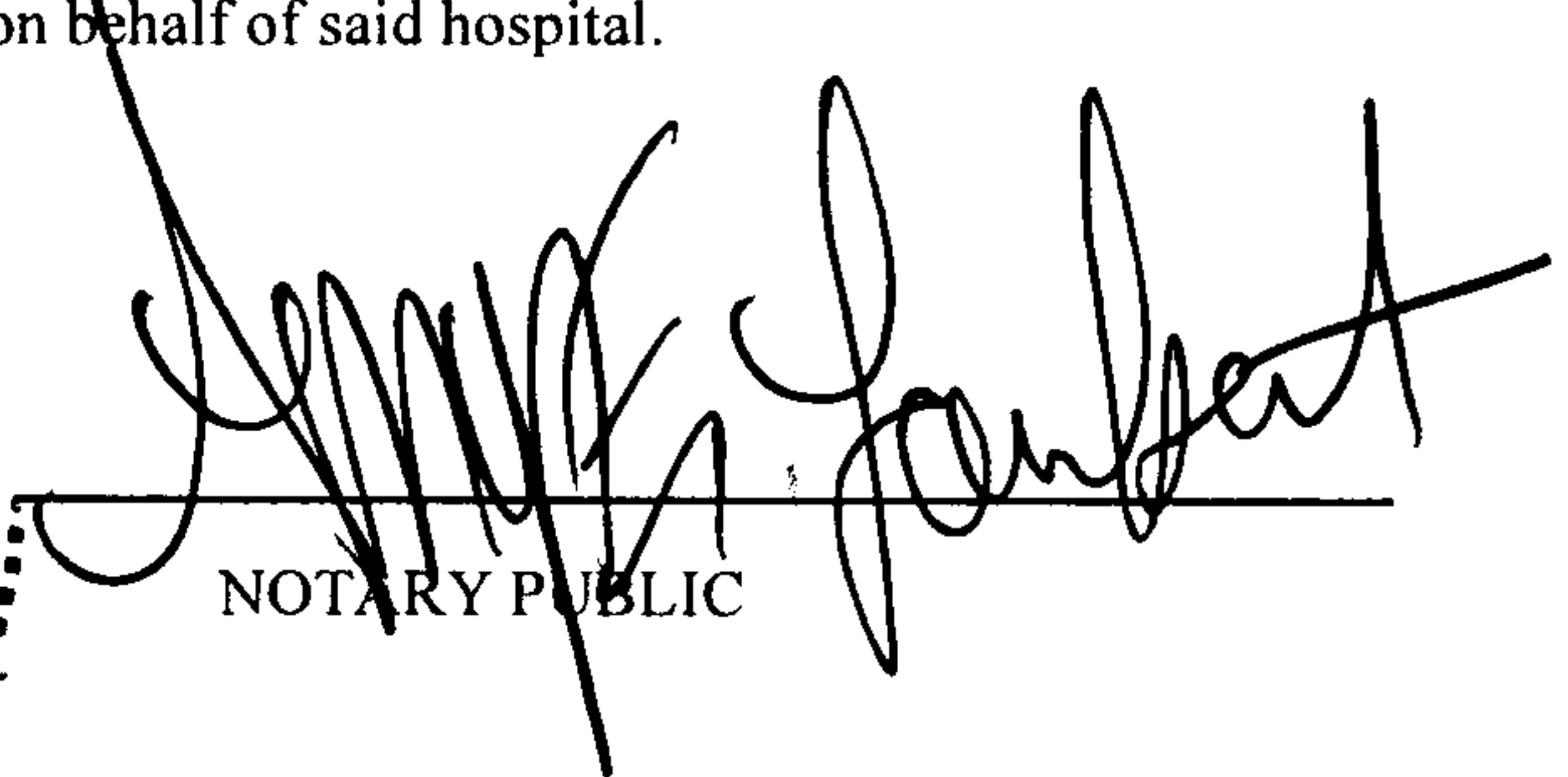
Agent:

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, July 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