411471102

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:	**Shaneya Adair**
Address:	**1816 Woodbrook Circle**
	Alabaster, AL 35007
Admit Date:	**12/19/2016**
Discharge Date:	**12/19/2016**
Amount Due:	**$1,863.90**

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:

Metlife Insurance - SLF94899
P.O. Box 30018
Tampa, FL 33630

BY: **Shelby Baptist Medical Center**

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Jan 25, 2017, 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:

20170130000036170 1/1 $.00
Shelby Cnty Judge of Probate, AL
01/30/2017 02:04:03 PM FILED/CERT

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