


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


20170206000044100 1/1 \$.00
Shelby Cnty Judge of Probate, AL
02/06/2017 10:46:21 AM FILED/CERT

NOTICE OF AMENDED HOSPITAL LIEN

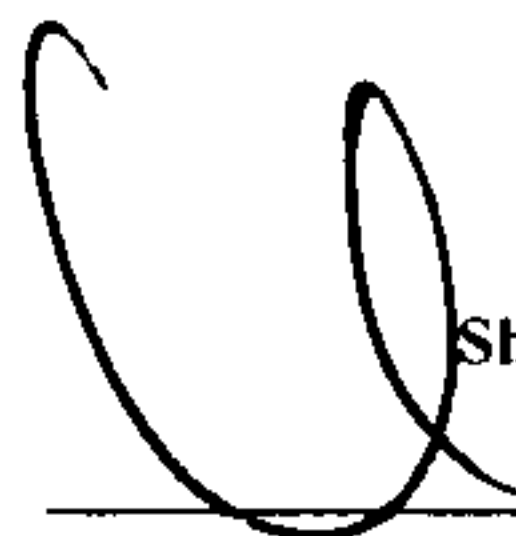
Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Troy Mason**
Address: **1030 Highland Street Apt 3**
Montevallo, AL 35115
Admit Date: **11/18/2016**
Discharge Date: **11/19/2016**
Amount Due: **\$3,146.10**

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 - 0546438960101031
One Geico Center
Macon, GA 31296

BY:



Shelby Baptist Medical Center

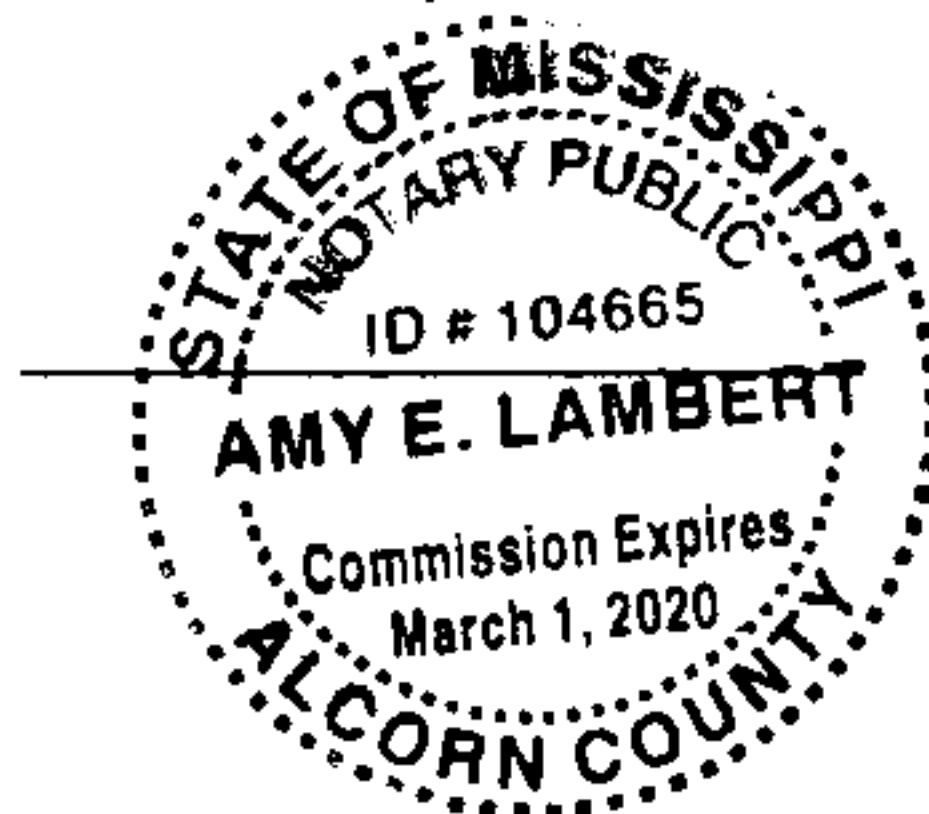
Agent

STATE OF MISSISSIPPI

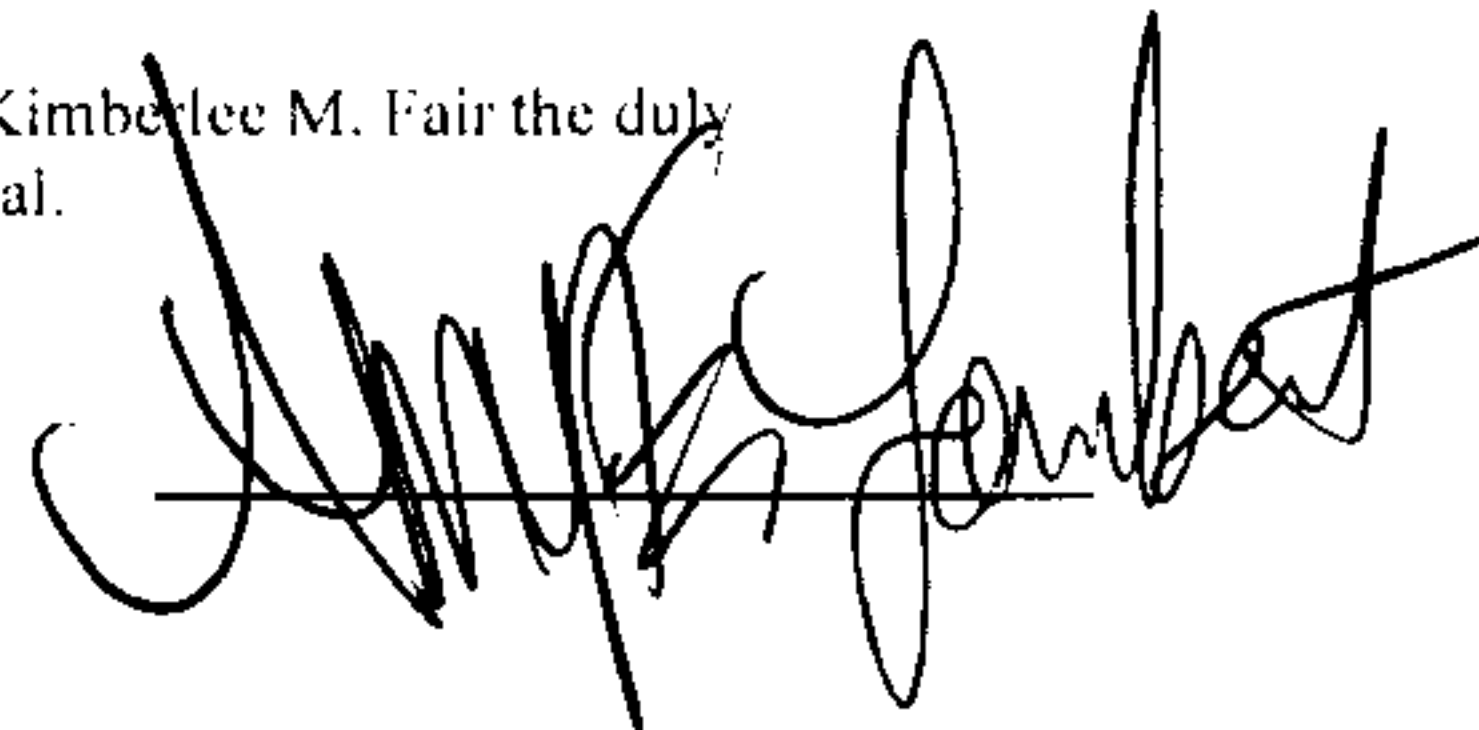
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Feb 2, 2017, 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