

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:	Beth Mann
Address:	1308 Caliston Way
	Pelham, AL 35124
Admit Date:	07/31/2017
Discharge Date:	07/31/2017
Amount Due:	4,678.62

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:

ALFA Insurance - X1000003569

701 Logan Road

Clanton, AL 35045

USAA Insurance - 02848687-008

P.O. Box 5000

Daphne, AL 36526

STATE OF MISSISSIPPI

COUNTY OF ALCORN

BY:

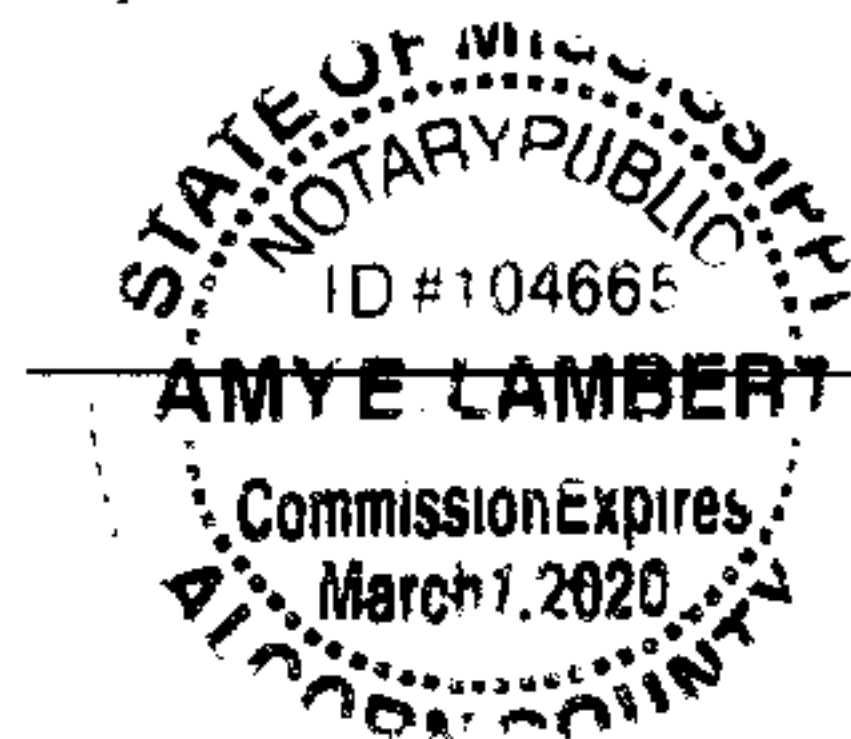
Shelby Baptist Medical Center

Amanda White

Agent

The foregoing statement was acknowledged and verified before me this Aug 25, 2017, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



NOTARY PUBLIC

[Signature]

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Shelby Cnty Judge of Probate, AL
08/30/2017 02:52:22 PM FILED/CERT

Prepared by:
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