


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

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 604 Stone Avenue Talladega, AL 35160, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Tresten Rivers**
Address: **11887 Renfro Road**
Alpine, AL 35014
Admit Date: **09/11/2017**
Discharge Date: **09/11/2017**
Amount Due: **5,609.49**


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Shelby Cnty Judge of Probate, AL
09/29/2017 01:27:28 PM FILED/CERT

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:

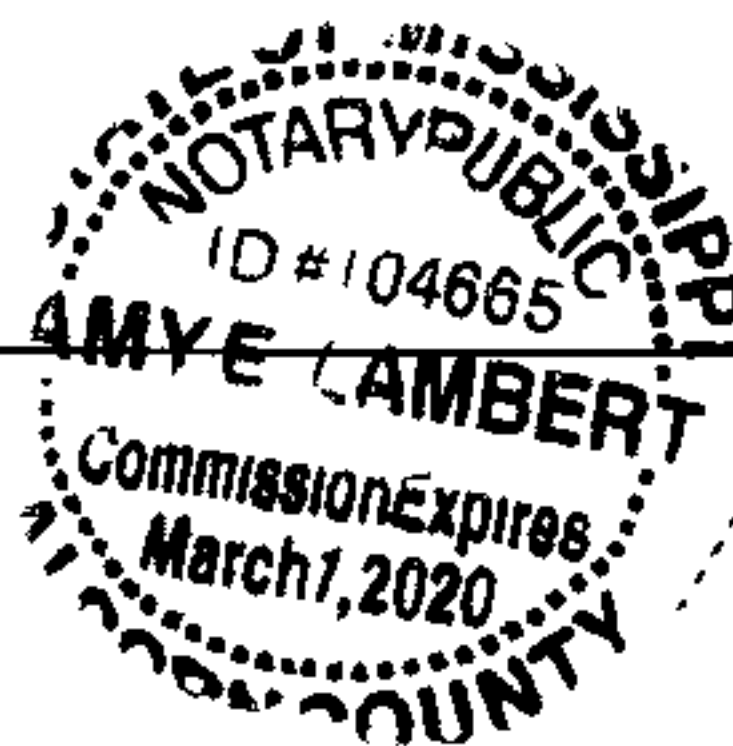
National General - 2980950
P. O. Box 1623
Winston-Salem, NC

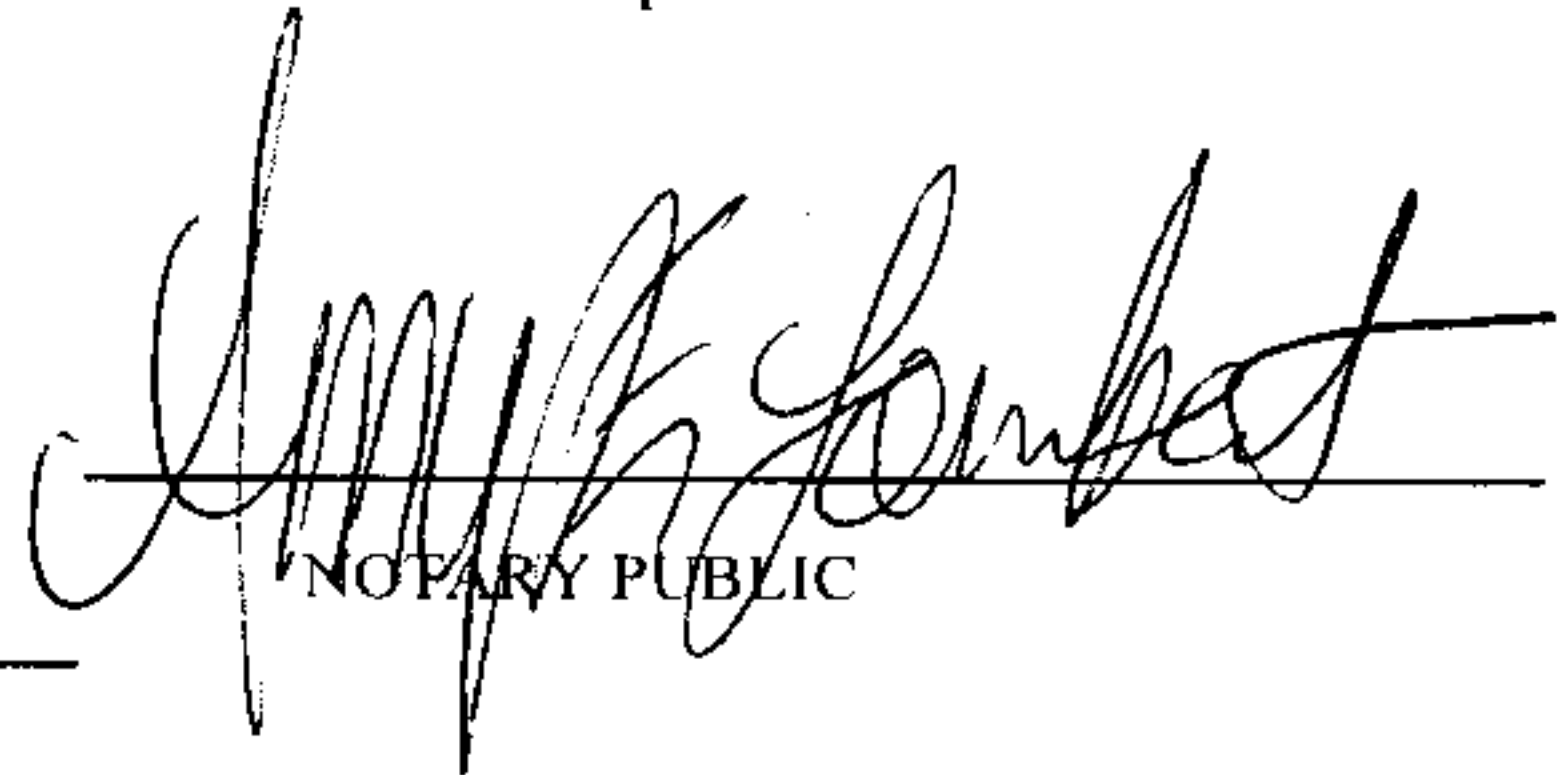
Citizens Baptist Medical Center
BY: 
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, September 26, 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

Prepared by:
Amanda White
P.O Box 1465
Corinth, MS 38834