

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:	Maria Cervantes
Address:	60 Woodbury Drive
	Sterrett, AL 35147
Admit Date:	10/07/2018
Discharge Date:	10/07/2018
Amount Due:	4,246.43

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:

Bristol West Insurance - 3011729488-1-10

P.O. Box 258806

Oklahoma City, OK 73125

21 Century Insurance/Farmers - 301169385-1-10

P.O. Box 268993

Oklahoma, OK 73126

STATE OF MISSISSIPPI

COUNTY OF ALCORN

BY:

Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this Jan 18, 2019, 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



Kimberly Leanord



20190123000023920 1/1 \$.00
Shelby Cnty Judge of Probate, AL
01/23/2019 11:35:49 AM FILED/CERT