

TO:

Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

## **NOTICE OF AMENDED HOSPITAL LIEN**

Pursuant to Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc. is entitled to a lien for the reasonable charges for hospital care, treatment and maintenance of Lisa Higgins.

In order to perfect said lien, Baptist Health System, Inc. submits the following information:

Name of Patient:

Lisa Higgins

Address of Patient:

180 Horseback Trail

Shelby, AL 35143

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

09/14/2017

Date of Discharge:

09/14/2017

Amount Due:

2,478.86

To the best of the claimant's knowledge, the following is/are the name(s) and address(es) of the persons, firms or corporations claimed by the above named ill or injured person or by such person's legal representative, to be liable for damages arising from such illness or injuries:

ALFA Insurance - A-155114 100 Oxmoor Blvd Suite 100 Homewood, AL 35209

This lien shall be enforced upon all claims accruing to Lisa Higgins and his/her legal representative(s) in connection with the injuries which necessitated the subject hospital care, treatment and maintenance. The Patient's legal representative(s) if known, is/are as follows:

Anthony Muhammad
The Law Office of Anthony Muhammad
P. O. Box 362151
Birmingahm, AL 35236

By:

Jeremy Alan Blaylock, Esq. (BLA104)

Authorized Agent for Shelby Baptist Medical Center

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi County of Alcorn

The foregoing statement was acknowledged and verified before me this Friday, August 2, 2019, by Jeremy Alan Blaylock, Esq., 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: Jeremy Alan Blaylock, Esq. 514 East Waldron St. Corinth, MS 38834

