


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


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Shelby Cnty Judge of Probate, AL
05/26/2020 02:09:33 PM FILED/CERT

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 Jessica Beauregard.

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

Name of Patient:	Jessica Beauregard
Address of Patient:	6884 Highway 11 Pelham, AL 35124
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator:	1000 1st Street North Alabaster, AL 35007
Date of Admission:	03/22/2020
Date of Discharge:	03/22/2020
Amount Due:	150.00

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:

USAA - 1231453-17

PO Box 26001


Daphne, AL 36526

This lien shall be enforced upon all claims accruing to Jessica Beauregard 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:

Kizziah
Pepper & Odom, P.C.
1929 3rd Ave. North, Ste. 600
Birmingham, AL 35203

Prepared by:
Courtney B. Smith, Esq.
514 Waldron St.
Corinth, MS 38834

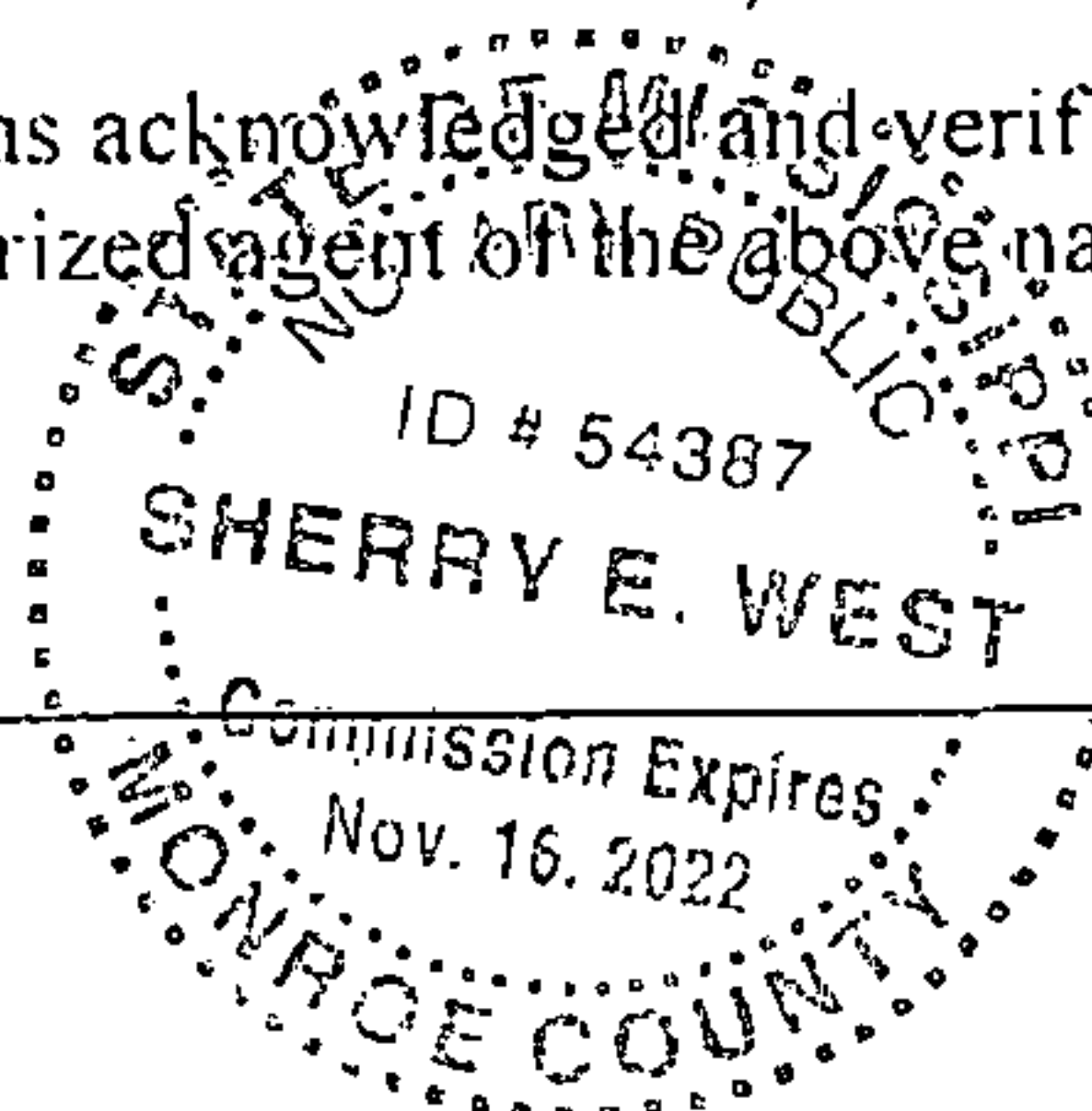
By:



Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi
County of Lowndes

The foregoing statement was acknowledged and verified before me this Wednesday, May 20, 2020, by Courtney B. Smith, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

My commission expires:




NOTARY PUBLIC