

20210319000137/80 1/1 \$.00 Shelby Cnty Judge of Probate, AL 03/19/2021 08:50:07 AM FILED/CERT

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 Denise Pitts.

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

Name of Patient:

**Denise Pitts** 

Address of Patient:

240 Pitchfork Place

Maylene, AL 35114

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

CICOI. .

Alabaster, AL 35007

Date of Admission:

09/26/2020

Date of Discharge:

09/26/2020

Amount Due:

1,231.20

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:

Geico Insurance - 0681497690000001

One Geico Center

Macon, GA 31296

This lien shall be enforced upon all claims accruing to Denise Pitts 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:

Elizabeth Shaw

Shaw Family Law, LLC

2924 Crescent Ave. Birmingham, AL 35209

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

By:

· 11年2月1日 日 11年1日

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

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FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

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County of Lowndes

The foregoing statement was acknowledged and verified before me this Friday, March 12, 2021, 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