

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

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Shelby Cnty Judge of Probate, AL
03/26/2021 09:44:18 AM 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 Kimberly Quillman.

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

Name of Patient: **Kimberly Quillman**
Address of Patient: **684 Academy Road
Brierfield, AL 35035**
Name of Hospital/Operator Thereof: **Baptist Health System, Inc.**
Address of Hospital/Operator Thereof: **1000 1st Street North
Alabaster, AL 35007**
Date of Admission: **12/22/2020**
Date of Discharge: **12/22/2020**
Amount Due: **30,764.78**

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 - A0000411340

4524 Southlake Pkwy Ste 6

Birmingham, AL 35244

ALFA Insurance - A0000411322

4524 Southlake Parkway, Suite 6

Hoover, AL 35244

This lien shall be enforced upon all claims accruing to Kimberly Quillman 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:

Samuel K Ford
Petway, French & Ford, LLP
600 Luckie Drive, Suite 300
Birmingham, AL 35223

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

By:

Courtney B. Smith
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 Monday, March 22, 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:

Sherry E. Galt
NOTARY PUBLIC