

412313152

Original Filed: Instr# 20220202000046980

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



20220216000067740 1/1 \$.00
Shelby Cnty Judge of Probate, AL
02/16/2022 01:05:59 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 Cynthia Tavel.

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

Name of Patient:	Cynthia Tavel
Address of Patient:	500 Walker Road 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:	11/19/2021
Date of Discharge:	11/19/2021
Amount Due:	16,646.19

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:


Jefferson County Commission Risk Management - 716 Richard Arrington Blvd. North Room Birmingham, AL 35203
GL22045 270

This lien shall be enforced upon all claims accruing to Cynthia Tavel 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:

Jeremy Schatz
Virtus Law Group
100 41st Street Suite A
Birmingham, AL 35222

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

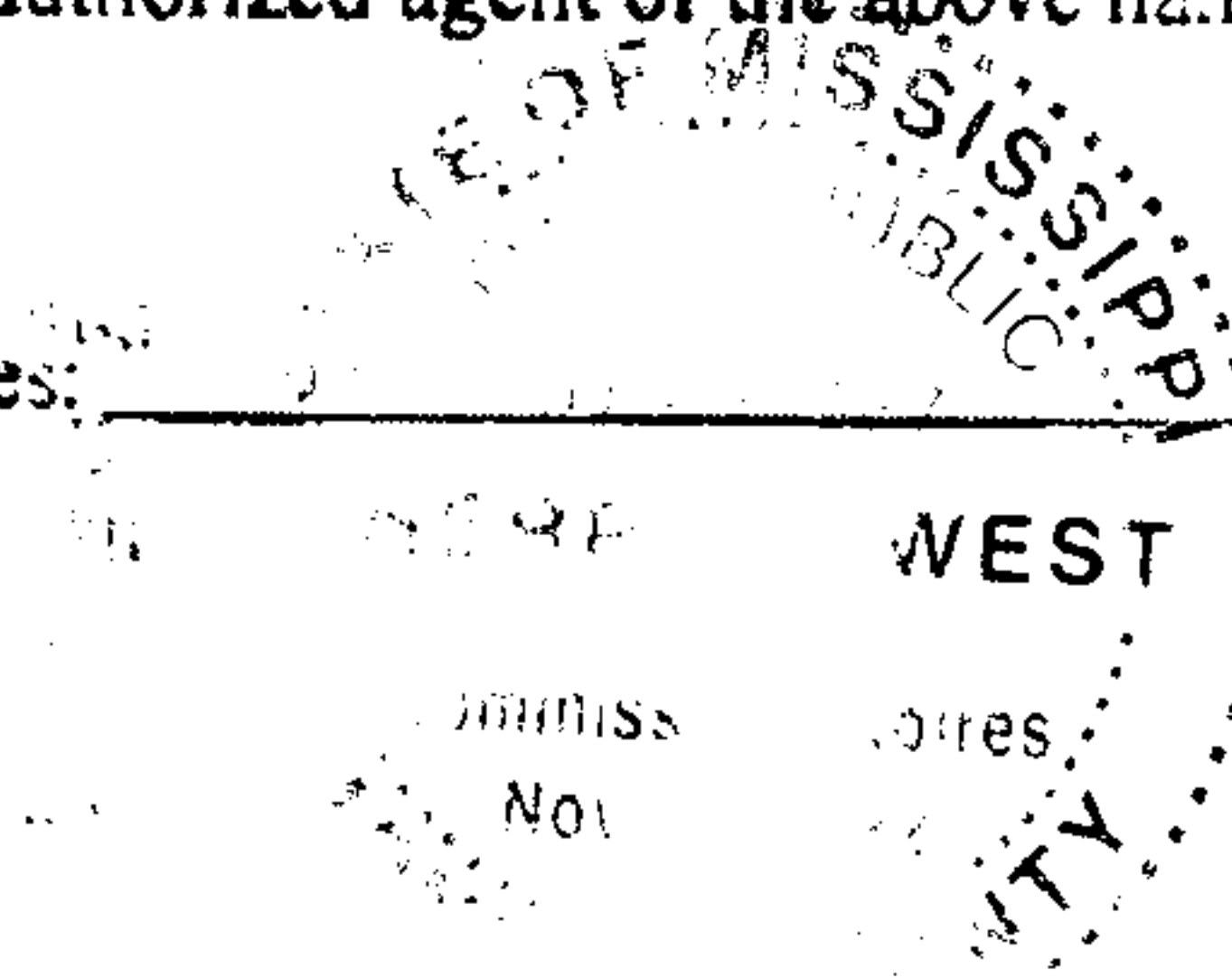
By:


Courtney B. Smith, Esq. (2987N53S)
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 Thursday, February 3, 2022, 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