

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

NOTICE OF AMENDED HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Health Care Authority of the Baptist Health System, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name:	Dora Dodson
Address:	131 Greenfern Lane
	Calera, AL 35040
Admit Date:	3/15/2014
Discharge Date:	3/15/2014
Amount Due:	\$1,177.00

To the best of the claimant's knowledge, the names and addresses of all persons, firms or corporations claimed by said injured person, or legal representative of said person, to be liable for damages arising from such injuries are as follows:

Progressive - 144015577
3245 Montgomery Hwy Suite 12
Dothan, AL 36303

BY: _____

Shelby Baptist Medical Center

STATE OF MISSISSIPPI

COUNTY OF ALCORN

Agent

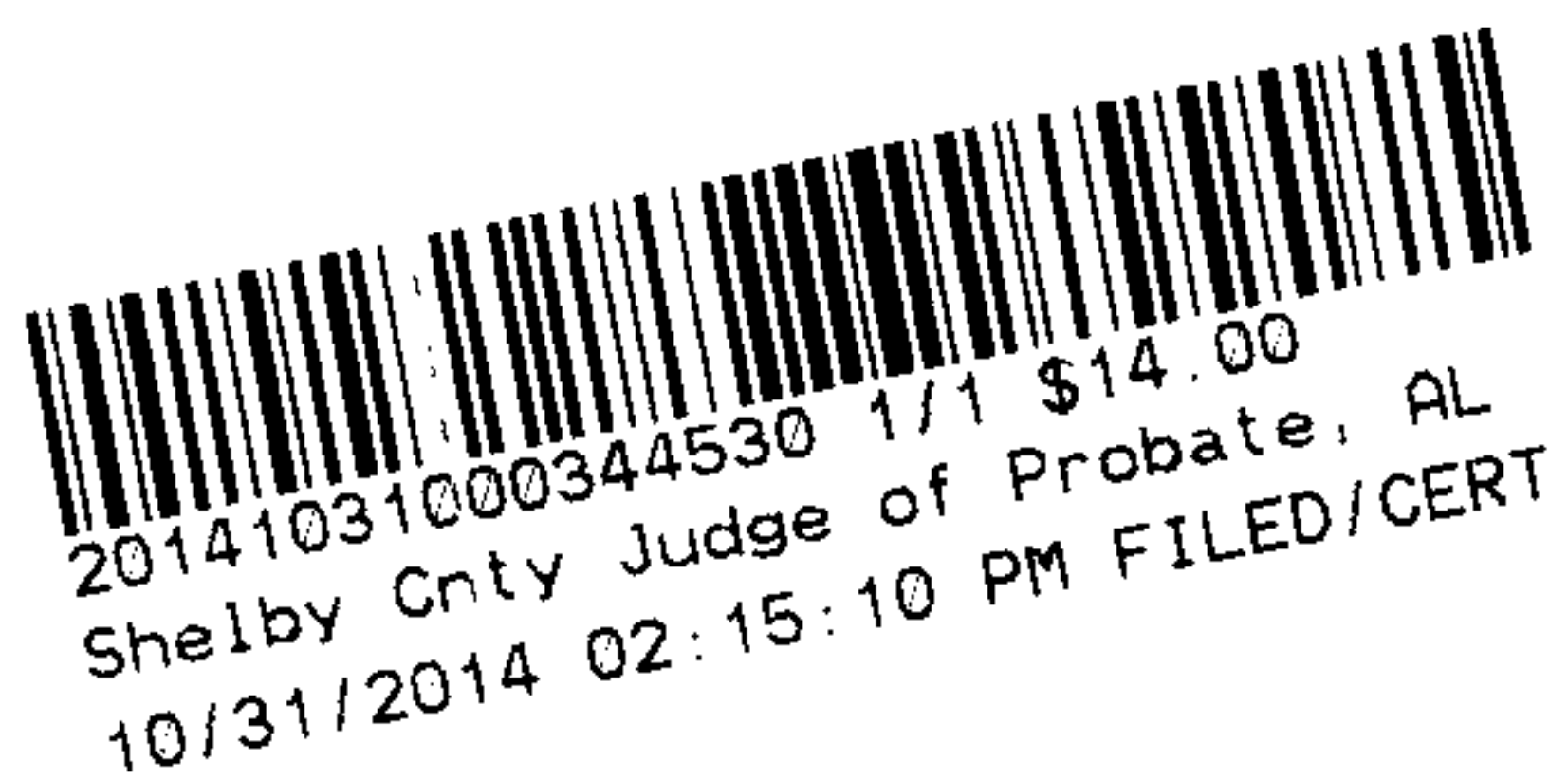
The foregoing statement was acknowledged and verified before me this 28th day of October, 2014, by Kimberlee M. Fair the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC



[Signature]



Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834