

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 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: **Yvonne Rainey**
Address: **905 Center Place SW**
Birmingham, AL 35211
Admit Date: **04/16/2016**
Discharge Date: **04/16/2016**
Amount Due: **5,493.38**

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:

Allstate Insurance - 0409942066

P.O. Box 385004

Birmingham, AL 35238

Progressive Insurance - 16-3919081

7075 Halcyon Park DR Suite 200

Montgomery, AL 36117

STATE OF MISSISSIPPI

COUNTY OF ALCORN

BY: _____

Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this Mar 28, 2018, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES: _____



NOTARY PUBLIC

[Signature]



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Shelby Cnty Judge of Probate, AL
03/30/2018 03:19:47 PM FILED/CERT

Prepared by:
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