


STATE OF ALABAMA)
OFFICE OF THE JUDGE OF PROBATE)
COUNTY OF Shelby)


20061031000535870 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
10/31/2006 10:22:47AM FILED/CERT

NOTICE OF HOSPITAL LIEN

Notice is hereby given by Coosa Valley Medical Center located at 315 W. Hickory St., Sylacauga, AL 35150, operated by Baptist Health System located at 3201 4th South, Birmingham, AL, that Coosa Valley Medical Center has furnished reasonable and necessary hospital care, treatment and/or maintenance to:

Stephany L. Sasser
128 Brookside Dr
Alexander City, AL 35010

from 7/8/2006 to 7/8/2006 and that the amount due for the services is \$ 2,295.50.

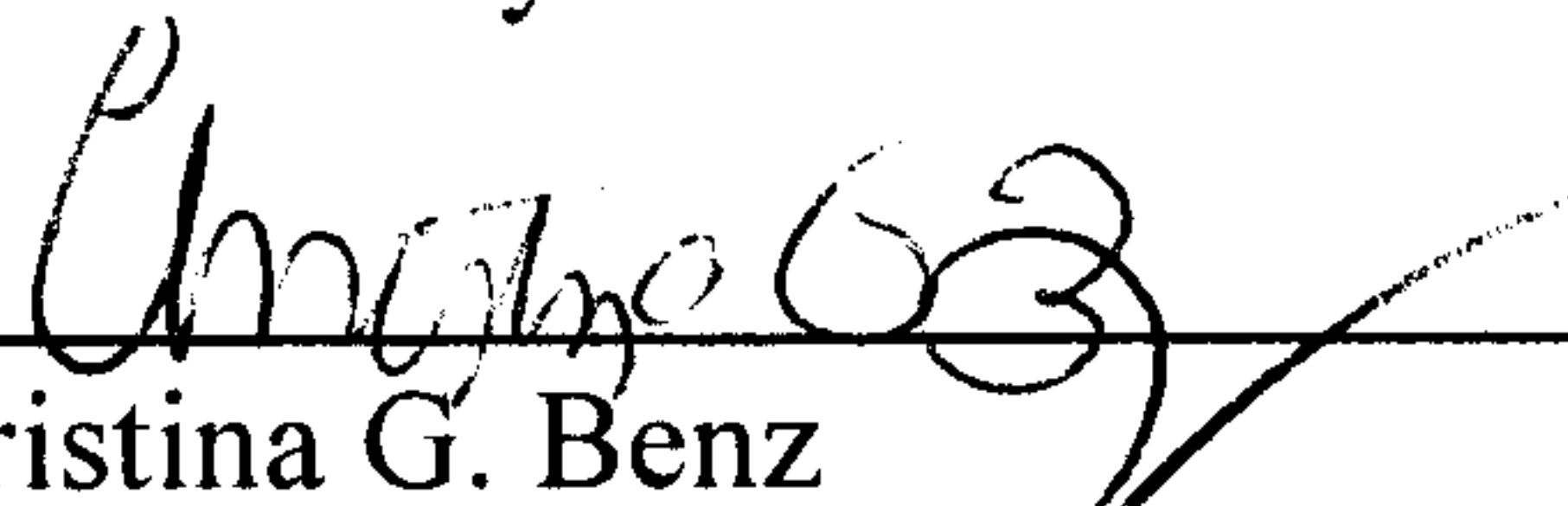
The person(s), firm(s), or corporation(s) claimed by the patient or his/her representative to be liable for damages arising from the illness or injuries by the hospital are:

Progressive CMU
2100 Riverchase Center
Bldg. 100, Suite 110
Birmingham, AL 35244
Claim # 068797302

A lien is hereby created by the hospital upon any and all actions, claims, counterclaims, and demands accruing to the patient on account of the injuries which necessitated such hospital care and upon all judgments, settlements, and settlement agreements entered into on account of the injuries which necessitated such hospital care, all in accordance with the provisions of Alabama Statutes Annotated §35-11-370, et seq.

Coosa Valley Medical Center

Prepared By:


Christina G. Benz
Medical Reimbursements of America, LLC
o/b/o Coosa Valley Medical Center
117 Seaboard Lane, Suite D100
Franklin, TN 37067
(615) 963-3871

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The foregoing statement was acknowledged and verified before me, on October 18, 2006, by Christina G. Benz, the duly authorized agent/operator of Coosa Valley Medical Center, for an on behalf of said hospital.

My Commission Expires:

9-22-07

Notary Public

