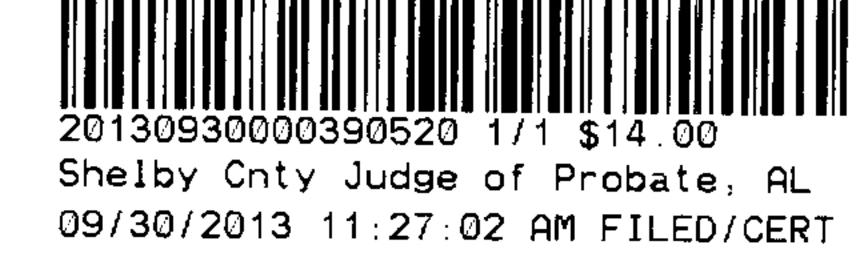
**TO:** Shelby County Probate Office

P.O Box 825

Columbiana, AL 35051



## **NOTICE OF HOSPITAL LIEN**

Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that Shelby Baptist Medical Center under the Health Care Authority of the Baptist Health Foundation, Inc., whose address is 1000 1<sup>st</sup> 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:

**Andrew Hallford** 

Address:

74 Highway 97

Columbiana, AL 35051

Admit Date:

August 29, 2013

Discharge Date:

August 29, 2013

Amount Due:

\$ 660.00

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 13-2740506 2100 Riverchase Center, Suite 110 Birmingham, AL 35244

Prepared By:

Austin Gray, Authorized Agent

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this  $13\frac{141}{3}$  day of 90

the duly authorized agent/operator of the above named health care provider for

and on behalf of said hospital.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

Commission Expires

ren. 13, 2017