

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

NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Health Care Authority of the City of Huntsville, whose address is 101 Sivley Road, Huntsville, AL 35801, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Rebecca Smith**
Address: **130 Colby Drive**
Huntsville, AL 35810
Account No.: **0020460467402**
Admit Date: **6/26/2015**
Discharge Date: **6/26/2015**
Amount Due: **\$1,739.50**



20150714000238680 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
07/14/2015 11:07:35 AM FILED/CERT

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:

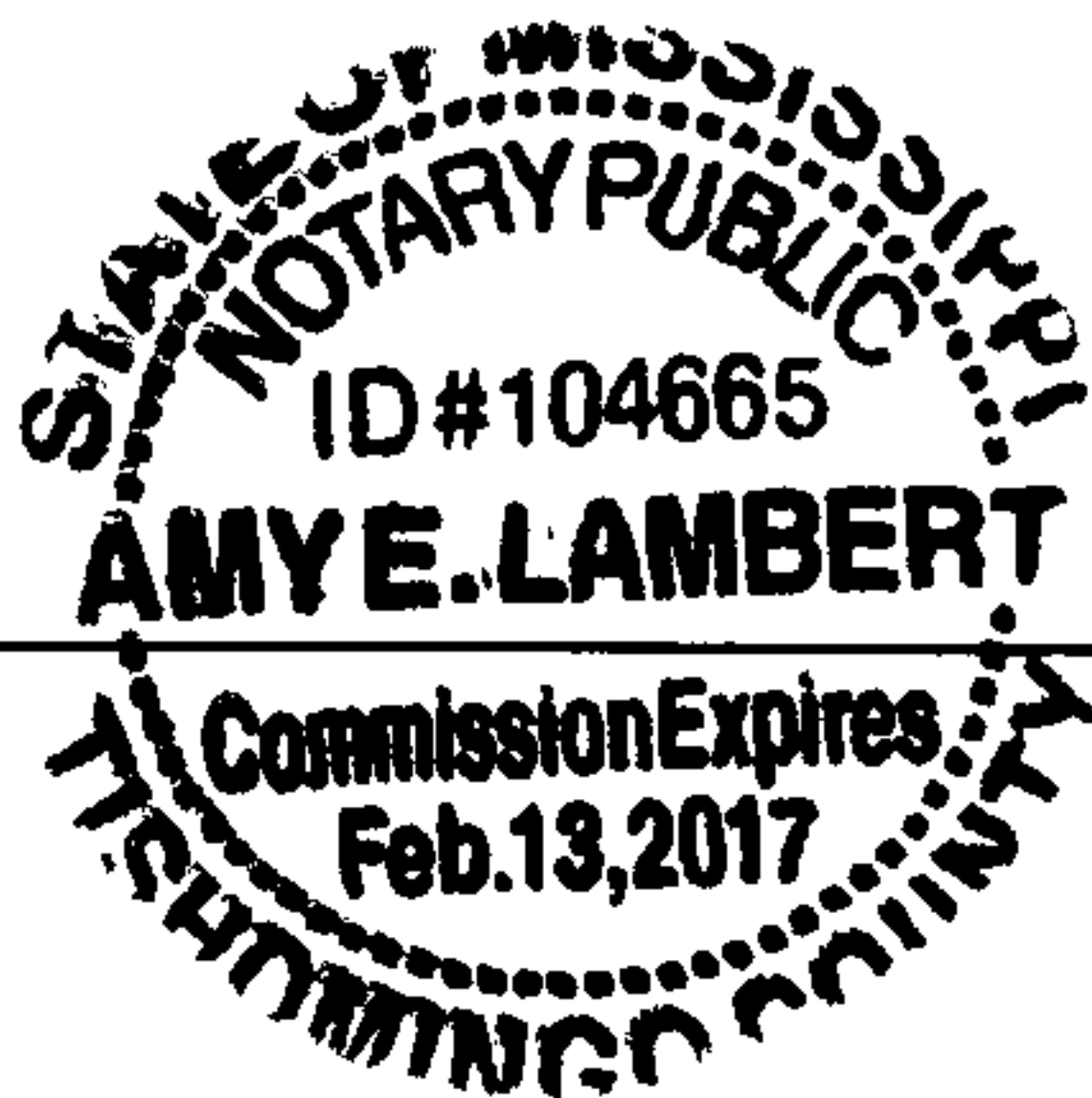
Progressive - 15-5929830
7262 Governors West, Suite 110
Huntsville AL 35806

STATE OF MISSISSIPPI
COUNTY OF ALCORN

Prepared
By: _____

The foregoing statement was acknowledged and verified before me this 6th day of July, 2015, by Kim Fair the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES: _____



Amy E. Lambert
NOTARY PUBLIC

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