


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: **Benjamin Robinson**
Address: **P. O. Box 1419**
Columbiana, AL 35051
Admit Date: **10/10/2015**
Discharge Date: **10/10/2015**
Amount Due: **\$9,412.40**


20151201000410080 1/1 \$.00
Shelby Cnty Judge of Probate: AL
12/01/2015 11:06:27 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 Insurance - 155948878
P.O. Box 512926
Los Angeles, CA 90051
Allstate Insurance Co. - 0387202625
P. O. Box 385004
Birmingham, AL 35238

STATE OF MISSISSIPPI
COUNTY OF ALCORN

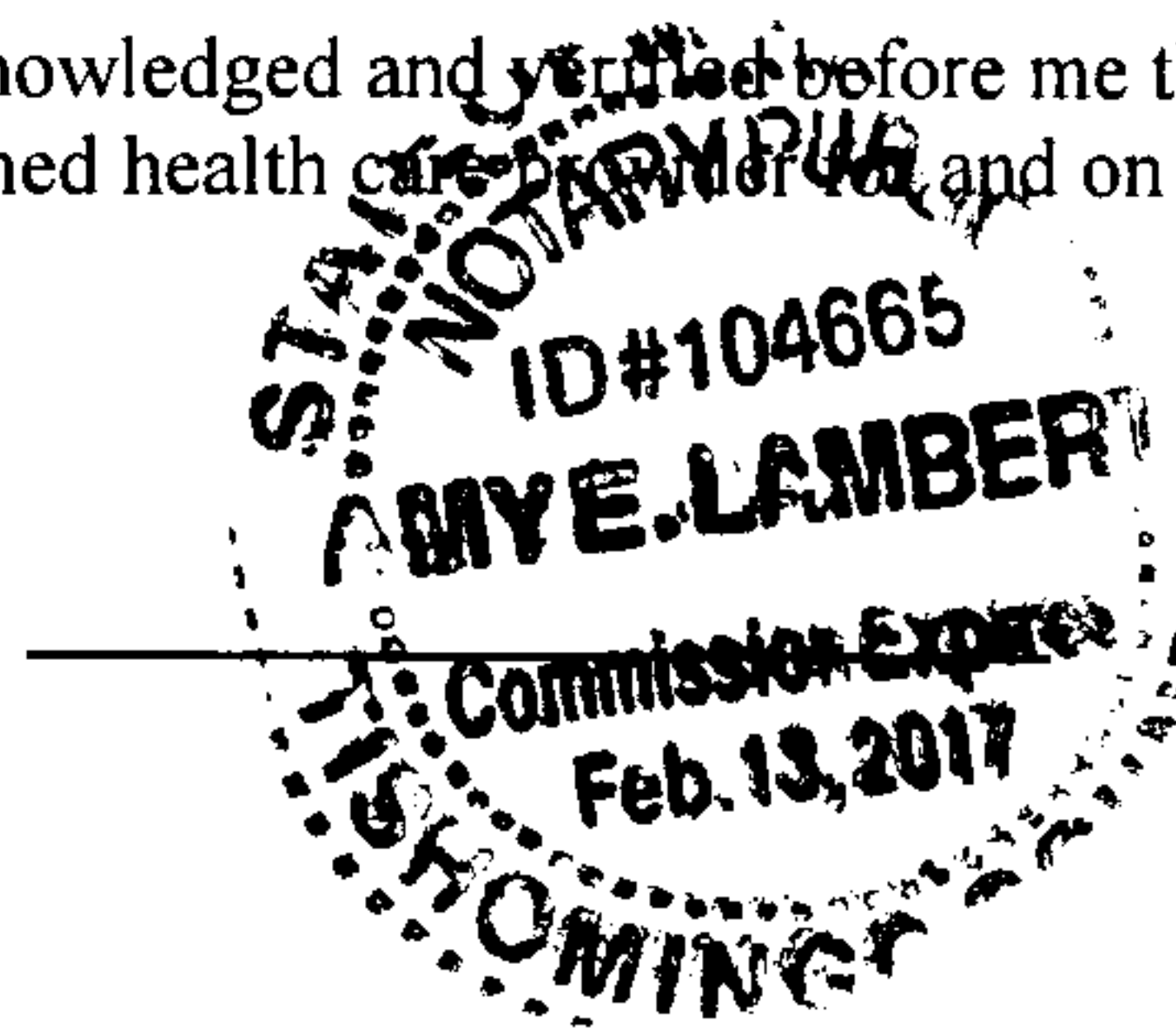
BY: _____

Shelby Baptist Medical Center

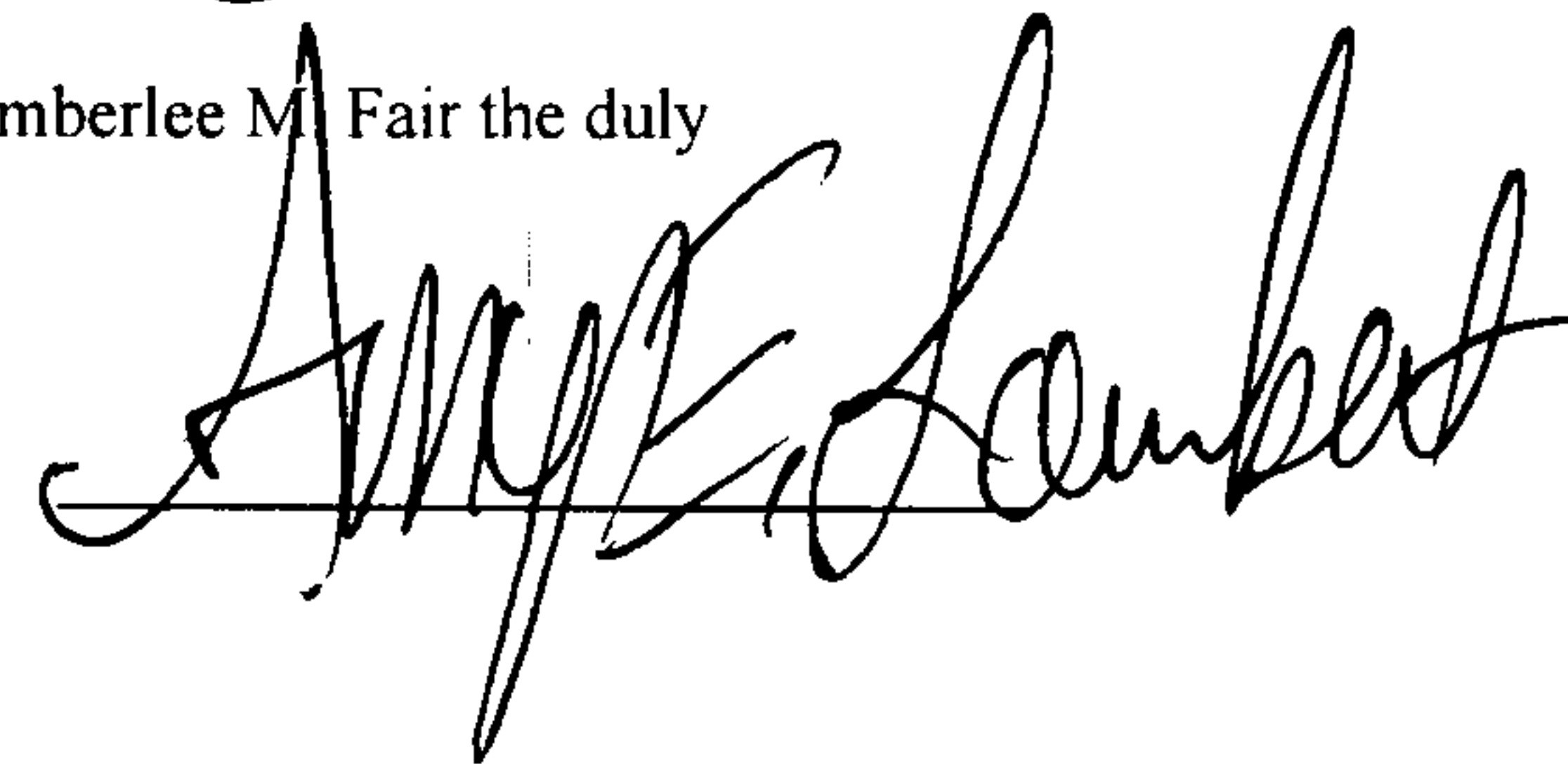
Agent

The foregoing statement was acknowledged and verified before me this Nov 20, 2015, by Kimberlee M. Fair the duly authorized agent of the above named health care provider and on behalf of said hospital.

MY COMMISSION EXPIRES: _____



NOTARY PUBLIC



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