


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: **Lila Gilmore**
Address: **5541 Woodcrest Drive**
Milton, FL 32583
Admit Date: **8/26/2016**
Discharge Date: **8/26/2016**
Amount Due: **\$11,804.44**


20161028000396510 1/1 \$.00
Shelby Cnty Judge of Probate, AL
10/28/2016 10:32:29 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 - 163545669
2100 Riverchase Center, Building 100 Suite 110
Birmingham, AL 35244

BY: _____


Shelby Baptist Medical Center

STATE OF MISSISSIPPI

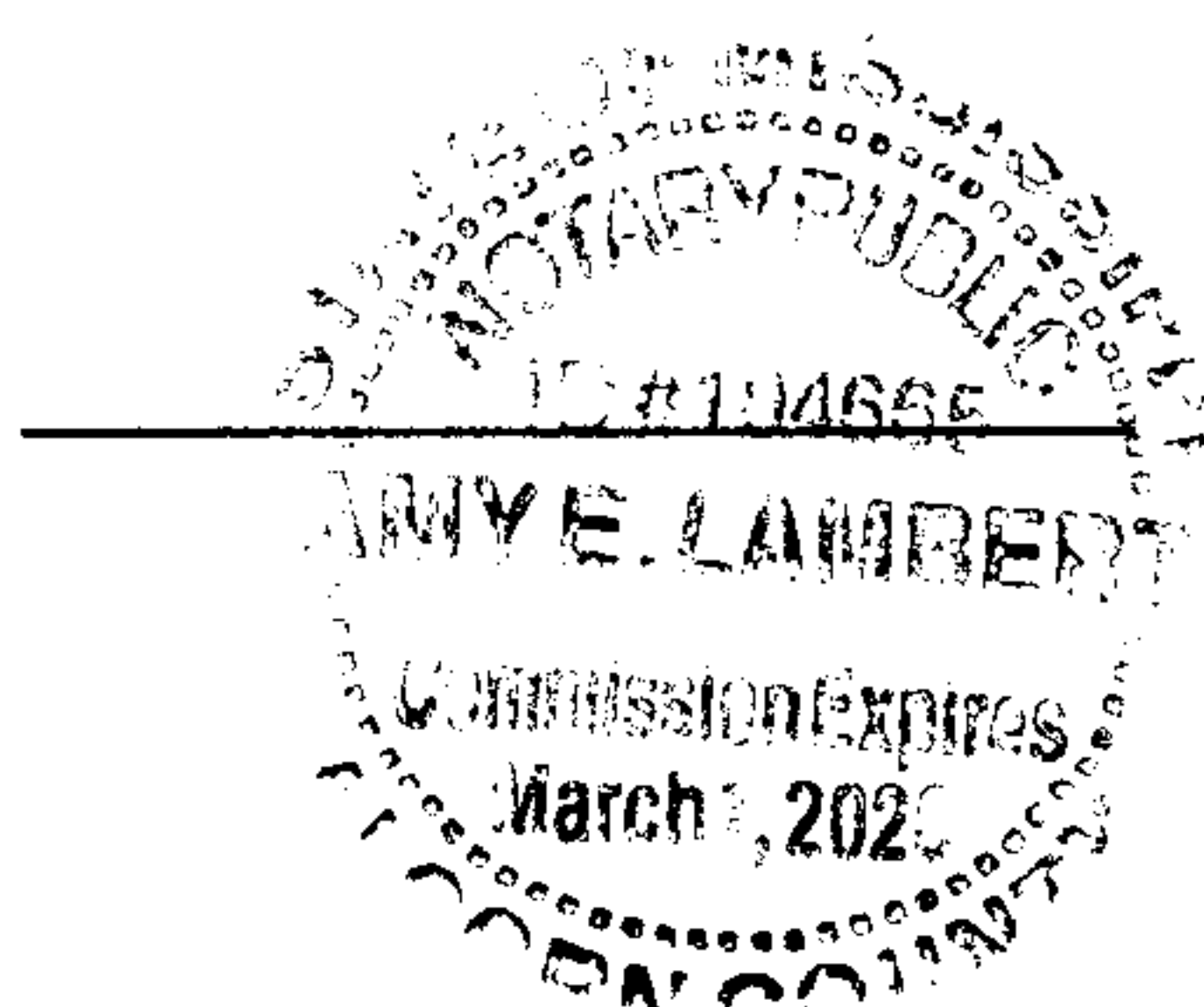
COUNTY OF ALCORN

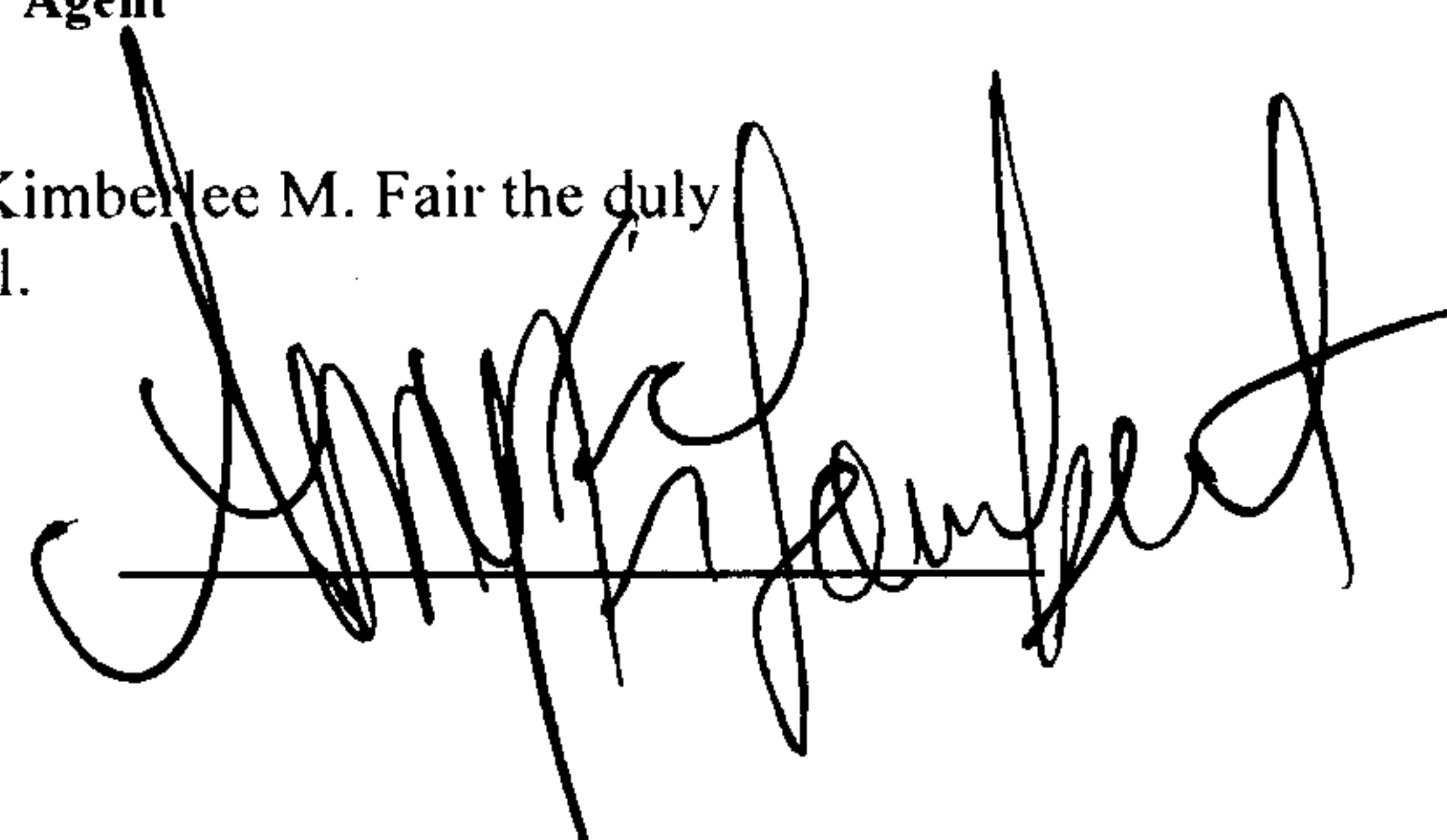
Agent

The foregoing statement was acknowledged and verified before me this Oct 25, 2016, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC





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