


**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: **Arnie Rogers**  
Address: **510 English Street**  
**Clanton, AL 35045**  
Admit Date: **7/1/2016**  
Discharge Date: **7/1/2016**  
Amount Due: **\$4,077.83**

  
20161208000448110 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
12/08/2016 11:18:20 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 - 163434405**

**7075 Halcyon Park Drive Suite 200**

**Montgomery, AL 36117**

**Key Insurance - KIKC86549**

**P.O. Box 2012**

**Shawnee Mission, KS 66201**

**BY:**

  
**Shelby Baptist Medical Center**

STATE OF MISSISSIPPI

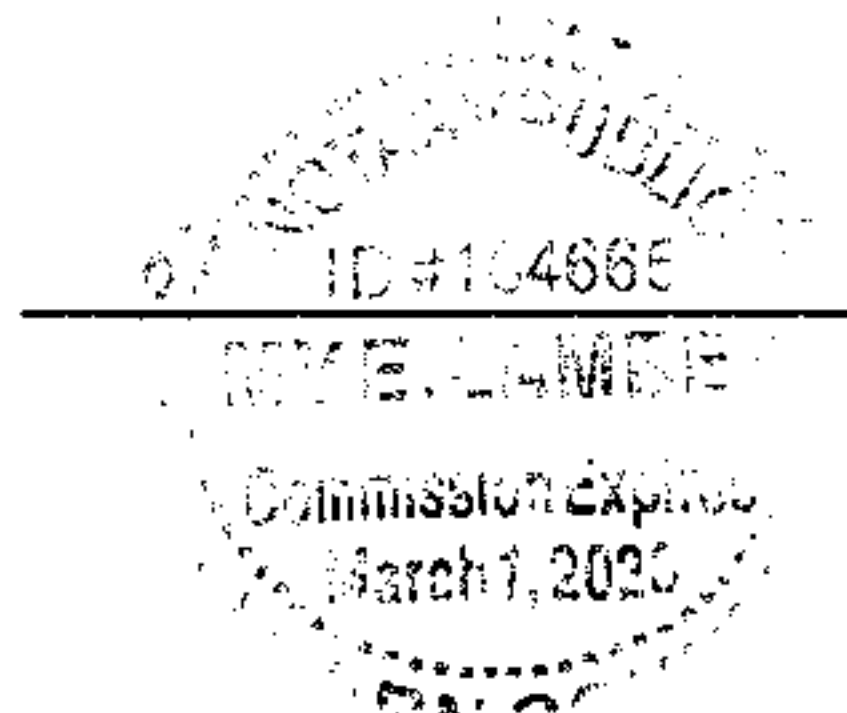
COUNTY OF ALCORN

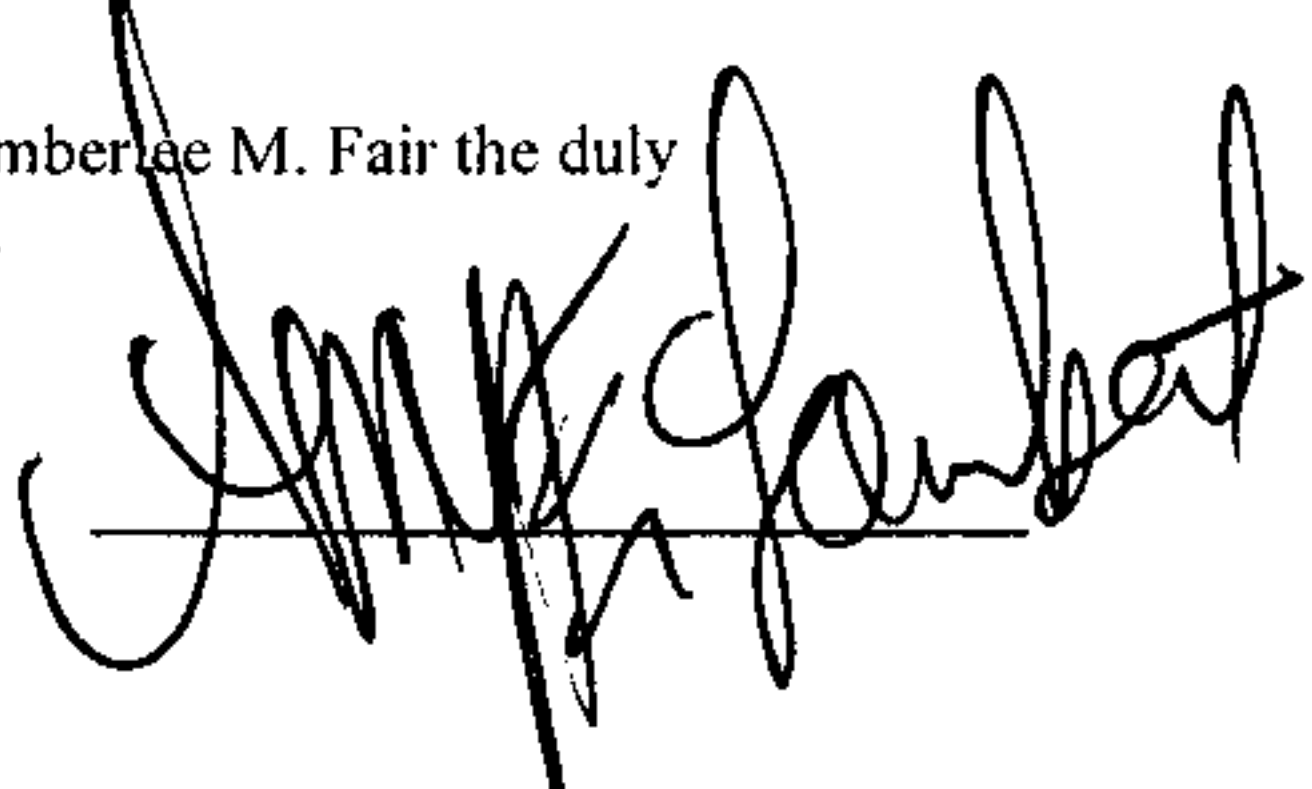
**Agent**

The foregoing statement was acknowledged and verified before me this Dec 6, 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