


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


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Shelby Cnty Judge of Probate, AL
01/23/2017 11:04:57 AM FILED/CERT

NOTICE OF 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 701 Princeton Avenue, SW Birmingham, AL 35211, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Terry Reynolds**
Address: **3800 Ellis Avenue SW
Birmingham, AL 35221**
Admit Date: **November 21, 2016**
Discharge Date: **November 21, 2016**
Amount Due: **\$1,712.00**

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:

**USAA - 31428414-11
P.O. Box 5000
Daphne, AL**

**Progressive Insurance - 164064105
2100 River Chase Center, Suite 110
Birmingham, AL**

BY: 

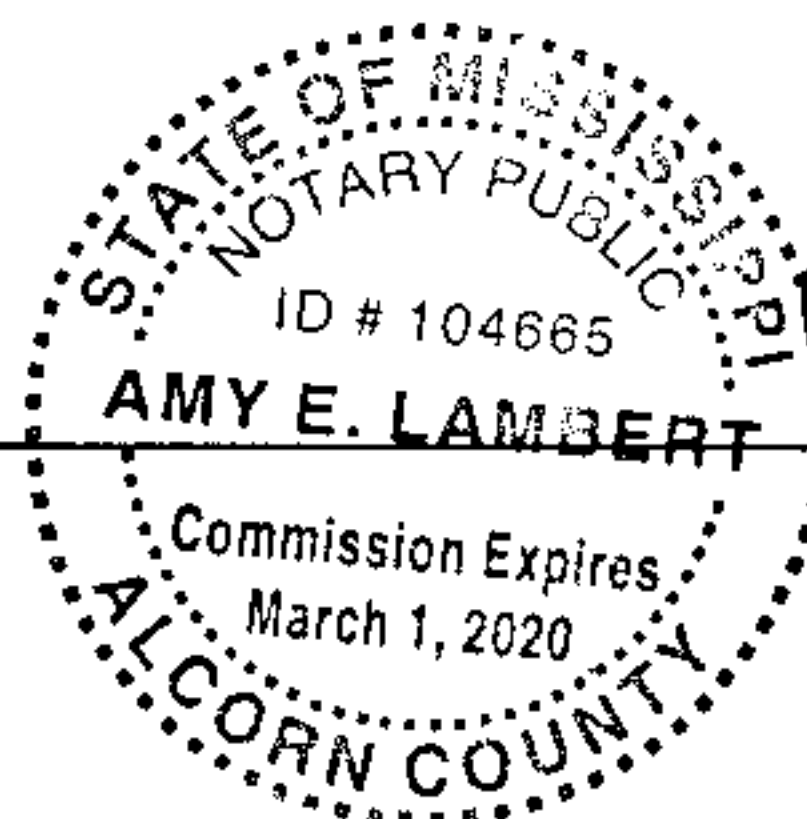
Princeton Baptist Medical Center

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, January 17, 2017, 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: _____



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