

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

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Shelby Cnty Judge of Probate. AL
03/17/2017 12:06:07 PM FILED/CERT

NOTICE OF AMENDED 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: **06/26/2015**
Discharge Date: **06/26/2015**
Amount Due: **1,739.50**

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 W Dr Suite 110
Huntsville, AL 358065

USAA - 029970403-001
Auto Injury Solutions P.O. Box 5000
Daphne, AL 35626

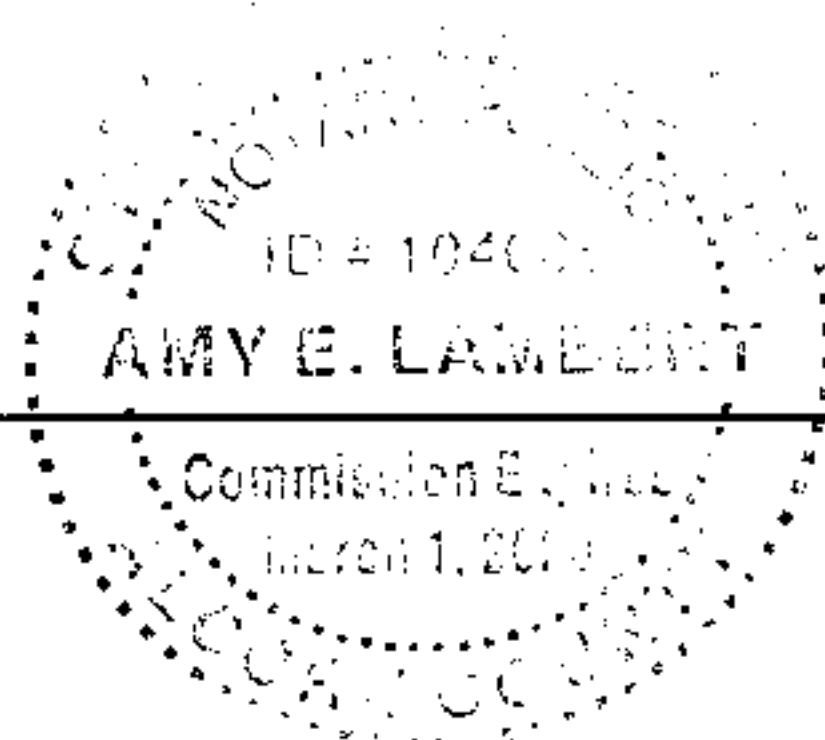
STATE OF MISSISSIPPI
COUNTY OF ALCORN

Prepared By

Amanda White

The foregoing statement was acknowledged and verified before me this 15th day of March, 2017, by Amanda White 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