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Shelby Cnty Judge of Probate, AL  
01/26/2018 01:50:38 PM FILED/CERT

**PREPARED BY:**  
THE FINLEY FIRM, P.C.  
P.O. BOX 1437  
COLUMBUS, GA 31902-1437  
(706) 660-5507

RECEIVED AND FILED  
MARY H HARRIS

JAN 28 2018

**HOSPITAL LIEN**

CIRCUIT & DISTRICT  
COURT CLERK  
SHELBY COUNTY

**STATE OF ALABAMA: COUNTY OF SHELBY:**

TO THE PROBATE COURT AND CLERK OF PROBATE COURT OF SAID COUNTY:  
Notice is hereby given to all persons, firms and corporations, including

REF #: PBH253810  
AMBER N OCMAND  
2740 PINE ACRES ST  
MILLBROOK, AL 36054-3914

PROGRESSIVE CASUALTY INSURANCE COMPANY  
ATTENTION: AMANDA BEACH  
7262 GOVERNORS WEST SUITE 110  
HUNTSVILLE, AL 35806  
CLAIM NUMBER: 174865962

RAY HAWTHORN  
ALEXANDER SHUNNARAH ATTORNEY, P.C.  
504 S PERRY ST  
MONTGOMERY, AL 36104-4616

JILLIANLEIGH FORD  
735 WINDSOR CT  
ALABASTER, AL 35007-4147

that Prattville Baptist Hospital, 124 South Memorial Dr., Prattville, AL 36067, operated by The Health Care Authority for Baptist Health, An Affiliate of UAB Health System, P.O. Box 241708, Montgomery, AL 36124-1708 has treated as a patient AMBER N OCMAND who resides at 2740 PINE ACRES ST, MILLBROOK, AL 36054-3914 and who was admitted for treatment at Prattville Baptist Hospital, 124 South Memorial Dr., Prattville, AL 36067 on 12/01/2017 and discharged on 12/02/2017 and said patient incurred charges in the amount of \$4,931.05 for hospital care and treatment. Prattville Baptist Hospital hereby creates a lien up to the maximum allowable amount of any obtained or recovered damages which the patient or his/her legal representative may receive or be entitled to receive, whether by judgment, settlement, or compromise, from any and all causes of action, suits, claims, counterclaims or demands accruing to the patient, all in accord with the provisions of Code of ALA. § 35-11-370 et. seq. The above named persons, firms or corporations, if any, are claimed by the patient or his legal representative to be liable for said injuries and such persons, firms or corporations are so listed to the best of claimant's knowledge. This lien is for the amount being claimed is fair and reasonable for the services rendered.

**STATE OF GEORGIA: COUNTY OF MUSCOGEE:**

Personally appeared before the undersigned attesting officer, duly authorized by law to administer oaths, the undersigned, who on oath, deposes and says that he is authorized to make this affidavit on behalf of Prattville Baptist Hospital and the statements contained in the above and foregoing lien are true to the best of his knowledge and belief.

Prattville Baptist Hospital

By: \_\_\_\_\_

Travis Hargrove, Attorney at Law

Sworn to and subscribed before me  
This 23rd day of January, 2018

Notary Public

