

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:	Donna Edwards
Address:	983 Merriweather Drive
	Calera, AL 35040
Admit Date:	10/03/2018
Discharge Date:	10/03/2018
Amount Due:	3,204.61

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 - 185059406
P.O. Box 512926
Los Angeles, CA 90051

Progressive Insurance - 182559678
2100 River Chase Center Suite 110
Birmingham, AL 35244

STATE OF MISSISSIPPI
COUNTY OF ALCORN

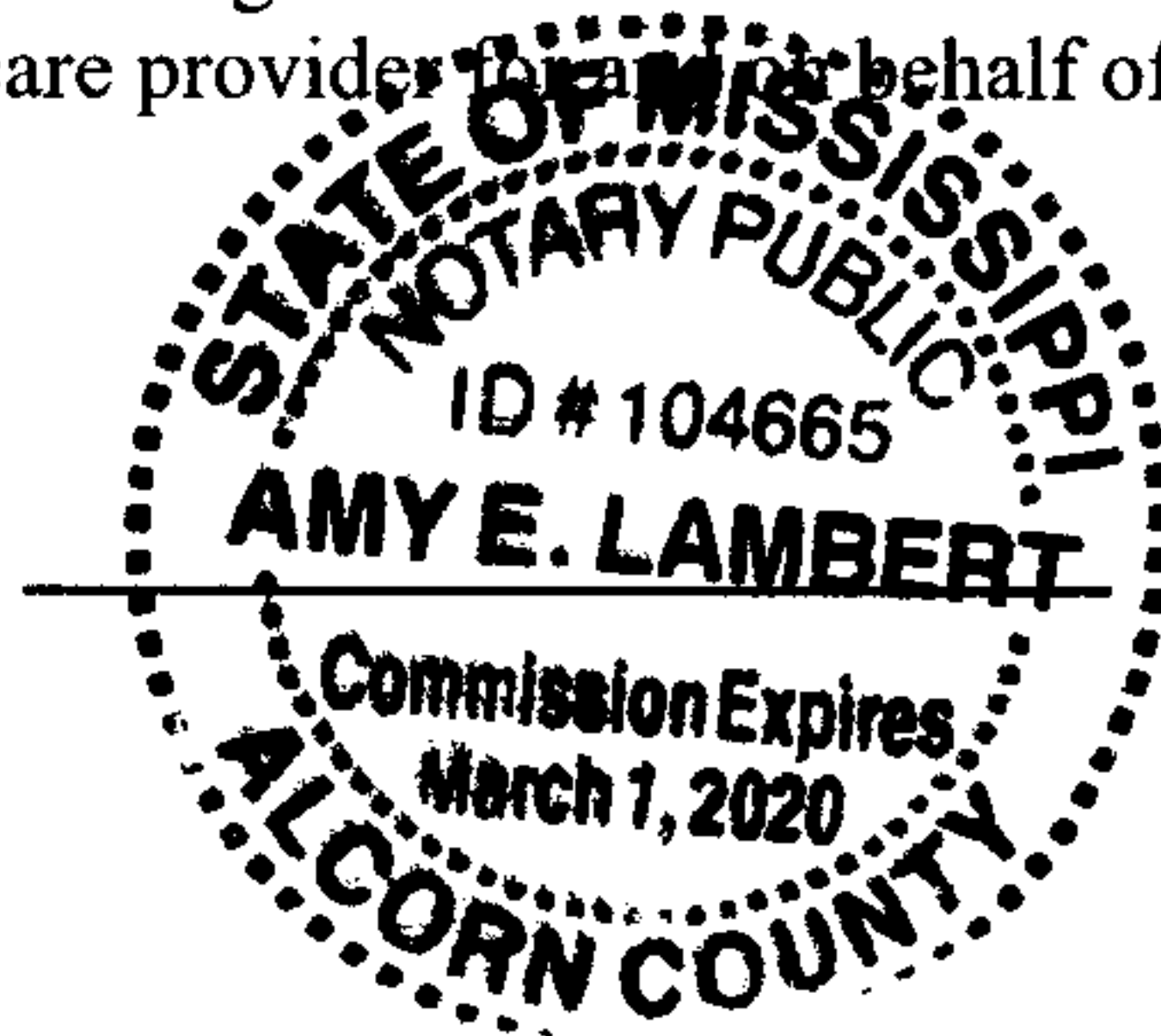
BY: _____

Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this Nov 7, 2018, by Amanda White the duly authorized agent of the above named health care provider on behalf of said hospital.

MY COMMISSION EXPIRES:



NOTARY PUBLIC

[Handwritten Signature]

Prepared by:
Amanda White
P.O Box 1465
Corinth, MS 38834



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Shelby Cnty Judge of Probate, AL
11/14/2018 03:38:48 PM FILED/CERT