411693617

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

Shelby Baptist Medical Center

BY: _____

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

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 for and on behalf of said hospital.

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 104665 AMY E. LAMBERT Commission Expires March 1, 2020 ALCORN COUNTY

MY COMMISSION EXPIRES:

NOTARY PUBLIC _____

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