

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

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 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: **Jessica Franklin**
Address: **492 Camden Cove Circle**
Calera, AL 35040
Admit Date: **11/07/2018**
Discharge Date: **11/07/2018**
Amount Due: **6,870.00**

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:

Progressive Insurance - 182168275
P.O. Box 512926
Los Angeles, CA

BY: Shelby Baptist Medical Center
Amanda White
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, December 21, 2018, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES: _____



Amy E. Lambert
NOTARY PUBLIC

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Shelby Cnty Judge of Probate, AL
01/04/2019 09:23:46 AM FILED/CERT

Prepared by:
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