

Unofficial Document

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To:

To the Recorder of Maricopa County, Arizona:

HOSPITAL LIEN

In accordance with Arizona Revised Statute§ 33-931, et seq., Maryvale Behavioral Health Hospital, located at 5102 W. Campbell, Phoenix, AZ 85031, files this verified statement as follows:

Name and address of patient as it appears on records of hospital:

Katherine Velazquez Galvan
2626 N 49TH LN
Phoenix, AZ 85035

Amount Claimed Due as of Recording: \$36,342.10

Account No	Date of Admission	Date of Discharge	Amount Claimed Due
20601630	10/15/2025	10/15/2025	\$36,342.10

This lien is for the amount incurred by the patient for hospital's care and treatment listed above. The patient's treatment at the hospital has been terminated.

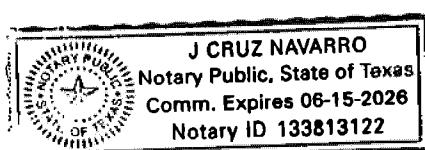
Verified on 21th day of November, 2025

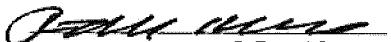

By: _____
Shambreshia Reed
TPL Specialist, Elevate Patient Financial Solutions, LLC
25700 Interstate 45 NorthSuite 300
Spring, TX 77386
Agent for Maryvale Behavioral Health Hospital

TEXAS, COUNTY OF MONTGOMERY

Personally appeared before the undersigned-attesting officer, duly authorized to administer oaths, the undersigned, who on oath, deposes and says that he is authorized to make this verified statement on behalf of Maryvale Behavioral Health Hospital and the statements contained in the above and foregoing are true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me, this 25 day of NOVEMBER, 2025




J Cruz Navarro
Notary Public, State of Texas
My Commission Expires:



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