MEDICAL LIEN NOTIFICATION AND CLAIM FORM

Claimant/Licensed Health Care Provider Information:

Name and Address of Claimant/Licensed Health Care Provider:
SUN RADIOLOGY
16222 N. 59th Ave Suite C-150, Glendale, AZ 85306
Phone: 623-815-8200
Officer or Authorized Agent of Health Care Provider: **SUN RADIOLOGY**

Claim Information:

To the best of the claimant's knowledge, the names and addresses of the persons, firms, or corporations, and insurance carriers claimed to be liable for damages are as follows:

Date of Lien Prepared: 11/21/2025
County: Maricopa
State: AZ

Patient Information:

Patient: ANA LAURA RIOS **DOB: 10/07/1988**
Address: 1801 E CAMBRIDGE AVE APT B, PHOENIX AZ 85006
Law Firm Information

Law Firm Name: SOUTHWEST INJURY SPECIALIST
Firm Address: 301 E BETHANY HOME RD STE A-125, PHOENIX AZ 85012
Firm Phone Number: 602-922-9955

Date of Injury:

Date of Service Patients First Visit: 11/12/2025 - Present - Treating Continuing
Date of Full Release of Care: Ongoing

Amount Due Claimant for Care/Treatment: **$ 6,000.00 & ACCRUING:**

County and State in Which Injury or Illness Occurred: Maricopa County, AZ

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by him for service rendered to me and that this agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment. And I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

Date: 11/12/2025 Patient Signature: _____

Date: _____ Agent Signature: _____

The undersigned being witness does hereby agree to observe all the terms of the above and agree to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect said doctor named above.

Date: _____ Attorney Signature: _____

Please date, sign and return one copy to doctor's office

Keep one copy for your records

FAX # 623-815-8299

Medical Lien Details:

Pursuant to A.R.S. 33-931 through A.R.S. 33-934, the above-named Claimant hereby claims a lien upon any and all causes of action, suits, claims, counterclaims, or demands for damages accruing to the above-named patient or to the legal representative, assignee, or heirs of such patient. This is a result of injuries giving rise to such causes of action that necessitated his/her treatment for the customary charges for health care treatment of the named patient in the sum herein above claimed to be due.