

# Unofficial Document

Maricopa County<sup>20</sup>

## Notice and Claim of Medical Lien

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### **Name and Address of Claimant:**

Patchen Family Practice  
2058 S. Dobson Road, Suite #15  
Mesa, Arizona 85202

### **Name and Address of Agent:**

Dr. Gregory A. Patchen, D.O.  
2058 S. Dobson Road, Suite #15, Mesa, Arizona 85202

**Patient:** Eva M Scott

**Address:** 454 W Brown Rd, #1040 Mesa, AZ 85201

**Date of Accident:** 10/11/2025

**Date Lien Prepared:** 10/31/2025

**Date of Service:** 10/14/2025 + continuing

**Amount Claimed:** \$250 + continuing

**Patient Representative:** Erwin Braich 1830 W Alma School Rd, #129 Mesa, AZ 85210 480-706-1010

To the best of the claimant's knowledge, the names and addresses of all persons, firms, corporations and insurance carriers claimed by the above named patient or by his/her legal representative to be liable for damages are as follows:

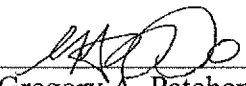
**Name:** Unknown at time of filing

**Address:**

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any and all actions, suits, claims, counterclaims or demands for damages accruing to said patient on his/her behalf by a legal representative, assignee or heirs on account of injuries giving rise to such cause of action, and which necessitated his/her medical care and treatment for which claimant rendered such care at the rate customarily charged for such services which exceed \$250.00, as provided under A.R.S. 33-931 (B), the sum of which is due and payable as indicated above.

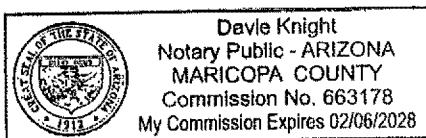
STATE OF ARIZONA       )  
  ) ss.  
County of Maricopa       )

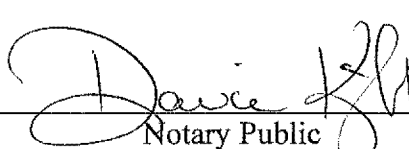
Dr. Gregory A. Patchen, D.O., upon his oath, deposes and states: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & Claim of Medical lien in good faith, (3) the facts herein stated are true and correct to the best of my knowledge.

  
\_\_\_\_\_  
Dr. Gregory A. Patchen,

Subscribed and sworn to before me this 31<sup>st</sup> day of October, 2025

My Commission Expires:



  
\_\_\_\_\_  
Notary Public