

Unofficial 20. Document

Adrian Trevizo
7625 W Glenrosa Ave
Phoenix, AZ 85033

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DO NOT PAY THIS STATEMENT. THIS IS NOT A BILL. THE INFORMATION PROVIDED BELOW IS FOR INFORMATIONAL PURPOSES ONLY. THIS LIEN IS AGAINST LIABILITY PROCEEDS ONLY

NOTICE AND CLAIM OF HEALTHCARE PROVIDER LIEN

NAME & ADDRESS OF CLAIMANT PROVIDER: Sol Medical
3118 W Thomas Rd, Ste 711, Phoenix, AZ 85017

NAME OF PATIENT: Adrian Trevizo
ADDRESS OF PATIENT: 7625 W Glenrosa Ave Phoenix, AZ 85033
ACCOUNT NO: TA416828
DATE OF LOSS: 09/11/2025
DATE OF PATIENT'S ADMISSION: 10/28/2025
AMOUNT DUE FOR CARE OF PATIENT: \$ 650 and accruing. **For lien balance, please call (602) 456-2821.**

The above named healthcare provider, pursuant to the laws of the State of Arizona hereby claims a lien upon any and all causes of action, suits, claims, counter-claims, or demands for damages accruing to the patient named herein, or to the legal representative or such patient, on account of injuries giving rise to such causes of action and which necessitated his or her care, for its total customary charges for facility and physician care and treatment above named injured patient herein above claimed to be due together with any charges owing for continuing treatment. **The above-named healthcare provider claims an ongoing lien for any continuing treatment related to said injuries.** This lien does not reflect on the patient's credit, as it will attach to third party liability funds even if the patient has no personal liability for the bill. See *Andrews, et al. v. Samaritan Health System*, 201 Ariz. 379, 36 P.3d 57 (App. 2001); A.R.S. § 33-931; A.R.S. § 36-2903.01(H)(4). The name and address of the patient stated above are as they appear on the records of this provider. Within five (5) days of recording this document, a copy along with a Notice of Provider Lien will be mailed to the patient by the U.S. Mail.

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

Insurance: State Farm Insurance, One State Farm Plaza Bloomington, IL 61710, Claim # 03-90F3-61M

Insured:

Attorney:

STATE OF ARIZONA)
)ss.
County of Maricopa)

Pursuant to A.R.S. § 33-931, the above-named claimant, personally, does hereby claim a lien for and on behalf of said claimant, being authorized to do so, that the statements contained in the foregoing Notice and Claim of Lien are true.

By: _____ MICHAEL TON
Electronically Signed by Michael Ton