

Unofficial Document

20.
08
Bu.

When recorded mail to:

Name: _____

Address: _____

City/State/Zip: _____

..... this area reserved for county recorder

CAPTION HEADING:

DO NOT REMOVE

This is part of the official document.

855070322

NOTICE OF HOSPITAL LIEN**ARIZONA REVISED STATUTES SECTIONS 33-931 through 937**

1. The undersigned hereby gives notice for and on behalf of Abrazo Scottsdale Campus (hereinafter "Hospital") that the Hospital has furnished medical or other services to Alison Thom, an injured person who was injured in a motor vehicle or other liability accident. Pursuant to A.R.S. § 33-931, the Hospital claims a lien upon the recovery or sum had or collected or to be collected by the injured person identified below or by his or her heirs or personal representative, to the extent of the amount of the customary charges of the Hospital for the treatment, care and transportation of the injured person upon any judgment, settlement, or compromise.

2. Pursuant to the requirements of A.R.S. § 33-932, the Hospital submits the following information:

Name of Injured Person: Alison Thom
 Address: 1720 E Camelback Rd Apt 439, Phoenix, AZ 85016-0018
 Dates of Service: 11/15/2025 - 11/15/2025
 Name of Health Care Provider: **Abrazo Scottsdale Campus**
 Health Care Provider Address: 3929 East Bell Road, Phoenix, AZ 85032
 Amount Claimed Due: \$5,963.00

3. The amount claimed due as of the date of the recording of the Hospital's claim is \$5,963.00. To the best of the Hospital's knowledge, the ^{Unofficial Document} treatment by the Hospital for these injuries has been terminated.

State Farm, Claim # 0392Z800R, P.O. Box 106171 Atlanta, GA 30348

Tortfeasor: Unknown

By:

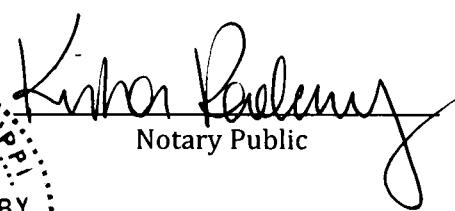


Authorized Agent for the Hospital

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing was acknowledged and verified before me on the date first written above by the duly authorized agent and/or operator of the Hospital identified herein, for on behalf of said Hospital:

Kisha Roseberry
Notary Public