

Unofficial Document

ARIZONA HEALTHCARE PROVIDER LIEN FORM

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Provider Name: Camelback Imaging

Provider Address: 4400 N. Scottsdale Rd. STE 9-905, Scottsdale, AZ 85251

Provider Phone: (480)278-2827

Patient Name: Amanda Davis

Patient Address: 1901 W. Madison Unit 789, Phoenix, AZ 85009

Date(s) of services: 10/24/2025-10/24/2025

Amount Claimed: \$4,300

Date of Injury: 05/15/2025

Brief Description of Accident: Patient was driving and was hit by another vehicle

Name of Alleged Liable Party: Unknown to the best of my knowledge

Description of Services Rendered: MRI of the brain without contrast. Volumetric and DTI post processing was performed. SWI was performed. Patient was administered IV sedation.

Provider Representative Name (printed): Nadia Ruiz Nicolas

Signature:  11/18/2025

Title: Legal Admin

Notary Acknowledgement:

State of Arizona

County of Maricopa

Subscribed and sworn before me on this 18th day of November, 2025
by Nadia Ruiz Nicolas.

Notary Public: LYANEE RODELO LEYVA

My commission expires: August 03, 2026

