

# Unofficial Document

WHEN RECORDED, MAIL TO:

Excel Surgical Center, LLC  
6424 E Broadway Rd Ste 102  
Mesa, AZ 85206

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## NOTICE AND CLAIM OF MEDICAL LIEN

Name and address of Claimant/Licensed Health Care Provider: **Excel Surgical, LLC  
6424 E Broadway Rd Ste 102  
Mesa, AZ 85206**

Name and address of patient: **ANGELITA CASAS DE ORTEGA  
517 E. WIER AVE.  
PHOENIX, AZ 85040**

Date of injury: **OCTOBER 13, 2025**

County & State where injury occurred: Maricopa County, Arizona

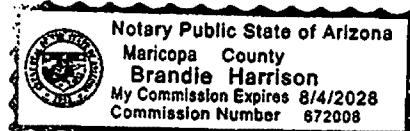
Dates of service received by patient: **OCTOBER 21, 2025 - PENDING**

Amount due for care of patient: **\$1,200.00 - PENDING**

To the best of my claimant's knowledge, the names & address of all persons firm or corporations & insurance carriers of said persons, firm or corporations claimed by the above patient, or by his legal representative, to be liable for damages are as follow:

NAME	ADDRESS
ANGELITA CASAS DE ORTEGA	517 E. WIER AVE., PHOENIX, AZ 85040
ESTRELLA INSURANCE	5138 E. THOMAS RD., PHOENIX, AZ 85018
PROGRESSIVE	6300 WILSON MILLS RD., MAYFIELD VILLAGE, OH 44143
PHILLIPS LAW	3101 N. CENTRAL AVE #1500, PHOENIX, AZ 85012

Pursuant to A.R.S 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any & all actions, suits, claims, counterclaims or demands for damages accruing to said patient on his behalf by a legal representative, assignee or heirs on account of injuries giving rise to such a cause of action, & which necessitated medical care & 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 & payable as indicated above.



STATE OF ARIZONA )  
COUNTY OF MARICOPA ) SS.  
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I, Josh Shelley, being sworn upon oath, deposes & says: (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 & correct to the best of my knowledge.

By: Y C For Excel Surgical Center.

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 29 day of October  
2025 by, Brandie Harrison

MY COMMISSION EXPIRES 08/04/2028

NOTARY PUBLIC