

# Unofficial Document

**When recorded mail to:**

Desert Brain and Spine  
Dr. Russell Teames  
4222 E Thomas Rd Suite 125  
Phoenix, AZ 85018  
**NOTICE OF CLAIMS OF MEDICAL LI**

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Name of Claimant/Address: Name of Patient and Date of Birth:

Anthony Flores DOB: 04/09/1998  
7602 West Cheryl Dr.  
Peoria, AZ 85345

Desert Brain and Spine

Dr. Russell Teames  
4222 E Thomas Rd Suite 125  
Phoenix, AZ 85018

Date of Accident: 11/02/2025      First Visit: 11/13/2025

Amount Due Claimant \$ 1,000.00 + (partial to date)

STATE AND COUNTY IN WHICH INJURIES OR ILLNESS OCCUR: Maricopa, Arizona

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

Anthony Flores    Rep Law- Chance Johnson  
7602 West Cheryl Rd                                  15331 West Bell Rd Ste 302  
Peoria, AZ 85345                                      Surprise, AZ 85374

Pursuant to A.R.S. 33-931, The above name 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 representation, 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 medical care at the rate customarily charged for such services which exceed \$250, as provided under A.R.S. 33-931, (B), the sum of which is due and payable as indicated above.

I, Russell Teames, being first duly sworn upon oath, depose and say (1) That I am the person herein named as claimant (or the authorized agent of such a claimant), (2) that I have made this Notice of Claim of Medical Lien in good faith; and (3) That the facts herein are true and correct to the best of my knowledge, information and belief.

**Dr. Russell Teames**

Desert Brain and Spine  
RCT Healthcare PLLC

**Claimant or Agent:** Russell Teames

Subscribed and sworn to before me, the undersigned notary public

This 18th Day of November 2025. By:

My seal commission expires: 02/15/2028

SEAL

