

Unofficial Document

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Medical Lien

Medical Provider: Advanced Health Solutions, PC
Address: 9927 E. Bell Road, Suite 140, Scottsdale, AZ 85260

1. Your Patient's Name: Renee Lantis
2. Your Patient's Address: 1026 W. Canyon Street, Apache Junction, AZ 85120
3. Date of Accident: 11.14.2025
4. Place of Accident: Scottsdale, AZ
5. Your Patient's Auto Insurance: (**List Only If Benefits Are Available**)

Insurance Company Name:

Phone:

Policy Number: Claim Number:

If this Accident was caused by a third party: (**If Known-Not Required**)

Liable Person's Name: Mitchell Hans Calvert

Liable Person's Address: 5601 N. 29th Drive, Phoenix, AZ 85017

Third Party Liability Insurance Company: Great West Casualty

Liable Name: Mitchell Hans Calvert

Address: P.O.BOX 94 Sioux City, NE 68776

6. Policy Number: GRT46488A Claim Number: 025-11-002294

7. Other Insurance (driver, vehicle owner, or any insurance related to this accident)
Name:

8. Is the patient still being treated? Yes

9. Dates of Service: 11.19.2025 and still treating

10. Amount Due on Account: \$500.00 and still treating

11. Signature of Lien Filer:

