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When recorded mail to:

Name: _____

Address: _____

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City/State/Zip: _____

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Area reserved for county recorder

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CAPTION HEADING:

DO NOT REMOVE

This is part of the official document

NOTICE AND CLAIM OF HEALTH CARE PROVIDER

NAME OF HEALTH CARE PROVIDER: Hand Therapy Partners-East LLC
ADDRESS OF HEALTH CARE PROVIDER: 1450 S Dobson Rd., Suite 202, Mesa, AZ 85202
NAME OF EXECUTIVE OFFICER OR AGENT OF HEALTH CARE PROVIDER: Cary B. Edgar
NAME OF LICENSED THERAPIST WHO TREATED PATIENT: Miranda Materi OTD. OT/L, CHT

NAME OF PATIENT: Eva Martinez

PATIENT'S ADDRESS: 543 E 8th Ave Mesa, AZ 85204

DATE OF PATIENT ADMISSION: October 28, 2025
DATE OF PATIENT DISCHARGE: Currently being treated
CURRENT AMOUNT DUE FOR PATIENT CARE: $1,611
THE PATIENT'S TREATMENT WILL BE CONTINUED
COUNTY IN WHICH INJURIES WERE TREATED: Maricopa County

Pursuant to A.R.S. Section 33-932, to the best of claimant's knowledge, the names and address of all persons, firms or corporations and the insurance carriers of said persons, firms or corporations claimed by the above-named patient, or by his or her legal representative, to be liable for damages are as follows:

Not aware of the identity of any potentially responsible party.

The above named health care provider, pursuant to the laws of Arizona, hereby claims a lien upon any and all causes of action, suits, claims, counter-claims, or demands for damages accruing to the patient named above, or to the legal representative of such patient, on account of injuries giving rise to such causes of action and which required his or her medical care, for its total customary billed charges for medical care and treatment of the above named patient in the sum of amount due claimed above. The name and address of the patient as set forth are as they appear on the records of the medical provider. The patient may require continued treatment, and any related care is also subject to this lien.

Authorized Agent of Hand Therapy Partners-East, LLC
Medical Provider

I certify that I mailed this Notice and Claim of Provider Lien via First Class Mail addressed to the above patient at his/her address listed above within 5 days from the date this notice was recorded by the County Recorder's office. I shall also mail a copy to all persons, firms or corporations and the insurance carriers of said persons, firms or corporations claimed by the above-named patient, or by his or her legal representative, to be liable for damages to the best of claimant's knowledge.

STATE OF ARIZONA
County of Maricopa

Cary B. Edgar, being first duly sworn, upon oath deposes and says: That he is the agent of Hand Therapy Partners-East LLC, medical provider and makes this NOTICE AND CLAIM OF LIEN for and on the behalf of said medical provider, being thereunto duly authorized; and under penalty and perjury that the foregoing is true and correct and was executed by me on November 21, 2025.

Authorized Agent of Hand Therapy Partners-East LLC
Medical Provider

KAYDON FRIC
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 651787
Expires June 4, 2027

Notary Public