

Unofficial 20 Document

WHEN RECORDED, MAIL TO:

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

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mo

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: **MEAGAN BLACKMORE**
7462 E. IRWIN AVE.
MESA, AZ 85209

Date of injury: **JULY 30, 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:

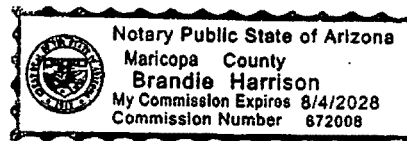
NAME	ADDRESS
MEAGAN BLACKMORE	7462 E. IRWIN AVE., MESA, AZ 85209
STATE FARM	ONE STATE FARM PLAZA, BLOOMINGTON, IL 61710
SKOUSEN, GULBRANDSEN & PATIENCE	414 E. SOUTHERN AVE., MESA, AZ 85204

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.



I, Josh Stealey, 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: [Signature] For Excel Surgical Center.

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 29 day of October
2025 by [Signature]

MY COMMISSION EXPIRES 08/04/2028

NOTARY PUBLIC