

# Unofficial 20. Document

17  
ga

To the Recorder of Maricopa County, Arizona:

## HOSPITAL LIEN

In accordance with Arizona Revised Statute § 33-931, et seq., Valleywise Health, located at 2601 E. Roosevelt St, Phoenix, AZ 85008, files this verified statement as follows:

**Name and address of patient as it appears on records of hospital:**


Christopher Coleman  
1943 W ASTER DR APTD01  
Phoenix, AZ 85029

**Amount Claimed Due as of Recording: \$74,682.18**

<u>Account No</u>	<u>Date of Admission</u>	<u>Date of Discharge</u>	<u>.Amount Claimed Due</u>
20540895	10/06/2025	10/07/2025	\$74,682.18

This lien is for the amount incurred by the patient for hospital's care and treatment listed above. The patient's treatment at the hospital has been terminated.

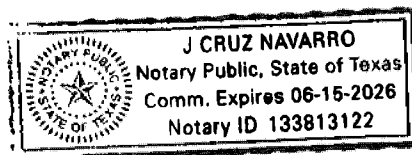
Verified on 27th day of October, 2025


By:   
Shambreshia Reed  
TPL Specialist, Elevate Patient Financial Solutions, LLC  
25700 Interstate 45 North Suite 300  
Spring, TX 77386  
Agent for Valleywise Health

## TEXAS, COUNTY OF MONTGOMERY

Personally appeared before the undersigned-attesting officer, duly authorized to administer oaths, the undersigned, who on oath, deposes and says that he is authorized to make this verified statement on behalf of Valleywise Health and the statements contained in the above and foregoing are true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me, this 28 day of OCTOBER, 2025



  
J Cruz Navarro  
Notary Public, State of Texas  
My Commission Expires:

