

Unofficial Document

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Rea

To the Recorder of Maricopa County, Arizona:

AMENDED 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 amended verified statement as follows:

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

Ana Rodriguez Rodriguez
226 CARLTON AVE APT 7
San Bruno, CA 94066

Amount Claimed Due as of Recording: \$32,365.79

Account No	Date of Admission	Date of Discharge	Amount Claimed Due
19712708	02/21/2025	02/21/2025	\$31,071.79
19717517	03/06/2025	03/06/2025	\$1,109.00
19880255	04/14/2025	04/14/2025	\$185.00

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

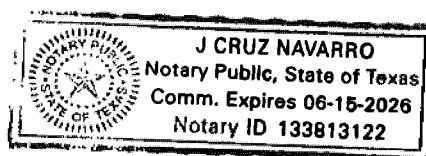
Verified on 03th day of November, 2025

By: 
Shambreshia Reed
TPI 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 amended 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 4 day of NOVEMBER 2025




J Cruz Navarro

Notary Public, State of Texas
My Commission Expires:



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