When recorded mail to:
Global Pain Solutions, PLLC
(9500 E Ironwood Square Dr. Suite
125, Scottsdale, AZ 85228)
602-610-7299

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NOTICE AND CLAIM OF
HEALTH CARE PROVIDER LIEN

DATE LIEN PREPARED: 12/03/2025

NAME AND ADDRESS OF CLAIMANT
LICENSED HEALTHCARE PROVIDER: **Global Pain Solutions, PLLC**
Dr. Nikesh Seth, M.D.
9500 E Ironwood Square Dr. Suite 125,
Scottsdale, AZ 85258

LIMITED AGENT OF LICENSED HEALTHCARE PROVIDER:
Cesar Vargas

NAME AND ADDRESS OF PATIENT AS SAME APPEAR ON
THE RECORDS OF CLAIMANT HEALTHCARE PROVIDER:

Michael Fong
975 S. Royal Palm Rd., Apt. D204
Apache Junction, AZ 85120

DATE OF PATIENT'S FIRST SERVICE: 11/26/2025

IS PATIENT STILL TREATING: CURRENTLY STILL TREATING

AMOUNT CLAIMED DUE FOR CARE/TREATMENT OF PATIENT: $ 2,000.00+ please call for final balance
COUNTY IN WHICH INJURIES WERE SUSTAINED: Maricopa

TO THE BEST OF CLAIMANT'S KNOWLEDGE, THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, OR CORPORATIONS AND THE INSURANCE CARRIERS FOR SUCH PERSONS, FIRMS OR CORPORATIONS CLAIMED BY THE ABOVE-NAMED PATIENT, OR HIS/HER LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE:

NAME	ADDRESS
Justice On Demand 480-470-0386	1525 S Higley Road, Ste. 104, Gilbert, AZ 85296

THE ABOVE NAMED CLAIMANTS, IN ACCORDANCE WITH ARIZONA REVISED STATUTES 33-931 THROUGH 33-934, DO HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION, SUITS, CLAIMS, COUNTER CLAIMS OR DEMANDS, ACCRUING TO THE ABOVE NAMED PATIENT OR TO THE LEGAL REPRESENTATIVE OF SUCH PATIENT, AS A RESULT OF INJURIES GIVING RISE TO SUCH CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTH CARE TREATMENT OF THE ABOVE NAMED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

I, Cesar Vargas, Limited Agent of the health care provider named in the attached Notice and Claim of Health Care Provider Lien, hereby certify that on the 3 day of December, 2025, I deposited copies of the attached lien to the health care provider or their authorized representative only.

I further certify that I have filed and mailed exactly what was submitted by the client. I make no representations or warranties regarding the accuracy, completeness, or compliance of the submitted documents. Responsibility for statutory compliance, service to required parties, and the correctness of all information rests solely with the health care provider and/or their attorney.

LIMITED AGENT

STATE OF: ARIZONA)
) SS
COUNTY OF: MARICOPA)

VERIFICATION TO AUTHORIZE