

Unofficial Document

Maricopa County 20

Notice and Claim of Medical Lien

Name and Address of Claimant:

Patchen Family Practice
2058 S. Dobson Road, Suite #15
Mesa, Arizona 85202

Name and Address of Agent:

Dr. Gregory A. Patchen, D.O.
2058 S. Dobson Road, Suite #15, Mesa, Arizona 85202

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Patient: Sarah Ballor

Address: 7625 E Camelback Rd Scottsdale, AZ 85251

Date of Accident: 11/2/2025

Date Lien Prepared: 11/14/2025

Date of Service: 11/12/2025 + continuing

Amount Claimed: \$250 + continuing

Patient Representative: Anthony Campagnolo 9150 W Indian School Rd, #103 Phoenix, AZ 85037 480-706-1010

To the best of the claimant's knowledge, the names and addresses of all persons, firms, corporations and insurance carriers claimed by the above named patient or by his/her legal representative to be liable for damages are as follows:

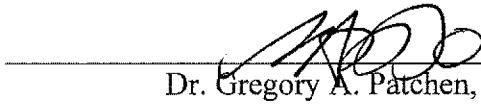
Name: Unknown at time of filing

Address:

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any and all actions, suits, claims, counterclaims or demands for damages accruing to said patient on his/her behalf by a legal representative, assignee or heirs on account of injuries giving rise to such cause of action, and which necessitated his/her medical care and 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 and payable as indicated above.

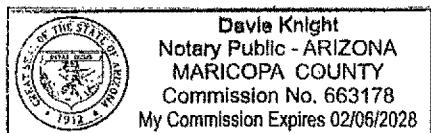
STATE OF ARIZONA)
) ss.
County of Maricopa)

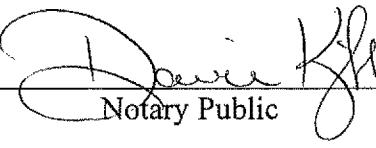
Dr. Gregory A. Patchen, D.O., upon his oath, deposes and states: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & Claim of Medical lien in good faith, (3) the facts herein stated are true and correct to the best of my knowledge.


Dr. Gregory A. Patchen,

Subscribed and sworn to before me this 14th day of November, 2025

My Commission Expires:




Davie Knight
Notary Public