

Unofficial 20 Document

WHEN RECORDED, MAIL TO:

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

20.
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NOTICE AND CLAIM OF MEDICAL LIEN

Name and address of Claimant/Licensed Health Care Provider:

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

Name and address of patient: **THERON CHAMBERS**
4050 S. 44TH WAY
PHOENIX, AZ 85040

Date of injury: **MAY 15, 2025**

County & State where injury occurred: Maricopa County, Arizona

Dates of service received by patient: **OCTOBER 21, 2025 - PENDING**

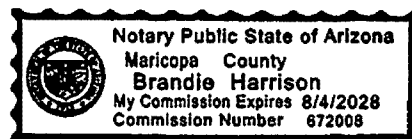
Amount due for care of patient: **\$1,200.00 - PENDING**

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 |
|-----------------|---|
| THERON CHAMBERS | 4050 S. 44 TH WAY, PHOENIX, AZ 85040 |
| LHP Law | 7301 N 16th St Suite 102, Phoenix, AZ 85020 |

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)
) SS.
COUNTY OF MARICOPA)



I, Josh Sheley, 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 Ascend 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