

Unofficial Document

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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:

Azia Paulk
43371 W ELIZABETH AVE
Maricopa, AZ 85138

Amount Claimed Due as of Recording: \$7,023.00

Account No	Date of Admission	Date of Discharge	Amount Claimed Due
19401580	11/21/2024	11/21/2024	\$6,050.00
19403770	11/25/2024	11/25/2024	\$973.00

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

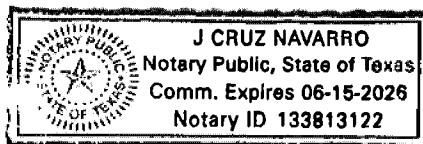
By: 
Shambreshia Reed
TPL Specialist, Elevate Patient Financial Solutions, LLC
25700 Interstate 45 North Suite 300
Spring, TX 77386
Agent for Valleywise Health

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 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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