

Unofficial Document

WHEN RECORDED, MAIL TO:

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

**20.
Yo.**

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: **THERESA WHITMARSH
17814 E. CHESTNUT DR.
QUEEN CREEK, AZ 85142**

Date of injury: **SEPTEMBER 16, 2025**

County & State where injury occurred: Maricopa County, Arizona

Dates of service received by patient: **NOVEMBER 04, 2025 - PENDING**

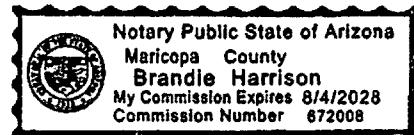
Amount due for care of patient: **\$1,200.00 - PENDING**

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
THERESA WHITMARSH	17814 E. CHESTNUT DR. QUEEN CREEK, AZ 85142
GEICO	5260 WESTERN AVE, CHEVY CHASE, MD 20815
HASTINGS & HASTINGS	4135 S. POWER RD. STE 111, MESA, AZ 85212

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)
COUNTY OF MARICOPA)
) SS.
)



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 10 day of November
2025 by, *[Signature]*

MY COMMISSION EXPIRES 8/4/2028

NOTARY PUBLIC