

FIRST MD, LLC
2929 N. 75th AVE. #15
PHOENIX, AZ 85033

STATE OF: AZ COUNTY OF: MARICOPA

Unofficial 20. Document

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DO NOT PAY THIS STATEMENT. THIS IS NOT A BILL.

NOTICE OF CLAIM OF PHYSICIAN LIEN

NAME OF HEALTH CARE PROVIDER: FIRST MD, LLC

ADDRESS OF HEALTH CARE PROVIDER: 5030 W MCDOWELL RD #11, PHOENIX AZ 85035

NOTICE IS HEREBY GIVEN, pursuant to A.R.S. § 33-931 et seq., that above-named Claimant Licensed Health Care, a duly licensed health care provider in the State of Arizona, claims a lien for the reasonable value of medical services, treatment, and care provided to the patient identified below as a result of injuries sustained on or about the date indicated below.

NAME OF PATIENT: Luis A. Ramos

ADDRESS OF PATIENT: 1728 E. Glenrosa Ave Phoenix, AZ 85016

DATE OF INJURY: 08/27/2025

DATE OF LAST SERVICE: 11/03/2025

AMOUNT DUE TO DATE FOR CARE: \$ 1925.00

*Treatment Continuing and amounts incurred during this continued period are also subject to this lien.

TO THE BEST OF CLAIMANT HEALTH CARE PROVIDER'S KNOWLEDGE, THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS OR CORPORATIONS AND THEIR INSURANCE CARRIERS CLAIMED BY THE INJURED PERSON OR THE INJURED PERSON'S REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARISING FROM THE INJURIES FOR WHICH THE INJURED PERSON RECEIVED HEALTH CARE ARE LISTED BELOW:

Name: Jose Santillan	Insurance: National General
Address: 6730 N 17th ave Apt. 110	Address: P.O. Box 89431
Phoenix, AZ 85015	Cleveland, OH 44101-6431
	Policy #: 2021918505
	Claim #: 250-702-102

The above-named claimants pursuant to the Laws of the State of Arizona do hereby claim a lien upon any and all causes of actions, suits, claims, counterclaims, or demands accruing to the patient named herein, or to the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated his or her treatment, for the reasonable and customary charges for health care and treatment of the above-named patient in the sum herein above claimed to be due. The name and address of the patient as herein before set forth are as the same appear on the records of the Licensed Health Care Provider.

This lien does not attach to any health insurance benefits, workers' compensation, or government benefits.

Verification:

I, the undersigned, being duly authorized, declare under penalty of perjury that the foregoing is true and correct. I further represent that a copy of this lien was sent by certified mail to the patient and to each person, firms or corporations and their insurance carriers claimed by the injured person or the injured person's representative to be liable for damages arising from the injuries for which the injured person received health care are listed below.

DATED this 4 day of November, 2025 Authorized Representative Signature: Cinthya Monteverde
Printed Name: Cinthya Monteverde