

# Unofficial Document

WHEN RECORDED, MAIL TO:

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

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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: **ASHLEY SAND  
1436 E. PIERCE ST. #1  
PHOENIX, AZ 85006**

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

County & State where injury occurred: Maricopa County, Arizona

Dates of service received by patient: **OCTOBER 14, 2025 - PENDING**

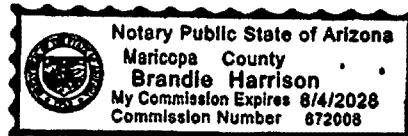
Amount due for care of patient: **\$1,200.00 - PENDING**

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
ASHLEY SAND	1436 E. PIERCE ST. #1, PHOENIX, AZ 85006
PROGRESSIVE	300 N. COMMONS BLVD., MAYFIELD, OH 44143
GORMAN & GUERREO	5090 N. 40 <sup>TH</sup> ST. UNIT 260, PHOENIX, AZ 85018

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.  
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I, Josh Shelley, 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: M C For Ascend Surgical Center.

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 28 day of October  
2025 by, Brandie Harrison

MY COMMISSION EXPIRES 08/04/2028

NOTARY PUBLIC