

Unofficial

20 Document

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Mail to:
Valley Rehabilitation of Sun City West
14300 W. Granite Valley Drive Suite E-21
Sun City West, AZ 85375

NOTICE AND CLAIM OF MEDICAL PROVIDER LIEN

Name of Healthcare Provider: Valley Rehabilitation of Sun City West

Address of Healthcare Provider: 14418 W. Meeker Blvd, B103 Sun City West, AZ 85375

Name of Executive Officer or Agent of Healthcare Provider: Michael Hilditch 623-546-6712

Address of Executive Office or Agent of Healthcare Provider: 14418 W. Meeker Blvd, B103 Sun City West, AZ 85375

Name of Patient: Britney Krug

Patient's Address: 12317 W Monte Lindo Ln, Sun City West, Az 85375

Date of Patient's Admission: 10/20/2025

Date of Patient's Discharge: still treating, call to confirm

Amount Due for Care of Patient: \$500.00 + Estimated, call to confirm

County in which injuries treated: Maricopa County

Pursuant to A.R.S. 33-932, to the best of the claimants' knowledge, the names and addresses of all persons, firms, named patient, or by his or her legal representative, to be liable for the damages are as follows:


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NAME: Britney Krug

ADDRESS: 12317 W Monte Lindo Ln, Sun City West, Az 85375

Other party information not available at this time.

The above named medical provider pursuant to the laws of the State of Arizona in such cases made and provided does hereby claim a lien upon any and all causes of action, suites, claims, counter-claims, or demands for damages accruing to the patient named herein, or to the legal representative or such patient, on account of injuries giving rise to such causes of action and which necessitated his or her medical care, for its customary charges for medical care and treatment of the above named injured patient in the sum herein above claimed to be due. The named and address of the patient is herein before set forth and the same appear on the records of the medical provider.

Michael Hilditch 
Executive Officer of
Valley Rehabilitation of Sun City West
Medical Provider

STATE OF ARIZONA

County of Maricopa

Michael Hilditch, being first duly sworn, upon oath deposes and says: That he/she is the Executive Officer or agent of Valley Rehabilitation of Sun City West, Medical Provider and makes this NOTICE and CLAIM of LIEN for and on the behalf of said medical provider, being thereunto duly authorized; and the matters and things contained in the foregoing notice and claim of lien are true.

Subscribed and sworn to before me this October 23, 2025


Notary Public

