

# Unofficial Document

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**MRI OF ARIZONA**  
**701 W. Glendale Avenue**  
**Phoenix, AZ 85021**

The recording official is directed to  
return this instrument or a copy to the  
above person.

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## NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN

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Effective Date: 11/18/2025

County and State: Maricopa, Arizona

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**NAME AND ADDRESS OF PATIENT:**

**TARVAREZ MATHIS**  
**222 E CODY DRIVE APT 117**  
**PHOENIX, AZ 85003**

**NAME AND ADDRESS OF CLAIMANT:**

**MRI OF ARIZONA**  
**701 W. Glendale Ave**  
**Phoenix, AZ 85021**

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**Licensed Health Care Provider Executive Officer or Agent of Health Care Provider:**

MRI of Arizona  
701 W. Glendale Avenue  
Phoenix, AZ 85021

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Date of Patient's First Appointment: 11/10/2025    Last Treatment Date: continuing

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Amount Due Claimant for Patient Care: \$3900.00 plus charges still accruing as treatment continues.

County in which Injuries occurred: Maricopa County, Arizona

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Date (s) of which medical care and treatment were provided are: 11/10/2025

To the best of claimant's knowledge, the names and addresses of all persons, firms or corporations and the insurance carriers for such persons, firms or corporations claimed by the above named patient, or his/her legal representation, to be liable for damages are as follows:

Insurance: **STATE FARM INSURANCE  
PO BOX 106170  
ATLANTA, GA 30348**

Insured:  
 Patient: **TARVAREZ MATHIS**  
 Claim #: **03-R849-5Z6**  
 ATTN: **BI CLAIMS**  
 Date of Loss: **10/19/2025**

Pursuant to A.R.S. 33-931, MRI of Arizona does hereby claim a lien upon any and all causes of action, suits, claims, counterclaims or demands accruing to the above named patient or the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated his/her medical care, for its customary charges for medical care and treatment of the above-named injured patient in the sum herein and above claimed to be due.

The name and address of the patient as hereinbefore set forth <sup>Unofficial Document</sup> are as the same appearing on the records of the claimant. Within five (5) day of recording this lien, a copy will be mailed to the patient. For current lien balances, please contact MRI of Arizona at 602-294-9009.

Witnesseth I am the Licensed Health Care Provider, Executive Officer or Agent of MRI of ARIZONA and makes this Notice and Claim of Health Care Provider Lien on behalf of MRI of Arizona, being authorized to do so, and that the above statements are true.

STATE OF ARIZONA }  
 COUNTY OF MARICOPA } SS

  
 Licensed Health Care Provider,  
 Executive Officer or Agent

SUBSCRIBED AND SWORN this date:

11/18/2025

MAR 30 2027

Notary Expiration Date

  
 Notary Public

