

# Unofficial 20. Document

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To:

To the Recorder of Maricopa County, Arizona:

## HOSPITAL LIEN

In accordance with Arizona Revised Statute§ 33-931, et seq., Valleywise Health, located at 2601 E. Roosevelt St, Phoenix, AZ 85008, files this verified statement as follows:

**Name and address of patient as it appears on records of hospital:**

Jamal Anderson  
36019 w mckenly street  
Phoenix, AZ 85009

**Amount Claimed Due as of Recording:** \$2,063.96

<u>Account No</u>	<u>Date of Admission</u>	<u>Date of Discharge</u>	<u>.Amount Claimed Due</u>
20534942	09/28/2025	09/28/2025	\$2,063.96

This lien is for the amount incurred by the patient for hospital's care and treatment listed above. The patient's treatment at the hospital has been terminated.

Verified on 21th day of November, 2025

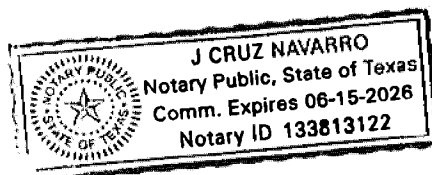
By: 


Shambreshia Reed  
TPL Specialist, Elevate Patient Financial Solutions, LLC  
25700 Interstate 45 North Suite 300  
Spring, TX 77386  
Agent for Valleywise Health

## TEXAS, COUNTY OF MONTGOMERY

Personally appeared before the undersigned-attesting officer, duly authorized to administer oaths, the undersigned, who on oath, deposes and says that he is authorized to make this verified statement on behalf of Valleywise Health and the statements contained in the above and foregoing are true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me, this 25 day of NOVEMBER 2025



  
J Cruz Navarro  
Notary Public, State of Texas  
My Commission Expires:



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