

# Unofficial Document

The Instrument was Recorded at the Request of:

Thrive TBI and Injury Recovery  
2626 E. University Dr., Suite 110  
Mesa, Arizona 85213

11

mo

The Record Official is directed to return this instrument  
or a copy to the above person(s).

## NOTICE and CLAIM of MEDICAL CARE LIEN

Effective Date: <u>10/22/2025</u>	County and State: <u>Maricopa County, AZ</u>
Licensed Health Care Provider: Thrive TBI and Injury Recovery 2626 E. University Dr., Suite 110 Mesa, AZ 85213	Patient: <u>Jamen Sherlock</u> <u>1504 E Atlanta Ave</u> <u>Phoenix, AZ 85040</u>
License Health Care Provider, Executive Officer, or Agent of Health Care Provider: <b>Dr. Adeel Popalzai</b> <b>2626 E. University Dr., Suite 110</b> <b>Mesa, AZ 85213</b>	First Treatment Date: <u>10/22/2025</u> Last Treatment Date: to be determined Current Balance: <u>\$1,100.00</u> <b>Patient's treatment is ongoing</b>
Amount due for Patient Care: <b>To be determined.</b> <b>Treatment is ongoing.</b>	County in which Injuries were sustained: <b>Maricopa County</b>

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

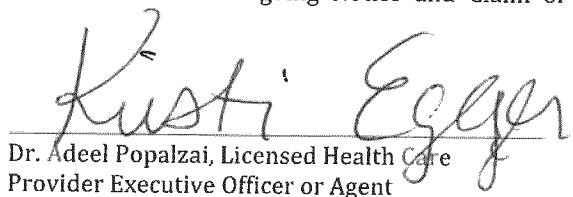
1. **Jamen Sherlock**  
1504 E Atlanta Ave  
Phoenix, AZ 85040

2. **Copy to:** Javaherian and Ruszecki  
2390 E. Camelback Rd  
Phoenix, AZ 85016

The above-named Claimant(s), pursuant to the laws of the state of Arizona, do hereby claim a lien upon all causes of action, suits to the legal representative of such patient, on an account of injuries giving rise to such causes of action and which necessitates his or her treatment, for the customary charges for health care and treatment of the above-named injured patient in the sum hereinabove claimed to be due. The name and address of the patient hereinbefore set forth are the same as appear on the records of the Licensed Health Care Provider.

WITNESSETH I am the Licensed Health Care Provider, Executive Officer or Agent of the Health Care Provider named in the foregoing Notice and Claim of Medical Care Lien and that I am authorized to act on behalf of the said Health Care Provider and make this Notice of Claim and Medical Lien for and on behalf of the said Health Care Provider being thereunto duly authorized: that the matters and things contained in the foregoing Notice and Claim of Medical Care Lien are true.

STATE OF ARIZONA )  
COUNTY OF MARICOPA ) ss.

  
Dr. Adeel Popalzai, Licensed Health Care  
Provider Executive Officer or Agent

This instrument was acknowledged before me on this  
29 Day of October, 2025 by Dr. Adeel

Popalzai In witness whereof I herewith set my hand  
and official seal. Aliyah Aguirre Nichole

Notary Public Notary Expiration Date:

3/11/2029

