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To

Priority Medical Center, Inc.
4340 West McDowell Road, Suite #5
Phoenix, AZ 85035

Notice and Claim of Medical Care Lien

Effective Date 12/02/2025	County and State: Maricopa, AZ
Licensed Health Care Provider: PRIORITY MEDICAL CENTER, INC. ("PMC") 4340 W. McDowell Road, Suite 5 Phoenix, AZ 85035 4343, 4344	Patient(s) name(s): Victor Adam Kelly 920 E. Caldwell St. Phoenix, Az 85042 Ruby Mezquita 6319 W. Maryland Ave. #64 Glendale AZ 85301
First Treatment Date: Victor Adam kelly: 11/12/2025 Ruby Mezquita: 11/25/2025	Last Treatment Date: 11/28/2025 (Under active treatment) 11/28/2025 (Under active treatment)
Amount due: Victor Adam kelly: \$3,598.00 (Not a final bill) Ruby Mezquita: \$3,235.00 (Not a final bill) To the best of the claimant's knowledge, there are no other persons who have been injured by the same incident.	County in Which Injuries Were Sustained: Maricopa Maricopa

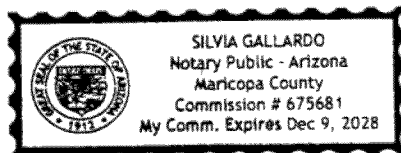
To the best of the claimant's knowledge (Person (s), Insurance):

USAA
Claim # 048657349-802
Adjuster: Randy
P.O. Box 5000
Daphne, AL 36526

The above-named claimant(s) pursuant to the laws of the State of Arizona do hereby claim a lien upon any and all causes of actions, suits, claims, counterclaims, or demands accruing to the patient(s) named herein, or to the legal representative of such, patient(s), on account of injuries giving rise to such causes of action and which necessitated his /her/their treatment, for the customary charges for health care and treatment of the above-named injured patient(s) in the sum hereinabove claimed to be due. The name and address of the patient(s) as herein before set forth are as the same appear on the records of the Licensed Health Care Provider. **Further, the patient(s) is/are directing any and all insurance carriers with applicable uninsured and underinsured motorist coverage to protect the contract rights of this provider. Please see Lien, Contract and Authorization to Release Medical Records from PMC.**

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 said Health Care Provider and makes this Notice and Claim of Medical Care Lien for and on behalf of 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. My name is Christina Rivas, and the address is 4340 W. McDowell Road, #5, Phoenix, AZ 85035.

STATE OF ARIZONA)
) SS
County of Maricopa)



Notary Expiration Date.

Licensed Health Care Provider, Executive Officer or Agent.

SUBSCRIBED AND SWORN this date: 12/02/2025

Notary Public.