

Unofficial 20. Document

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NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN

NAME OF CLAIMANT: DT Medical Consulting, PLLC

ADDRESS OF CLAIMANT: 2990 N. Litchfield Road, Suite 4
Goodyear, AZ 85395

NAME OF CLAIMANTS AGENT: Devin Ng, BS – (3138)

NAME OF PATEINT(S): Italy Isabel Medina

ADDRESS OF PATIENT: 30040 W. McKinley Street
Buckeye, AZ 85396

DATE OF INITIAL VISIT: 11/19/2025

DATE OF INJURY ON OR ABOUT (DOL): 09/09/2025

AMOUNT DUE FOR CARE: \$1,400.00 Plus costs of ongoing treatments. Final cost to be
announced when discharged from treatment.

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

PATIENT: Italy Isabel Medina
ATTORNEY: John D. Shaw
INSURANCE:

The Above named provider pursuant to the law of the State of Arizona in such cases made and provided, does hereby claim a lien upon any and all causes of action, suits, claims, counterclaims or demands for damages accruing to the patient named herein, or the legal representative of such patient, on account of injuring giving rise to such causes of action in which necessitated his or her medical treatment, for its customary charges for care and treatment for the above named injured patient(s) in the sum herein above claimed to be due. The patient's names and addresses are as same as the provider's records.

Devin Ng, BS  Date: 12/02/2025
Agent for Antoria Doan, MBA - DT Medical Consulting, PLLC