

Unofficial 20 Document

WHEN RECORDED, MAIL TO:

Ascend Surgical Center, LLC
6424 E Broadway Rd Ste 102
Mesa, AZ 85206

20.
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NOTICE AND CLAIM OF MEDICAL LIEN

Name and address of Claimant/Licensed Health Care Provider:

Ascend Surgical, LLC
6424 E Broadway Rd Ste 102
Mesa, AZ 85206

Name and address of patient: **RANDY PARRAWAY**
7640 S. POWER RD. APT 2096
GILBERT, AZ 85297

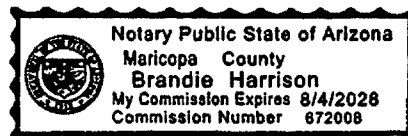
Date of injury: **OCTOBER 3, 2025**
County & State where injury occurred: **Maricopa County, Arizona**
Dates of service received by patient: **OCTOBER 21, 2025 - PENDING**
Amount due for care of patient: **\$1,200.00 - PENDING**

To the best of my claimant's knowledge, the names & address of all persons firm or corporations & insurance carriers of said persons, firm or corporations claimed by the above patient, or by his legal representative, to be liable for damages are as follow:

NAME	ADDRESS
RANDY PARRAWAY	7640 S. POWER RD. APT 2096, GILBERT, AZ 85297
GEICO	3050 S. MARTIN LUTHER KING JR. WAY, TUCSON, AZ 85713
STATE FARM	ONE STATE FARM PLAZA, BLOOMINGTON, IL 61710
HASTINGS & HASTINGS	4135 S. POWER RD. STE. 111, MESA, AZ 85212

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any & all actions, suits, claims, counterclaims or demands for damages accruing to said patient on his behalf by a legal representative, assignee or heirs on account of injuries giving rise to such a cause of action, & which necessitated medical care & treatment for which claimant rendered such care at the rate customarily charged for such services which exceed \$250.00 as provided under A.R.S. 33-931 (B), the sum of which is due & payable as indicated above.

STATE OF ARIZONA)
) SS.
COUNTY OF MARICOPA)



I, Josh Sheley, being sworn upon oath, deposes & says: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & claim of Medical lien in good faith, (3) the facts herein stated are true & correct to the best of my knowledge.

By: [Signature] For Ascend Surgical Center.

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 29 day of October
2025 by, [Signature]

MY COMMISSION EXPIRES 08/04/2028

NOTARY PUBLIC