

Unofficial Document

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MRI OF ARIZONA
701 W. Glendale Avenue
Phoenix, AZ 85021

The recording official is directed to
return this instrument or a copy to the
above person.

NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN

Effective Date: 11/21/2025

County and State: Maricopa, Arizona

NAME AND ADDRESS OF PATIENT:

MAYSE DUNN
13513 W PINCHOT AVE
AVONDALE, AZ 85392

NAME AND ADDRESS OF CLAIMANT:

MRI OF ARIZONA
701 W. Glendale Ave
Phoenix, AZ 85021

Licensed Health Care Provider Executive Officer or Agent of Health Care Provider:

MRI of Arizona
701 W. Glendale Avenue
Phoenix, AZ 85021

Date of Patient's First Appointment: 11/19/2025 Last Treatment Date: continuing

Amount Due Claimant for Patient Care: \$3900.00 plus charges still accruing as treatment continues.

County in which Injuries occurred: Maricopa County, Arizona

Date (s) of which medical care and treatment were provided are: 11/19/2025

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

Insurance: **PROGRESSIVE INSURANCE**
PO BOX 94670
CLEVELAND, OH 44101

Insured:
Patient: **MAYSE DUNN**
Claim #: **25200096208**
ATTN: **BI CLAIMS**
Date of Loss: **10/02/2025**

Pursuant to A.R.S. 33-931, MRI of Arizona does hereby claim a lien upon any and all causes of action, suits, claims, counterclaims or demands accruing to the above named patient or the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated his/her medical care, for its customary charges for medical care and treatment of the above-named injured patient in the sum herein and above claimed to be due.

The name and address of the patient as hereinbefore set forth are as the same appearing on the records of the claimant. Within five (5) day of recording this ^{Unofficial Document} **lien**, a copy will be mailed to the patient. For current lien balances, please contact MRI of Arizona at 602-294-9009.

Witnesseth I am the Licensed Health Care Provider, Executive Officer or Agent of MRI of ARIZONA and makes this Notice and Claim of Health Care Provider Lien on behalf of MRI of Arizona, being authorized to do so, and that the above statements are true.

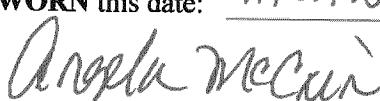
STATE OF ARIZONA }
COUNTY OF MARICOPA } SS



Licensed Health Care Provider
Executive Officer or Agent

SUBSCRIBED AND SWORN this date: 11/11/2025

MAR 30 2027



Notary Public

Notary Expiration Date

