



# Unofficial Document

CV.

HO:

## NOTICE AND CLAIM OF MEDICAL LIEN FOR ANY MEDICAL TREATMENT & ANY FURTHER TREATMENT TO BE PROVIDED FOR THIS INJURY

### Name and address of Claimant / Licensed Health Care Provider:

A William Elrey, DC   Nexus Rehab + Spine, 4838 E Baseline RD Suite #122 Mesa, AZ 85206

Name & address of Patient:   Cassius Vanderpool 8340 E. Baseline Rd. APT 1027 Mesa, Az 85209

Patients Date of Birth:   5.22.2002

Date of Injury: 9.7.2025   Date of First Treatment: 11.17.2025

County & State where injury occurred: Maricopa, Arizona

Amount Due for care of patient: \$ 1000.00   with an accruing balance.

To the rest of claimant knowledge, the names and addresses of all persons, corporations and insurance carriers claimed by the above named patient, or by his legal representative to be liable for damages are as follows:

Lawyer Name and Address:   Wood Law

Auto Insurance:   Geico   Claim Number:   06522771920000005

AND ANY AND ALL PARTIES RESPONSIBLE, BUT NOT MENTIONED ABOVE.

#### Lien Notice

The above-named healthcare provider, pursuant to A.R.S. § 33-931 and related statutes, hereby claims a lien upon any and all causes of action, suits, claims, counter-claims, or demands for damages accruing to the patient named herein, or to their legal representative, on account of injuries giving rise to such causes of action and which necessitated their care, for its total customary charges for facility and physician care and treatment, together with any charges owing for continuing treatment. This lien applies to all current charges and to any future, related treatment arising from the injury described herein, regardless of whether such treatment occurs before or after the resolution of the patient's claim.

This lien shall attach to any and all proceeds, settlements, judgments, awards, or recoveries obtained by the patient, the patient's representatives, or anyone acting on the patient's behalf, from any source, including but not limited to liability insurance, uninsured/underinsured motorist benefits, medical payments coverage, health insurance reimbursements, workers' compensation benefits, and any other form of compensation or reimbursement, whether resolved by settlement, judgment, arbitration, or otherwise.

No reduction, compromise, or release of this lien shall be valid without the express written consent of the lienholder. Any unauthorized reduction or failure to honor this lien may result in legal action against the party responsible.

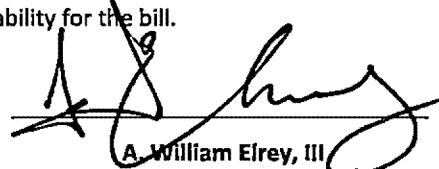
#### Enforcement Rights

The lienholder reserves the right to enforce this lien and/or assignment in any court of competent jurisdiction and to recover reasonable attorney's fees and costs incurred in enforcement.

#### Legal Authority

This lien and assignment are asserted pursuant to A.R.S. § 33-931; A.R.S. § 36-2903.01(H)(4); and case law including Andres v. Samaritan Health System, 201 Ariz. 379, 36 P.3d 57 (App. 2001). This lien does not reflect on the patient's credit, as it will attach to third-party liability and first-party funds, even if the patient has no personal liability for the bill.

STATE OF ARIZONA )  
                      ) ss.  
County of Maricopa )



A. William Elrey, III