

Unofficial Document

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Rea

To the Recorder of Maricopa County, Arizona:

HOSPITAL LIEN

In accordance with Arizona Revised Statute§ 33-931, et seq., Valleywise Physicians, located at 2601 E. Roosevelt St, Phoenix, AZ 85008, files this verified statement as follows:

Name and address of patient as it appears on records of hospital:

Clotilde Lucio
1018 N 24TH PL APT1
Phoenix, AZ 85008

Amount Claimed Due as of Recording: \$315.02

Account No	Date of Admission	Date of Discharge	Amount Claimed Due
20597441	10/16/2025	10/16/2025	\$315.02

This lien is for the amount incurred by the patient for hospital's care and treatment listed above. The patient's treatment at the hospital has been terminated.

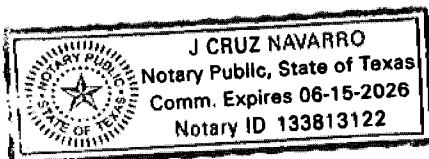
Verified on 03th day of November, 2025

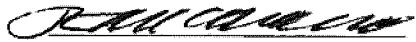
By: 
Shambreshia Reed
TPL Specialist, Elevate Patient Financial Solutions, LLC
25700 Interstate 45 NorthSuite 300
Spring, TX 77386
Agent for Valleywise Physicians

TEXAS, COUNTY OF MONTGOMERY

Personally appeared before the undersigned-attesting officer, duly authorized to administer oaths, the undersigned, who on oath, deposes and says that he is authorized to make this verified statement on behalf of Valleywise Physicians and the statements contained in the above and foregoing are true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me, this 4 day of NOVEMBER 2025




J Cruz Navarro
Notary Public, State of Texas
My Commission Expires:



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