

Unofficial Document

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NOTICE AND CLAIM OF MEDICAL LIEN
BY AND THROUGH ITS AGENT/ASSIGNEE: Summit Medical Services

Name and Address of Patient: _____ **Name and Address of Medical Provider/Assignor:** _____

Matthew Bratton
957 W LA Jolla DR
Tempe, AZ 85282

Virtuous Health Centers
610 E Basline Rd
Tempe, AZ 85282

Name and Address of Agent/Assignee for: _____ **Original Date of Service:** 9/8/2025 - Discharge date

Starting Charges: \$153,165.00 – VHC-II, LLC

Starting Charges: \$5706.00 – Virtuous Anesthesia

Starting Charges: \$16,000.00 – Virtuous Medical Associates, LLC

Virtuous Health Centers c/o
Summit Medical Services
1111 N Westshore Blvd, Ste 215
Tampa, FL 33607

Call 813-726-3865 for final balance.

Patient's Current Treatment Status: Treating

Original Lien Notice (if applicable): 2025-0566855

Responsible Party and their Representatives/Indemnity Carrier:

Harris Law Group
1136 E Campbell Avenue
Phoenix, AZ 85014

Summit Medical Services by and through its agents and/or Assignor, and the pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien on 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 cause of action & which necessitated medical care & treatment for which claimant rendered such care at the rate customarily charged for such services which exceeds \$250.00 as provided under A.R.S. 33-931-(b), the sum of which is due and payable as indicated above. This is not a lien against real estate. The name and address of the patient stated above are as they appear on the records. The name and address of any responsible party and/or their representatives'/indemnity carrier Is based upon the information and belief available at the time of filing. Within five (5) days of recording this lien, a copy will be mailed to the patient's representative, the responsible party, and/or their representatives/indemnity carrier.

I, Rob C. Cagno, verify that under the penalty of perjury under the laws of the State of Arizona that the foregoing is true and correct to the best of my knowledge.

Rob C. Cagno

Rob C Cagno

12/4/2025

Print Name

Signature

Date