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710503046

NOTICE OF HOSPITAL LIEN

ARIZONA REVISED STATUTES SECTIONS 33-931 through 937

1. The undersigned hereby gives notice for and on behalf of Abrazo West Campus (hereinafter "Hospital") that the Hospital has furnished medical or other services to Inez Diazmendez, an injured person who was injured in a motor vehicle or other liability accident. Pursuant to A.R.S. § 33-931, the Hospital claims a lien upon the recovery or sum had or collected or to be collected by the injured person identified below or by his or her heirs or personal representative, to the extent of the amount of the customary charges of the Hospital for the treatment, care and transportation of the injured person upon any judgment, settlement, or compromise.

2. Pursuant to the requirements of A.R.S. § 33-932, the Hospital submits the following information:

   Name of Injured Person: Inez Diazmendez

   Address: 123 Homeless, Goodyear, AZ 85395

   Dates of Service: 09/12/2025 - 09/12/2025

   Name of Health Care Provider: **Abrazo West Campus**

   Health Care Provider Address: 13677 West McDowell Road, Goodyear, AZ 85395

   Amount Claimed Due: $5,827.00

3. The amount claimed due as of the date of the recording of the Hospital's claim is $5,827.00. To the best of the Hospital's knowledge, the patient's treatment by the Hospital for these injuries has been terminated.

Geico, Claim # 8680635520000006., P.O. Box 9091 Macon, GA 31208
Tortfeasor: Unknown

By: _____
Authorized Agent for the Hospital

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing was acknowledged and verified before me on the date first written above by the duly authorized agent and/or operator of the Hospital identified herein, for on behalf of said Hospital:

_____
Notary Public

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 127808 KISHA ROSEBERRY Commission Expires Feb. 11, 2028 ALCORN COUNTY