

# Unofficial 20. Document

## NOTICE AND CLAIM OF MEDICAL LIEN

BY AND THROUGH ITS AGENT/ASSIGNEE: Summit Medical Services

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**Name and Address of Patient:**

Eva Forney  
43614 N Hudson Trail  
New River, AZ 85087

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

Virtuous Health Centers  
610 E Basline Rd  
Tempe, AZ 85282

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**Name and Address of  
Agent/Assignee for:**

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

**Original Date of Service:** 7/26/2025 - Discharge date

**Starting Charges:** \$227,475.00 – VHC-III, LLC

**Starting Charges:** \$5706.00 – Virtuous Anesthesia, LLC

**Call 813-726-3865 for final balance.**

**Patient's Current Treatment Status:** Treating

**Original Lien Notice (if applicable):** 2025-0462338

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**Responsible Party and their Representatives/Indemnity Carrier:**

Messner Law Office  
PO Box 489  
Litchfield, AZ 85340

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*

9/19/2025

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Print Name

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Signature

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Date