

Unofficial 20. Document

WHEN RECORDED, MAIL TO:

Ascend Surgical Center, LLC
6424 E Broadway Rd Ste 102
Mesa, AZ 85206

20.
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NOTICE AND CLAIM OF MEDICAL LIEN

Name and address of Claimant/Licensed Health Care Provider:

Ascend Surgical, LLC
6424 E Broadway Rd Ste 102
Mesa, AZ 85206

Name and address of patient: **JARED TOTOLLO**
4291 S. DANIELSON WAY
CHANDLER, AZ 85249

Date of injury: **OCTOBER 09, 2025**

County & State where injury occurred: Maricopa County, Arizona

Dates of service received by patient: **OCTOBER 28, 2025 - PENDING**

Amount due for care of patient: **\$1,200.00 - PENDING**

To the best of my claimant's knowledge, the names & address of all persons firm or corporations & insurance carriers of said persons, firm or corporations claimed by the above patient, or by his legal representative, to be liable for damages are as follow:

NAME	ADDRESS
JARED TOTOLLO	4291 S. DANIELSON WAY, CHANDLER, AZ 85249
FARMERS INSURANCE	6301-6303 OWENSMOUTH AVE, WOODLAND HILLS, CA 91367
VRANA LAW	2147 E. BASELINE RD, TEMPE, AZ 85283

Pursuant to A.R.S 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon 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 a cause of action, & which necessitated medical care & treatment for which claimant rendered such care at the rate customarily charged for such services which exceed \$250.00 as provided under A.R.S. 33-931 (B), the sum of which is due & payable as indicated above.

STATE OF ARIZONA)
) SS.
COUNTY OF MARICOPA)



I, Josh Sheley, being sworn upon oath, deposes & says: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & claim of Medical lien in good faith, (3) the facts herein stated are true & correct to the best of my knowledge.

By: [Signature] For Ascend Surgical Center.

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 10 day of November
20 25 by, [Signature]

MY COMMISSION EXPIRES 8/4/2028

NOTARY PUBLIC