

**Unofficial  
Document**10:  
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Dorinda Leigh Adams  
PO BOX 876303  
WASILLA, AK 99687

**This is NOT a bill; do NOT pay this statement. The information provided below is for your information only. This is a lien against liability proceeds and is NOT an official record of charges.**

**Notice and Claim of Health Care Provider Lien**

**Name and Address of Provider:** HonorHealth, 8125 N. Hayden Road, Scottsdale, AZ 85258

**Name and Address of Treatment Location:** HonorHealth Scottsdale Shea Medical Center, 9004 E. Shea Blvd., Scottsdale, AZ 85260

**Name and Address of Agent:** Richard M. Amoroso, Esq., c/o HonorHealth, 2500 W. Utopia Road, Suite 100, Phoenix, AZ 85027

**Name and Address of Patient:** Adams,Dorinda Leigh PO BOX 876303 WASILLA, AK 99687

**Account No:** 30252941708

**Date or range of dates, of services provided:** 10/21/25 to 10/22/25

**Amount claimed due for care of patient as of date of recording:** \$26,581.90

HonorHealth is a licensed provider of health care services in the State of Arizona. Under Arizona law (A.R.S. § 33-931, et seq.), HonorHealth is entitled to, and claims, a lien upon any and all causes of action, suits, claims, counter-claims, or demands for damages accruing to the above-named patient, or to the legal representative of the patient, for the injuries giving rise to such causes of action which necessitated the patient's need for health care services. The name and address of the patient here are as they appear on the records of the Provider. Pursuant to A.R.S. § 33-932(B), the patient's care with respect to the treatment subject to this lien has terminated as of the date of this recording. This lien does not appear on the patient's credit report. The lien will attach to third-party claims even if the patient has no personal liability for the bill.

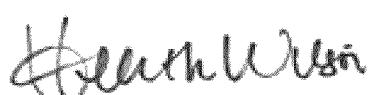
The name and address of the patient are as they appear on the hospital's records. Within five (5) days of recording this lien, a copy will be mailed to the patient. For current and accurate lien balance, please email lienservices@mccalaw.com.

STATE OF ARIZONA      )  
                              )       ss.  
MARICOPA COUNTY      )

Richard M. Amoroso Esq, upon his oath, deposes and states that he is the agent of HonorHealth and makes this Notice and Claim of Health Care Provider Lien on behalf of HonorHealth, being authorized to do so, and that the above statements are true.



Richard M. Amoroso Esq., Authorized Agent, HonorHealth  
Date and Time electronic signature  
10/29/2025 5:21 AM  
Email address: lienservices@mccalaw.com  
The above signature is electronic



Heather Wilson, Notary Public  
Date and Time of electronic signature  
10/29/2025 5:21 AM  
Email address: lienservices@mccalaw.com  
The above signature is electronic  
Notary

