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## Notice and Claim of Medical Care Lien

<b>Effective Date</b> 11/10/2025	<b>County and State:</b> Maricopa, AZ
<b>Licensed Health Care Provider:</b> PRIORITY MEDICAL CENTER, INC. ("PMC") 4340 W. McDowell Road, Suite 5 Phoenix, AZ 85035 4336	<b>Patient(s) name(s)</b> Yakari Escarcega-Fierro 4142 W. Missouri Ave. Phoenix, Az 85019
<b>First Treatment Date:</b> 10/24/2025	<b>Last Treatment Date:</b> 11/07/2025 (Under active treatment)
<b>Amount due:</b> \$2,852.00 (Not a final bill)	<b>County in Which Injuries Were Sustained:</b> Maricopa

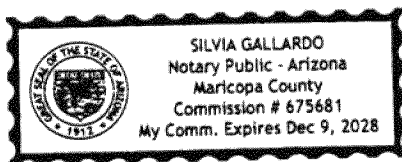
Progressive  
P.O. Box 98670  
Cleveland, OH 44101  
Claim # 25-982630708  
Adjuster: Michelle Darling

Cover Cube Insurance  
4630 Border Village Rd. #283  
San Isidro, Ca. 92173  
Claim # CCI-0002756-01  
Adjuster: Oscar Barboza

The above-named claimant(s) pursuant to the laws of the State of Arizona do hereby claim a lien upon any and all causes of actions, suits, claims, counterclaims, or demands accruing to the patient(s) named herein, or to the legal representative of such, patient(s), on account of injuries giving rise to such causes of action and which necessitated his /her/their treatment, for the customary charges for health care and treatment of the above-named injured patient(s) in the sum hereinabove claimed to be due. The name and address of the patient(s) as herein before set forth are as the same appear on the records of the Licensed Health Care Provider. **Further, the patient(s) is/are directing any and all insurance carriers with applicable uninsured and underinsured motorist coverage to protect the contract rights of this provider. Please see Lien, Contract and Authorization to Release Medical Records from PMC.**

**WITNESSETH** I am the Licensed Health Care Provider, Executive Officer or Agent of the Health Care Provider named in the foregoing Notice and Claim of Medical Care Lien and that I am Authorized to act on behalf of said Health Care Provider and makes this Notice and Claim of Medical Care Lien for and on behalf of said health care provider being thereunto duly authorized; that the matters and things contained in the foregoing Notice and Claim of Medical Care Lien are true. My name is Christina Rivas, and the address is 4340 W. McDowell Road, #5, Phoenix, AZ 85035.

**STATE OF ARIZONA            )**  
   **) SS**  
**County of Maricopa          )**



**Licensed Health Care Provider, Executive Officer or Agent.**

SUBSCRIBED AND SWORN this date:

~~Notary Public.~~

Notary Expiration Date.