

Unofficial Document

WHEN RECORDED, MAIL TO:

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

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ga.

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: NAKIA MANNING
2052 E. NANCY LN.
PHOENIX, AZ 85042

Date of injury: SEPTEMBER 12, 2025

County & State where injury occurred: Maricopa County, Arizona

Dates of service received by patient: OCTOBER 21, 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
NAKIA MANNING	2052 E. NANCY LN., PHOENIX, AZ 85042
LHP Law	20 E. THOMAS RD. #2200, PHOENIX, AZ 85012

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

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COUNTY OF MARICOPA

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SS.

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:

For Ascend Surgical Center.

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 29 day of October
2025 by, Brandie Harrison.

MY COMMISSION EXPIRES 08/04/2025

NOTARY PUBLIC