

Unofficial Document

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**Domonic Dominguz Ballesteros
2020 W. Glendale Apt 2035
Phoenix, AZ 85021**

DO NOT PAY THIS STATEMENT. THIS IS NOT A BILL. THE INFORMATION PROVIDED BELOW IS FOR INFORMATIONAL PURPOSES ONLY. THIS IS A LIEN ON ANY CLAIMS OF LIABILITY OR INDEMNITY OF THE PATIENT ARISING FROM THIS TREATMENT.

NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN

Name & Address of Claimant Provider: Phoenix Children's Hospital, 1919 E Thomas Rd, Phoenix, AZ 85016

Name & Address of Agent: Linda Sherman, Phoenix Children's Hospital, 1919 E Thomas Rd, Phoenix, AZ 85016

Name of Patient: Domonic Dominguez Ballesteros

Account No.: 65127232 and continuing care and follow-up accounts.

Dates of Patient's Service: 08/16/2025

Amount Originally Due for Care of Patient: \$8,991.00

Phoenix Children's Medical Group Charges: INQUIRE

Phoenix Children's Hospital pursuant to the laws of the State of Arizona hereby claims a lien upon any and all causes of action, suits, claims, counter-claims, or demands for damages accruing to the patient named herein, or to the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated his or her care, for its customary charges for hospital and physician care and treatment of the above named injured patient to the sum hereinabove originally claimed to be due together with any charges owing for continuing treatment less any payments made on the account(s). Phoenix Children's Hospital and any physicians for whom it is acting as agent or assignee claim an ongoing lien for any continuing treatment related to these injuries. Phoenix Children's Hospital is filing the physician's lien as agent or assignee for the physician. The name and address of the patient stated above are as they appear on the records of this hospital. Within five (5) days of recording this lien a copy will be mailed to the patient. This lien does not reflect on the patient's credit as it will attach to third party claims even if the patient has no personal liability for the bill. *See Andrews, et al. v. Samaritan Health System*, 201 Ariz. 379, 36 P.3d 57 (App. 2001); A.R.S. § 36-2903.01(G)(4).

NOTE: If Phoenix Children's Hospital received payment on the above account(s) from Medicare or a Medicare Advantage plan, this lien will be enforced only to the extent of any unpaid deductibles, co-insurance, or other personal liability of the patient.

STATE OF ARIZONA)
) ss.
County of Maricopa)

Linda Sherman, upon her oath deposes and states that she is HRC Director, Patient Financial Services of Phoenix Children's Hospital and makes this Notice and Claim of Lien for and on behalf of said hospital, being authorized to do so, that the statements contained in the foregoing Notice and Claim of Lien are true.

Linda Sherman

Linda Sherman

Dated: October 27, 2025

Mme Pré

Notary Public

