DAR-LIENS, INC.
7633 E. Acoma #102
Scottsdale, Arizona 85260

Arizona Certified Legal Document Preparer
Certificate Number 80906
Designated Principal - Dale Shephard





20
12
To

# NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN

**DATE LIEN PREPARED:** DECEMBER 8, 2025 **COUNTY:** MARICOPA **STATE:** ARIZONA

**CLAIMANT LICENSED HEALTH CARE PROVIDER:**

OPTIMUM VISION AND EYE CARE
10575 N. 114th STREET #109
SCOTTSDALE, ARIZONA 85259

**EXECUTIVE OFFICER OR AGENT OF LICENSED HEALTH CARE PROVIDER:**

**Susan C. Beyette**

**PATIENT INFORMATION - NAME, ADDRESS AND ZIP CODE AS SAME APPEAR ON THE RECORDS OF CLAIMANT HEALTH CARE PROVIDER.**

DEANNA DEPINTO
686 E. STOTTLER PLACE
CHANDLER, ARIZONA 85225

**DATE OF PATIENT'S FIRST CARE/TREATMENT** SEPTEMBER 18, 2024

**DATE OF PATIENT'S LAST CARE/TREATMENT (IF COMPLETE)** APRIL 24, 2025 (COMPLETE)

**DATES ON WHICH ON-GOING MEDICAL CARE/ TREATMENT WERE PROVIDED (MONTH AND DAY)** SEPTEMBER 18, 2024 - APRIL 24, 2025

| AMOUNT CLAIMED DUE FOR CARE / TREATMENT OF PATIENT $11,887.02 | COUNTY IN WHICH INJURIES WERE SUSTAINED MARICOPA |
|---|---|

**TO THE BEST OF CLAIMANT'S KNOWLEDGE, THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS OR CORPORATIONS AND THE INSURANCE CARRIERS FOR SUCH PERSONS, FIRMS OR CORPORATIONS CLAIMED BY THE ABOVE NAMED PATIENT, OR HIS/HER LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE:**

| NAME | ADDRESS |
|---|---|
| DEANNA DEPINTO | 686 E. STOTTLER PLACE<br>CHANDLER, ARIZONA 85225 |
| COPY TO: WARNOCK/MACKINLAY LAW FIRM<br>(623) 343-4340 | 7135 E. CAMELBACK ROAD #F240<br>SCOTTSDALE, ARIZONA 85251 |

THE ABOVE NAMED CLAIMANTS, IN ACCORDANCE WITH ARIZONA REVISED STATUES 33-931 THROUGH 33-934, DO HEARBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION, SUITS, CLAIMS, COUNTER CLAIMS OR DEMANDS ACCRUING TO THE ABOVE NAMED PATIENT OR TO THE LEGAL REPRESENTATIVE OF SUCH PATIENT, AS A RESULT OF INJURIES GIVING RISE TO SUCH CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTH CARE TREATMENT OF THE ABOVE NAMED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

**SUSAN C. BEYETTE (LIMITED AGENT)** BEING DULY SWORN, UPON OATH DEPOSES AND SAYS THAT HE/SHE IS THE LICENSED HEALTH CARE PROVIDER, EXECUTIVE OFFICER OR AGENT OF THE HEALTH CARE PROVIDER NAMED IN THE PRECEDING NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN, THAT HE/SHE IS AUTHORIZED TO ACT ON BEHALF OF SAID HEALTH CARE PROVIDER, THAT HE/SHE DID WITHIN FIVE (5) DAYS AFTER THE RECORDING OF SAID NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN AND ON THIS _____ DAY OF _____, 2025 DID SEND BY CERTIFIED MAIL OR FIRST CLASS, COPIES THEREOF TO EACH PERSON, FIRM OR CORPORATION AND THE INSURANCE CARRIER OF SUCH PERSONS, FIRM OR CORPORATIONS CLAIMED IN THE SAID NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN TO BE LIABLE FOR DAMAGES, AT THE ADDRESSES GIVEN IN THE PRECEDING STATEMENT.

**STATE OF: ARIZONA**

**COUNTY OF: MARICOPA** } SS

**VERIFICATION OF AUTHORIZED AGENT AND AFFIDAVIT OF PROOF OF SERVICE**



_____

LICENSED HEALTH CARE PROVIDER,
EXECUTIVE OFFICER OR AGENT THEREOF.

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC
ON THIS 8th DAY OF DECEMBER, 2025.

_____
NOTARY PUBLIC

DALE SHEPHARD
Notary Public - Arizona
Maricopa County
My Commission Expires
November 26,2026
Commission # 638211