

Unofficial Document

When recorded mail to:

Name: Mutex Health

Address: PO Box 3070

City/State/Zip: Bellaire, TX 77042

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CAPTION HEADING:

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NOTICE OF CLAIM OF LIEN FOR MEDICAL SERVICES

Unknown to Claimant

Tortfeasor

NOTICE IS HEREBY GIVEN, pursuant to The Arizona Property Code, Title 33, Chapter 7, Article 3, "Hospital and Emergency Medical Services Liens," that the above referenced Claimant has performed emergency medical services for the patient listed above and now files this Notice of Claim of Lien for unpaid fees related to that care. The pertinent information as required under Chapter 7 is as follows:

Claimant: East Valley Hospital LLC, & East Valley EP, PLLC
Address of Service: 5656 S Power Rd
Gilbert, AZ 85295
Patient: BENNE, JEFFREY EVERH16076-2
Last Known Address: 4220 E SHANNON ST
Gilbert, AZ 85295
Place of Injury: Unknown
Date of Injury: 10/10/2025 Charges: \$ 4,243.28
Fault of: Unknown to Claimant, Tortfeasor, whose address is unknown

The Claimant claims a hospital lien for the value of Claimant's said emergency services, which were rendered as necessary by East Valley Hospital LLC, & East Valley EP, PLLC Claimant for the medical services to said Patient to wit: Patient received medical treatment.

By: Keelyn Marlatt
Keelyn Marlatt
Director of Revenue Cycle

STATE OF ARIZONA
COUNTY OF: Maricopa

On this date, personally appeared before me, the undersigned person, Keelyn Marlatt, the agent for East Valley Hospital LLC, and & East Valley EP, PLLC on oath first duly sworn, stated that she has read the foregoing, is aware of the contents thereof, and believes the same to be just and the facts stated herein as true and correct.

SIGNED and sworn to before me this 27 day of October 2025.

Notary Public in and for the State of Texas

My commission Expires: 09-29-2026

Return file stamped copy to:
6030 S Rice Ave STE C
Houston, TX 77081

