

# Unofficial 20. Document

WHEN RECORDED, MAIL TO:

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

20.  
Ho:

## 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: **DEIDRA THOMAS**  
**PO BOX 12252**  
**GLENDALE, AZ 85318**

Date of injury: **AUGUST 28, 2025**

County & State where injury occurred: Maricopa County, Arizona

Dates of service received by patient: **OCTOBER 14, 2025 - PENDING**

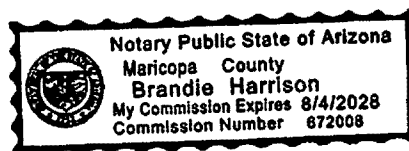
Amount due for care of patient: **\$1,200.00 - PENDING**

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
DEIDRA THOMAS	PO BOX 12252 GLENDALE, AZ 85318
JBS CARRIERS	2401 2 <sup>ND</sup> AVE., GREELEY, CO 80631
STATE FARM	ONE STATE FARM PLAZA, BLOOMINGTON, IL 61710
MONGE & ASSOCIATES	11225 N. 28 <sup>TH</sup> DR. STE. A102-22, PHOENIX, AZ 85029

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 )  
 ) SS.  
COUNTY OF MARICOPA )



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: [Signature] For Ascend Surgical Center.

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 28 day of October  
20 25 by, [Signature]

MY COMMISSION EXPIRES 08/04/2028

NOTARY PUBLIC