

Unofficial Document

When recorded mail to:

07

Pr.

Name: _____

Address: _____

City/State/Zip: _____

Area reserved for county recorder
.....

CAPTION HEADING:

DO NOT REMOVE

This is part of the official document

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: Phoenix ER, & PHOENIX PHYSICIAN GROUP, PLLC
Address of Service: 3050 S Dobson Rd
Chandler, AZ 85248
Patient: MARRUJO, VICTOR A PHER27272-1
Last Known Address: 4850 E COLONIAL DR
Chandler, AZ 85249
Unofficial Document
Place of Injury: Unknown
Date of Injury: 08/23/2025 Charges: \$ 13,018.61
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 Phoenix ER, & PHOENIX PHYSICIAN GROUP, 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 TEXAS

COUNTY OF: Harris

On this date, personally appeared before me, the undersigned person, Keelyn Marlatt, the agent for Phoenix ER, and & PHOENIX PHYSICIAN GROUP, 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 15 day of

October 20²⁵
J Stewart
Notary Public in and for the State of Texas

My commission Expires: 8/7/28

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

