When recorded mail to:

Name: AHL Law

Address: PO Box 30547

City/State/Zip: Phoenix AZ 85046

this area reserved for county recorder

CAPTION HEADING:

MEDICAL LIEN - ROCIO CARBAJAL BAEZ

DO NOT REMOVE

This is part of the official document.

NOTICE AND CLAIM OF LIEN
ON BEHALF OF HEALTHCARE PROVIDER

DATE: July 03. 2025
CLAIMANT: **SCOTTSDALE CENTER FOR ROBOTIC SURGERY**
AGENT: Denise Martinez
ADDRESS: 9377 EAST BELL ROAD, Suite 201, SCOTTSDALE, AZ 85260
NAME OF PATIENT: Rocio Carbajal Baez
ADDRESS 2435 E Alpine Avenue Mesa, AZ 85204
DATE OF 1ST VISIT: 09/29/2025
LAST ENCOUNTER: 09/30/2025

AMOUNT DUE TO DATE & RUNNING: $10,125.00
Balance includes Anesthesia Professional Services
For final lien balance call: 310-428-0469

To the best of claimant's knowledge, the names and addresses of all persons, firms or corporations and 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:

PATIENT:	**Rocio Carbajal Baez**
CLAIM INFORMATION:	**AHL Law Group-Alfonso H Leon, Esq – PO Box 30547, Phoenix AZ 85046**

The above-named health care provider, pursuant to the Laws of the State of Arizona do hereby claim a lien upon any and all causes of actions, suits, claims, counterclaims, or demands 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 necessitate his or her treatment, for the total customary charges for health care and treatment of the above-named injured patient in the sum herein above claimed to be due together with charges owed for continuing treatment. The above-named health care provider claims an ongoing lien for any continuing treatment related to said injuries. The name and address of the patient as stated above are as they same appear on the records of the claimant health care Provider.

Licensed Health Care Provider, Executive Officer or Agent thereof

State of: ARIZONA }
} VERIFICATION OF AUTHORIZED AGENT
County of: MARICOPA }

Denise Martinez, being first duly sworn, upon oath deposes and says: That he/she is a Licensed Health Care Provider, Executive Officer or Agent of the Health Care Provider named in the foregoing Notice and Claim of Medical Care Lien and that he/she is authorized to act on behalf of said Health Care Provider and makes this Notice and Claim for and on behalf of said Health Care Provider: that he/she within (5) days after the recording of said Notice and claim of Medical Care Lien mail a copy thereof, postage prepaid, to each person, firm or corporation and the insurance carrier of each person, firm or corporation claimed in said Notice and Claim of Medical Lien to be liable for damages, at the address given to the foregoing statement.

Licensed Health Care Provider, Executive Officer or Agent thereof