

# Unofficial 20. Document

The Instrument was Recorded at the Request of:

Thrive TBI and Injury Recovery  
2626 E. University Dr., Suite 110  
Mesa, Arizona 85213

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The Record Official is directed to return this instrument  
or a copy to the above person(s).

## NOTICE and CLAIM of MEDICAL CARE LIEN

Effective Date: 11/05/2025	County and State: Maricopa County, AZ
Licensed Health Care Provider: Thrive TBI and Injury Recovery 2626 E. University Dr., Suite 110 Mesa, AZ 85213	Patient: Ivan Wilson 47 N. Horne Apt 9 Mesa, AZ 85203
License Health Care Provider, Executive Officer, or Agent of Health Care Provider: <b>Dr. Adeel Popalzai</b> <b>2626 E. University Dr., Suite 110</b> <b>Mesa, AZ 85213</b>	First Treatment Date: 11/05/2025 Last Treatment Date: to be determined Current Balance: \$1,100.00 <b>Patient's treatment is ongoing</b>
Amount due for Patient Care: <b>To be determined.</b> <b>Treatment is ongoing.</b>	County in which Injuries were sustained: <b>Maricopa County</b>

To the best of Claimant's knowledge, the names and addresses of all persons, firms or corporations, and the insurance carriers of said persons, firms or corporations claimed by the above-named patient, or by his or her legal representative, to be liable for the damages are as follows:

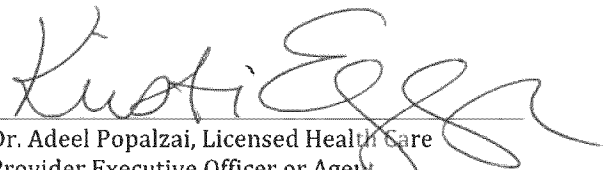
1. Ivan Wilson  
47 N. Horne Apt 9  
Mesa, AZ 85203

2. Copy to: Sweet James  
7310 N. 16th St., Ste 250  
Phoenix, AZ 85020

The above-named Claimant(s), pursuant to the laws of the state of Arizona, do hereby claim a lien upon all causes of action, suits to the legal representative of such patient, on an account of injuries giving rise to such causes of action and which necessitates his or her treatment, for the customary charges for health care and treatment of the above-named injured patient in the sum hereinabove claimed to be due. The name and address of the patient hereinbefore set forth are the same as appear on the records of the Licensed Health Care Provider.

WITNESSETH I am the 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 I am authorized to act on behalf of the said Health Care Provider and make this Notice of Claim and Medical Lien for and on behalf of the said Health Care Provider being thereunto duly authorized: that the matters and things contained in the foregoing Notice and Claim of Medical Care Lien are true.

STATE OF ARIZONA           )  
COUNTY OF MARICOPA    ) ss.

  
Dr. Adeel Popalzai, Licensed Health Care  
Provider Executive Officer or Agent

This instrument was acknowledged before me on this  
3rd Day of December, 2025 by Dr. Adeel  
Popalzai. In witness whereof I herewith set my hand  
and official seal. Aliyah Aguirre Nichole

Notary Public Notary Expiration Date:

3/11/2029

