

# Unofficial 20 Document

WHEN COMPLETE MAIL TO:  
Capital Health Solutions, LLC.  
5777 South Rural Road, Suite 6  
Tempe, AZ 85283 Phone  
Number: 480-313-0577  
Email: office@capitalhealthsolutions.net

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ga.

## NOTICE AND CLAIM OF MEDICAL LIEN

**DO NOT PAY THIS. THIS IS NOT A BILL. THE INFORMATION BELOW IS FOR INFORMATIONAL PURPOSES ONLY. THIS IS A LIEN ON ANY CLAIM OF LIABILITY OR INDEMNITY OF THIS PATIENT ARISING FOR THIS TREATMENT.**

NAME OF CLAIMANT: Minimally Invasive Spine and Surgery Center C/O **Capital Health Solutions, LLC.**

ADDRESS: 5777 South Rural Road Suite 6, Tempe, AZ 85283

NAME OF PATIENT: **FARHAN SADEQ**

DATE OF SERVICE: 10/24/2025 and continuing

AMOUNT DUE: **\$3,126.47 (call to verify balance)**

COUNTY OF: MARICOPA

Agent Info: Capital Health Solutions, LLC. 5777 South Rural Road Ste 6 Tempe AZ 85283

Pursuant to A.R.S. 33-932, to the best of the 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 patient, or by his or her legal representative, to be liable for damages are as follows:

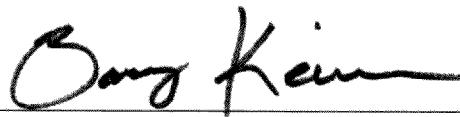
Patient Information: FARHAN SADEQ, 10962 W MELVIN ST, AVONDALE, AZ 85323

Attorney Information: The Cook Law Office, PLLC. 4500 S Lakeshore Dr Ste 05215 Tempe AZ 85282

The above named medical provider(s) pursuant to the laws of the State of Arizona does (do) hereby claim a lien upon any and all causes of action, suits, claims, counter-claims or demands for damages 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 necessitated his medical care, for its customary charges for medical care and treatment of the above named injured patient in the sum here in above claimed to be due. The name and address of the patient herein before set forth and the same appear on the records of the medical provider. Within Five (5) days of copy of this lien will be mailed to the patient. This lien does not reflect on the patient's credit.

STATE OF ARIZONA) SS.

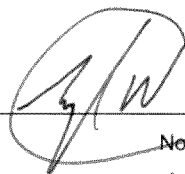
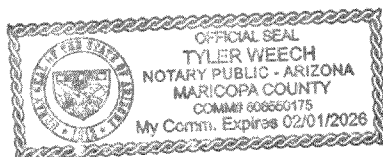
County of Maricopa)



Barry Keime Agent of Minimally Invasive Spine and Surgery Center

Barry Keime of Capital Health Solutions, LLC, being duly sworn, upon oath says: That he is the Agent or Executive Officer of the medical provider and makes this Notice and Claim of Lien for and on behalf of said medical provider(s), being thereunto duly authorized; that the matters and things contained in the foregoing notice and claim of lien are true.

Subscribed and sworn before me this 18<sup>th</sup> of November 20 25



Notary Public,  
Arizona