

Unofficial 20. Document

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Ho:

Gary Whitwell
17298 East Lakeview Court
Spring Valley, AZ 86333

DO NOT PAY THIS TATEMENT. THIS IS NOT A BILL. THE INFORMATION PROVIDED BELOW IS FOR INFORMATIONAL PURPOSES ONLY. THIS LIEN IS AGAINST LIABILITY PROCEEDS ONLY

NOTICE AND CLAIM OF HEALTHCARE PROVIDER LIEN

NAME & ADDRESS OF CLAIMANT PROVIDER: Arizona Orthopedic Physical Therapy
1781 East State Highway 69, Ste. 28, Prescott, AZ 86301
NAME & ADDRESS OF AGENT: Nicole Roberson, AZCLDP #80974, Arizona Medical Liens, LLC, POB 6501, Peoria, AZ 85381
NAME OF PATIENT: **Gary Whitwell**
ADDRESS OF PATIENT: **17298 East Lakeview Court, Spring Valley, AZ 86333**
ACCT: **47291GW**
DATE OF LOSS: **05/19/2025**
DATE OF PATIENT'S ADMISSION: **10/21/2025 & ongoing**
AMOUNT DUE FOR CARE OF PATIENT: \$531.17 *and accruing*. **For lien balance, please call (623) 242-6908 x114.**

The above named healthcare provider, pursuant to the laws of the State of Arizona hereby claims 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 or such patient, on account of injuries giving rise to such causes of action and which necessitated his or her care, for its total customary charges for facility and physician care and treatment of the above-named injured patient hereinabove claimed to be due together with any charges owing for continuing treatment. **The above-named healthcare provider claims an ongoing lien for any continuing treatment related to said injuries.** Arizona Medical Liens, LLC is filing the provider lien as agent or assignee for the provider. This lien does not reflect on the patient's credit, as it will attach to third party liability funds even if the patient has no personal liability for the bill. See *Andrews, et al. v. Samaritan Health System*, 201 Ariz. 379, 36 P.3d 57 (App. 2001); A.R.S. § 33-931; A.R.S. § 36-2903.01(H)(4). The name and address of the patient stated above are as they appear on the records of this provider. Within five (5) days of recording this document, a copy along with a Notice of Provider Lien will be mailed to the patient in the U.S. Mail.

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

Insurance: State Farm Insurance Company, POB 106170, Atlanta, GA 30348; **Claim#:** 03-85J9-41X
Insured: Richard Barnes
Attorney: Jess Gran, Esq., Lerner & Rowe, 2701 East Camelback Road, #140, Phoenix, AZ 85016

Pursuant to A.R.S. § 33-931, the above-named claimant, personally or through its authorized agent, Arizona Medical Liens, LLC, does hereby claim a lien for and on behalf of said claimant, being authorized to do so, that the statements contained in the foregoing Notice and Claim of Lien are true.

DATE: November 18, 2025

By: Nicole Roberson
Nicole, Roberson, AZCLDP #80974, ARIZONA MEDICAL LIENS, LLC.