

Unofficial Document

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STATE OF ARIZONA)

**ss Notice and Claim of Health Care provider Lien
Maricopa County)**

NAME AND ADDRESS OF PATIENT:
Yadira Sosa
3908 E Balsam Ave
Mesa, AZ 85206

NAME AND ADDRESS OF CLINIC:
CENTRAL MESA MEDICAL
204 N CENTER ST
MESA, AZ 85201

COUNTY AND LOCATION WHERE INJURIES OCCURRED:
Maricopa County in Mesa

DATE INJURIES OCCURRED: October 3, 2025

DATE(S) OF SERVICE: October 3, 2025 and ongoing
AMOUNT DUE FOR SERVICES: \$1,551.00 and Accruing

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

NAME, ADDRESS, CLAIM# AND ADUSTER OF LIABILITY CARRIER(S):
American Hallmark Insurance Claim#:PAZ25-105503
5400 Lyndon B Johnson Freeway #400
Dallas, Tx 75240

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby CLAIM A LIEN upon any and all actions, suits, claims, counterclaims or demands for damages accruing to said patient on his/her behalf by a legal representative, assignee or heirs on account of injuries giving rise to such cause of action, and which necessitated his or her medical care and treatment for which claimant rendered medical care at the rate customarily charged for such services which exceed \$250.00, as provided under A.R.S. 33-931 (B), the sum of which is due and payable as indicated above.

I, Scott Miritello, being first duly sworn upon oath, depose and say: (1) That I am the person herein named as claimant (or the authorized agent of such claimant); (2) That I have made this Notice of Claim of Medical Lien in good faith; and (3) That the facts herein stated are true and correct to the best of my knowledge, information and belief.



Claimant or Agent

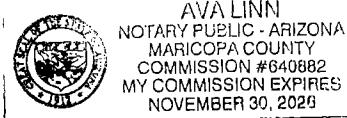
This instrument was acknowledged before me this 22nd day of October, 2025 by Scott Miritello, duly appointed agent for Central Mesa Medical.



Scott Miritello, Agent

Ava Linn, Notary Public

My Commission Expires:



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