

Unofficial Document

When recorded mail to:
Integrated Healthcare Partners
7710 W Lower Buckeye Rd Suite 115
Phoenix, AZ 85043

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NOTICE OF CLAIM AND MEDICAL LIEN

This Notice of Claim and Medical Lien is made accordance with A.R.S. 33-931 and 33-932.

FACILITY NAME: Integrated Healthcare Partners

ADDRESS: 7710 W Lower Buckeye Rd Suite 115 Phoenix, AZ 85043

PATIENT: CHRISTINA PEREZ

ADDRESS: 8130 W MIAMI STREET, PHOENIX, AZ 85043

COUNTY OF PROVIDER: Maricopa DATES OF SERVICE: 10/30/2025-CURRENT

AMOUNT DUE FOR CARE AS OF THIS DATE OF FILING: \$ 5,000.00-STILL TREATING

Call to Confirm.

TO THE BEST of health care provider's knowledge, the names and addresses of all persons, firms or corporations claimed by the above-named patient, or the patient's legal representative, to be liable for damages are as follows:

Pursuant to the laws of the State of Arizona, specifically, A.R.S. 33-931 and 33-932, et seq., the Healthcare Provider listed above does 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 the legal representative of such patient, on account of injuries giving rise to such cause of action and which necessitated the patient receiving medical care and treatment for the charges for the medical care and treatment of the above named injured patient for which party/parties the patient has claimed to be liable and responsible in the sum herein above but also including the amount for ongoing medical treatment claimed to be done. The name and address of the patient as set forth above are the same as they appear on the records of the Healthcare Provider aforementioned.

PAYMENTS AND QUESTIONS TO BE MADE TO THE FOLLOWING:

Integrated Healthcare Partners
7710 W Lower Buckeye Rd Suite 115
Phoenix, AZ 85043 (623)-742-9111

STATE OF ARIZONA) VERIFICATION OF AUTHORIZED AGENT
County of Maricopa)

Janet Crouse0, integratedhealth7710@gmail.com deposes and says:

1. That she is an authorized agent acting on behalf of the Healthcare Provider, named in the foregoing Notice and Claim of Medical Lien and makes this claim on their behalf.
2. That the matters stated are true and correct to the best of her knowledge.

Dated this 10 day of NOVEMBER, 2025

Janet Crouse