

Unofficial 20. Document

hw.
Es.

Batista, Ashley
551 E Apache Blvd Apt 1236
Tempe, AZ 85281

DO NOT PAY THIS STATEMENT. 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 HEALTCARE PROVIDERS LIEN

NAME & ADDRESS OF CLAIMANT PROVIDER: Thanh Nguyen MD, Health and Wellness Clinic, LLC
1155 S Country Club Dr. Mesa, AZ 85210

NAME OF PATIENT: Batista, Ashley

ADDRESS OF PATIENT: 551 E Apache Blvd Apt 1236 Tempe, AZ 85281

ACCOUNT NO: HF539954426

DATE OF LOSS: 10/31/2025

DATE OF SERVICES RECEIVED BY PATIENT: 11/13/25 & ongoing

AMOUNT DUE FOR CARE OF PATIENT: \$^{275.87} and accruing. **For lien balance, please call 602-632-0000**

The above named healthcare provider, pursuant to Arizona State laws 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 their care, for its total customary charges owing for continuing treatment. **The above-named healthcare provider claims an ongoing lien for any continuing treatment related to said injuries.** This lien does not reflect 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 by first class mail to the injured person.

To the best of the 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: Twin Lakes Insurance

Policy #: AS2691476328043

Insured: Calistro Balderas Lopez

Attorney: Anya McLean, Esq

STATE OF ARIZONA)
)ss.
County of Maricopa)

Pursuant to A.R.S. § 33-391, the above-named claimant, personally, 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



By: [Signature]
Thanh Nguyen M.D., Health and Wellness Clinic, LLC.

SIGNED AND SWORN to before me on November 20, 2025

by [Signature]
Notary Public