

Unofficial Document

TAMBORINI, CHRISTOPHER L
19555 N 269TH DR
BUCKEYE, AZ 85396

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

NOTICE AND CLAIM OF PROVIDER/HOSPITAL LIEN

NAME OF HEALTH CARE PROVIDER: Banner Del E. Webb Medical

ADDRESS OF HEALTH CARE PROVIDER: 14502 W Meeker Blvd Sun City West, AZ 85375

NAME OF EXECUTIVE OFFICER OR AGENT OF HEALTH CARE PROVIDER: Kylie Shihady

ADDRESS OF EXECUTIVE OFFICER OR AGENT OF HEALTH CARE PROVIDER: PO Box 18 Phoenix, AZ 85001

NAME OF PATIENT: TAMBORINI, CHRISTOPHER L ACCOUNT NUMBER: 427 00049943798

ADDRESS OF PATIENT: 19555 N 269TH DR BUCKEYE AZ 85396

DATE OF PATIENT'S ADMISSION: 10/30/2025 12:00:00 AM

DATE OF PATIENT'S DISCHARGE: 10/30/2025 12:00:00 AM

CURRENT AMOUNT DUE FOR PATIENT CARE : \$3254.52

COUNTY IN WHICH INJURIES WERE INCURRED: MARICOPA COUNTY

The above named health care provider/hospital, pursuant to the laws of the State of Arizona, in such cases made and provided, 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 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 hospitalization, for its total customary billed charges for hospital care and treatment of the above named injured patient in the sum herein above claimed to be due. The name and address of the patient as herein before set forth are as the same appear on the records of the hospital. **The patient may require continued treatment of related injuries, and any such related care rendered shall also be subject to this lien.** The lien amount actually claimed may be reduced from time to time due to interim payments, but will not be released until satisfied. Any questions regarding the current lien balance owed can be directed to 480-684-7408.

Depending on the basis for the lien claim, Banner Health System, d.b.a., Banner Del E. Webb Medical may compromise its hospital lien claim to share, pro rata, in any attorneys fees incurred by the injured claimant in obtaining a related recovery. Any questions regarding the current lien balance owed can be directed to Banner Health Patient Financial Services at 480-684-7408.

The name and address of the patient as herein before set forth in this Notice and Claim of Provider lien, are as the same appear on the records of the hospital. A copy of Notice and Claim of Provider Lien will be deposited in the U.S. Mail addressed to the above patient at his/her address listed hereinabove within five business days from the date this notice was recorded and returned back by the County Recorder's office.

County of MARICOPA COUNTY)

) ss.

State of Arizona)

Kylie Shihady, *being first duly sworn, upon their oath deposes and states that they are an agent of Banner Health and makes this Notice of Claim of Lien for and on behalf of said hospital, being authorized to do so, and that the statements contained in the foregoing Notice of Claim and Lien are true.*

Kylie Shihady
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Kylie Shihady, Authorized Agent of
Banner Del E. Webb Medical

DocuSigned by:
Tamiaka Ceonzo
419DC6B77B71404

Subscribed and Sworn this 19 day of November, 2025

Notary Public

NOTARY SEAL:

