

Pain Solutions of Arizona, PLLC
1240 W Southern Ave, Ste 108
Mesa, AZ 85202

Unofficial 20 Document

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NOTICE AND CLAIM OF MEDICAL LIEN FOR ANY MEDICAL TREATMENT & ANY FURTHER TREATMENT TO BE PROVIDED FOR THIS INJURY

Name & address of Claimant / Licensed Health Care Provider:

Pain Solutions of Arizona, 1240 W Southern Ave Ste, 108 Mesa, AZ 85202

Name & address of patient: Gregory Lamonte Jr. Lismon 2325 E Rio Salado Pkwy Apt #2027, Tempe, AZ 85288

Date of injury: 08/27/2025

County & State where injury occurred: Maricopa County, Arizona

Dates of services received by patient: 09/22/2025 and 10/06/2025 and any further dates of service for this injury.

Amount due for care of patient: \$250.00 and any further charges are to be expected to increase as care is given for this injury.

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

NAME

ADDRESS

Gregory Lamonte Jr. Lismon

2325 E Rio Salado Pkwy Apt #2027, Tempe, AZ 85288

Third party information pending

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any & 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, & which necessitated medical care & treatment for which claimant rendered such 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 & payable as indicated above.

STATE OF ARIZONA

COUNTY OF MARICOPA

I, Ayleen Terraza being sworn upon oath, depose & say: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & claim of Medical Lien in good faith, (3) the facts herein stated are true & correct to the best of my knowledge.

I declare under penalty of perjury that the foregoing is true and correct. Signed on the 24 day of October 2025.

BY:  FOR: Pain Solutions of Arizona (Claimant)

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