PAIN SOLUTIONS OF ARIZONA, PLLC
9140 W. Thomas Suite B-106
Phoenix, AZ 85037

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, 9140 W. Thomas Rd., Suite # B-106 Phoenix, AZ 85037

Name & address of patient: **Adrian Salazar** 7613 W Keim Dr. Glendale AZ 85303

Date of injury: 09/25/25

County & State where injury occurred: Maricopa County Arizona

Dates of services received by patient: 10/24/25-11/19/25 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
Adrian Salazar	7613 W Keim Dr. Glendale AZ 85303
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, Krizia Govea 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 20___day of _November_____2025____.

BY: _____ FOR: Pain Solutions of Arizona (Claimant)

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