

**Phoenix Pain Treatment Centers, PLLC  
9140 W. Thomas Suite B-106  
Phoenix, AZ 85037**

**Unofficial  
Document**

**20.  
11.  
Ga.**

**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:**

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

**Name & address of patient:** Gregory Lamonte Lismon Jr.      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:** 11/05/2025 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:

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>
Gregory Lamonte Lismon Jr.	2325 E Rio Salado Pkwy Apt #2027 Tempe, AZ 85288

**THIRD PARTY INFORMATION PENDING**

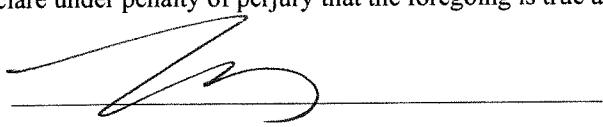
Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any & all actions, suits, claims, counterclaims or demands for damages accruing to said patient on his/her behalf by a legal representative, assignee or heirs on account of injuries 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, Fatima Tarango 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 10 day of November 2025.

BY: 

FOR: Phoenix Pain Treatment Centers (Claimant) 10/16