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HOLD FOR PICKUP for Arizona Center for Hand to Shoulder Surgery, P.C.

NOTICE AND CLAIM OF HEALTH CARE PROVIDER

NAME OF HEALTH CARE PROVIDER: Arizona Center for Hand to Shoulder Surgery, P.C.

ADDRESS OF HEALTH CARE PROVIDER: 370 E. Virginia Avenue Suite 100, Phoenix, Arizona 85004

NAME OF EXECUTIVE OFFICER OR AGENT OF HEALTH CARE PROVIDER: Jamie Motley

NAME OF PATIENT: Zayonara Ramirez

PATIENT'S ADDRESS: 12847 W Colter St, Litchfield Park, AZ 85340

DATE OF PATIENT ADMISSION: 11/17/2025

DATE OF PATIENT DISCHARGE: Still Treating—Call to Confirm

CURRENT AMOUNT DUE FOR PATIENT CARE: \$1,604.30 to date (estimated)—Call to Confirm

COUNTY IN WHICH INJURIES WERE TREATED: Maricopa County

Pursuant to A.R.S. 33-932, to the best of claimant's knowledge the names and address of all persons, firms or corporations and the insurance carriers of said persons, firms or corporations claimed by the above named patient, or by his or her legal representative, to be liable for damages are as follows:

The above named health care provider, pursuant to the laws of Arizona, hereby claims a lien upon any and all causes of action, suits, claims, counter-claims, or demands for damages accruing to the patient named above, or to the legal representative of such patient, on account of injuries giving rise to such causes of action and which required his or her medical care, for its total customary billed charges for medical care and treatment of the above named patient in the sum above claimed to the due. The name and address of the patient as set forth are as they appear on the records of the medical provider. The patient may require continued treatment, and any related care is also subject to this lien.

Authorized Agent of Arizona Center for Hand to Shoulder Surgery, P.C.
Medical Provider

I certify that I mailed this Notice and Claim of Provider Lien via First Class Mail addressed to the above patient at his/her address listed above within five days from the date this notice was recorded by the County Recorder's office. I shall also mail a copy to all persons, firms or corporations and the insurance carriers of said persons, firms or corporations claimed by the above named patient, or by his or her legal representative, to be liable for damages to the best of claimant's knowledge.

STATE OF ARIZONA] ss.

County of Maricopa]

Jamie Motley being first duly sworn, upon oath deposes and says: That he/she is the Agent of Arizona Center for Hand to Shoulder Surgery, P.C. Medical Provider and makes this NOTICE and CLAIM of Lien for and on the behalf of said medical provider, being thereunto duly authorized; and under penalty and perjury that the foregoing is true and correct, and was executed by me on 12/09/2025

Authorized Agent of Arizona Center for Hand to Shoulder Surgery, P.C.
Medical Provider
Notary Public