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Notice and Claim of Medical Care Lien

Effective Date 11/04/2025	County and State: Maricopa, AZ
Licensed Health Care Provider: PRIORITY MEDICAL CENTER, INC. ("PMC") 4340 W. McDowell Road, Suite 5 Phoenix, AZ 85035 4333	Patient(s) name(s) Address & Zip Code: Marilynn Luna Lopez 10330 W. Tamarisk Ave. Tolleson, Az 85353
First Treatment Date: 10/20/2025	Last Treatment Day: 11/03/2025 (Under active treatment)
Amount due: \$2,584.00 (Not a final bill)	County in Which Injuries Were Sustained: Maricopa

Geico Claim # 0423405530101077 Ajuster: Steven Ramirez P.O. Box 35 Macon, GA 3194	Geico Claim # 8847813760000002 Ajuster: Kelsi Maurman P.O. Box 35 Macon, GA 3194	State Farm Policy # 0564194-SFP-03 Insured/Driver: Marilyn Luna Lopez
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WITNESSETH I am the Licensed Health Care Provider, Executive Officer or Agent of the Health Care Provider named in the foregoing Notice and Claim of Medical Care Lien and that I am Authorized to act on behalf of said Health Care Provider and makes this Notice and Claim of Medical Care Lien for and on behalf of said health care provider being thereunto duly authorized; that the matters and things contained in the foregoing Notice and Claim of Medical Care Lien are true. My name is Christina Rivas, and the address is 4340 W. McDowell Road, #5, Phoenix, AZ 85035.

 SILVIA GALLARDO
Notary Public - Arizona
Maricopa County
Commission # 675681
My Comm. Expires Dec 9, 2028

Licensed Health Care Provider, Executive Officer or Agent.

SUBSCRIBED AND SWORN this date: 11/04/2025

Notary Public.