

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

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

Name & address of patient: Mario Alberto Alfonso Alvarez 3001 W Devonshire Ave, Phoenix, AZ 85017

Date of injury: 07/29/2025

County & State where injury occurred: Maricopa County Arizona

Dates of services received by patient: 09/23/25, 10/10/25, 10/17/25 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:

<u>NAME</u>	<u>ADDRESS</u>
Mario Alberto Alfonso Alvarez	3001 W Devonshire Ave, Phoenix, AZ 85017

PENDING THIRD PARTY INFORMATION

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, Eliana Oropeza 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 21 day of October 2025.

BY: _____

FOR: Pain Solutions of Arizona (Claimant)