

# Unofficial 20. Document

LIENS 2 GO, LLC  
P.O. BOX 1148  
PEORIA, AZ 85345

When recorded mail to:  
Global Pain Solutions, PLLC  
(9500 E Ironwood Square Dr. Suite  
125, Scottsdale, AZ 85228)  
602-295-6578

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## NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN

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**DATE LIEN PREPARED:** 10/25/2025

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### NAME AND ADDRESS OF CLAIMANT

**LICENSED HEALTHCARE PROVIDER:** Dr. Seth Nikesh, M.D.  
9500 E Ironwood Square Dr. Suite 125,  
Scottsdale, AZ 85528

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### LIMITED AGENT OF LICENSED HEALTHCARE PROVIDER:

Adrian Munguia

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### NAME AND ADDRESS OF PATIENT AS SAME APPEAR ON THE RECORDS OF CLAIMANT HEALTHCARE PROVIDER:

Gianina Rosso  
16725 W. Taylor Street,  
Goodyear, AZ 85338

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**DATE OF PATIENT'S FIRST SERVICE:** 10/15/2025

**IS PATIENT STILL TREATING:** CURRENTLY STILL TREATING

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**AMOUNT CLAIMED DUE FOR CARE/TREATMENT OF PATIENT:** \$ 2,000.00+ please call for final balance

**COUNTY IN WHICH INJURIES WERE SUSTAINED:** Maricopa

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**TO THE BEST OF CLAIMANT'S KNOWLEDGE, THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, OR CORPORATIONS AND THE INSURANCE CARRIERS FOR SUCH PERSONS, FIRMS OR CORPORATIONS CLAIMED BY THE ABOVE NAMED PATIENT, OR HIS/HER LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE:**

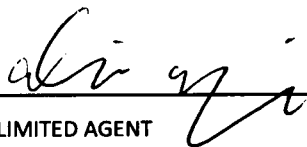
NAME	ADDRESS
Sweet James Law Firm 602-858-7768	7310 N. 16th Street, Suite 250, Phoenix, AZ 85020

THE ABOVE NAMED CLAIMANTS, IN ACCORDANCE WITH ARIZONA REVISED STATUTES 33-931 THROUGH 33-934, DO HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION, SUITS, CLAIMS, COUNTER CLAIMS OR DEMANDS, ACCRUING TO THE ABOVE NAMED PATIENT OR TO THE LEGAL REPRESENTATIVE OF SUCH PATIENT, AS A RESULT OF INJURIES GIVING RISE TO SUCH CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTH CARE TREATMENT OF THE ABOVE NAMED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

I, Adrian Munguia, Limited Agent of the health care provider named in the attached Notice and Claim of Health Care Provider Lien, hereby certify that on the 25 day of October, 2025, I deposited copies of the attached lien to the health care provider or their authorized representative only.

I further certify that I have filed and mailed exactly what was submitted by the client. I make no representations or warranties regarding the accuracy, completeness, or compliance of the submitted documents. Responsibility for statutory compliance, service to required parties, and the correctness of all information rests solely with the health care provider and/or their attorney.

Unofficial Document

  
LIMITED AGENT

STATE OF: ARIZONA

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VERIFICATION TO AUTHORIZE

Liens 2 Go, LLC

COUNTY OF: MARICOPA

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