

# Unofficial 20. Document

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## Medical Lien

Medical Provider: Advanced Health Solutions, PC  
Address: 9927 E. Bell Road, Suite 140, Scottsdale, AZ 85260

1. Your Patient's Name: Renee Lantis
2. Your Patient's Address: 1026 W. Canyon Street, Apache Junction, AZ 85120
3. Date of Accident: 11.14.2025
4. Place of Accident: Scottsdale, AZ
5. Your Patient's Auto Insurance: **(List Only If Benefits Are Available)**  
Insurance Company Name:  
Phone:  
Policy Number:          Claim Number:  
If this Accident was caused by a third party: **(If Known-Not Required)**  
Liable Person's Name: Mitchell Hans Calvert  
Liable Person's Address: 5601 N. 29<sup>th</sup> Drive, Phoenix, AZ 85017  
Third Party Liability Insurance Company: Great West Casualty  
Liable Name: Mitchell Hans Calvert  
Address: P.O.BOX 94 Sioux City, NE 68776
6. Policy Number: GRT46488A          Claim Number: 025-11-002294
7. Other Insurance (driver, vehicle owner, or any insurance related to this accident)  
Name:
8. Is the patient still being treated? Yes
9. Dates of Service: 11.19.2025 and still treating
10. Amount Due on Account: \$500.00 and still treating

11. Signature of Lien Filer:

