

# Unofficial 2016 Document

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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
ARIZONA LONG TERM CARE SYSTEM (AHCCCS)  
NOTICE AND CLAIM OF AHCCCS LIEN

CASE NUMBER: 14273220390111

CLAIMANT: CARE1ST HEALTH PLAN ARIZONA

2355 E. CAMELBACK RD SUITE 300  
PHOENIX, AZ 85016

AUTHORIZED REPRESENTATIVE ON BEHALF OF THE DIRECTOR OF AHCCCS SUSAN WOMACK

NAME OF PATIENT : LORENA MARTINEZ  
ADDRESS OF PATIENT : 2254 W MAIN ST APT 313  
MESA, AZ 85201

RECIPIENT ID#: A72460218

DATE(S) OF OTHER HOSPITAL OR/AND NON-HOSPITALIZATION CARE 12/5/2016  
AMOUNT DUE FOR CARE OF PATIENT \$15,000.00 (EST.) PLUS ANY ADDITIONAL AMOUNTS FOR  
HOSPITAL, MEDICAL AND/OR LONG TERM CARE SERVICES PROVIDED TO THIS PATIENT DUE TO  
THIS INJURY FOR WHICH AHCCCS IS RESPONSIBLE

COUNTY IN WHICH INJURIES WERE SUSTAINED: MARICOPA

TO THE BEST OF THE DIRECTOR'S KNOWLEDGE, THE NAMES AND ADDRESSES OF ALL PERSONS,  
FIRMS OR CORPORATIONS CLAIMED BY THE ABOVE-NAMED PATIENT, OR THE PATIENT'S LEGAL  
REPRESENTATIVE, TO BE LIABLE FOR DAMAGES ARE AS FOLLOWS

RECIPIENT : LORENA MARTINEZ  
ADDRESS : 2254 W MAIN ST APT 313  
MESA, AZ 85201

ADVERSE PARTY:

ADDITIONAL COPIES HAVE BEEN SENT TO THE FOLLOWING  
RECIPIENT ATTORNEY:

THE RECORDING OFFICIAL IS DIRECTED TO RECORD AND RETURN THIS INSTRUMENT:  
CARE1ST HEALTH PLAN ARIZONA  
C/O RECOVERY MANAGEMENT SYSTEMS, INC  
PO BOX 32714  
PHOENIX, AZ 85064-2714  
(602) 952-1188 OR TOLL FREE (800) 937-1339

PURSUANT TO THE LAWS OF THE STATE OF ARIZONA, SPECIFICALLY, A.S. SECTION 36-2915 AND 36-2956, AHCCCS DOES HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTIONS, SUITS, CLAIMS, COUNTER-CLAIMS, OR DEMANDS FOR DAMAGES ACCRUING TO THE PATIENT NAMED HEREIN, OR TO THE LEGAL REPRESENTATIVE OF SUCH PATIENT, ON ACCOUNT OF INJURIES GIVING RISE TO SUCH CAUSES OF ACTION AND WHICH NECESSITATED THAT PATIENT'S CHARGES FOR HOSPITAL CARE AND/OR MEDICAL CARE AND TREATMENT OF THE ABOVENAMED INJURED PATIENT FOR WHICH AHCCCS IS RESPONSIBLE IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE THE NAME AND ADDRESS OF THE PATIENT AS SET FORTH ARE THE SAME AS THEY APPEAR ON THE RECORDS OF AHCCCS.

STATE OF ARIZONA                     )  
    ) SS. VERIFICATION OF AUTHORIZED AGENT AND AFFIDAVIT OF MAILING  
 COUNTY OF MARICOPA            )  
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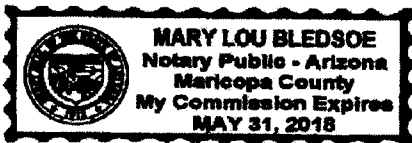
SUSAN WOMACK, BEING DULY SWORN UPON OATH, DEPOSES AND SAYS

1. THAT THEY ARE AN AUTHORIZED REPRESENTATIVE ACTING ON BEHALF OF THE DIRECTOR OF THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM(AHCCCS) THROUGH CARE1ST HEALTH PLAN ARIZONA NAMED IN THE FOREGOING NOTICE AND CLAIM OF AHCCCS LIEN
2. THAT CARE1ST HEALTH PLAN ARIZONA WITHIN FIVE(5) DAYS AFTER THE RECORDING OF SAID LIEN, MAILED A COPY THEROF, POSTAGE PREPAID, TO EACH PERSON, FIRM OR CORPORATION AND THE INSURANCE CARRIER OF EACH LISTED ABOVE AS PERSONS BELIEVED TO BE LIABLE;
3. THAT THE MATTERS STATED ARE TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE

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 SUSAN WOMACK AUTHORIZED REPRESENTATIVE ON BEHALF OF AHCCCS AND ITS AUTHORIZED REPRESENTATIVE CARE1ST HEALTH PLAN ARIZONA

SUBSCRIBED AND SWORN TO BEFORE THIS 10<sup>th</sup> DAY OF March 2017



NOTARY EXPIRATION DATE

May 31, 2018

  
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 SIGNATURE OF NOTARY PUBLIC

RECORDATION OF FILING DOCUMENTATION

COUNTY RECORDER :  
 DATE OF RECORDING :  
 DOCKET NUMBER :  
 PAGE NUMBER :