

# Unofficial 20. Document

BACKFIT HEALTH + SPINE  
CORPORATE OFFICE

JW  
Ho:

P.O. Box 6610  
Chandler, AZ 85246  
Ph (480) 926-7800 Fax (480) 926-2260

○ MEDICAL LIEN

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## Provider Information

Provider Name: First Chandler Medical Group  
Address: 2727 W Frye Rd Ste 120 ,Chandler, AZ 85286  
Phone: (480) 926-7800 Fax: (480) 926-2260 Email: pi@backfithealth.com


## Patient Information

Patient's Name: Joshua Winterstein  
Address: 2450 W Pecos Rd Apt # 3082 ,Chandler, AZ 85224  
Date of loss: 3/22/2025 Date of 1<sup>st</sup> treatment: 11/7/2025 Released date:  
Liability Insurer: Progressive  
Liability Address: PO BOX 2930 ,Clinton , IA 52733  
Phone: (480) 448-3063 Fax:  
Claim: 25-870765902 Policy:  
Firm: Attorney:  
Firm Address: , ,  
Phone: Fax:

## Lien Information

Lien Recorded Date: 11/21/2025 Lien notice sent to Attorney/Liability Insurer:  
**Starting** Charges: \$ 500.00 Total Payments: \$ **Final Lien Amount:** \$ TBD

DATED: 11/21/2025

  
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Nancy Ramirez  
Authorized Agent of BackFit Health + Spine