

# Unofficial Document

SpinalWorks Chiropractic  
T. Steve Van Laecken, D.C. MUAC  
15640 N 7th St., Ste A3  
Phoenix, AZ 85022

OFFICIAL RECC  
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Ga.

EIN 20-4934066

## NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN

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|--|---|
| <b>Effective:</b> 10/31/2025   | <b>County and State:</b> Maricopa, AZ   |
| <b>Claimant Licensed Health Care Provider</b><br>SpinalWorks Chiropractic<br>T. Steve Van Laecken, D.C. MUAC<br>15640 N 7th St., Ste A3<br>Phoenix, AZ 85022 | <b>Patient Information as shown on medical records of claimant health care provider.</b><br>Kapil Dev<br>14602 N 19th Ave #159<br>Phoenix, AZ 85023 |

**Licensed Health Care Provider Executive Officer, or Agent of Health Care Provider**  
Dawn Planty, 15640 N 7th Street., Ste. A3, Phoenix, AZ 85022

|   |  |
|---|--|
| <b>First Treatment Date:</b><br>11/10/2025                  | <b>Last Treatment Date:</b><br>still treating            |
| <b>Amount to date due for Patient Treatment</b><br>\$885.00 | <b>County in which injury was sustained:</b><br>Maricopa |

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:

Geico Insurance  
8834033770000001

Kapil Dev  
14602 N 19th Ave #159  
Phoenix, AZ 85023

Attorney  
Husband and Wife Law Group

claims, counterclaims, 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 the health care treatment of the above named patient in the sum herein above claimed to be due.

I am the Licensed Health Care Provider, Executive Officer or Agent of the Health Care Provider named in the foregoing Notice and Claim of Medical Care Lien and that I am authorized to act on behalf of the said Health Care Provider and makes this Notice and Claim of Medical Lien for and on behalf of said Health Care Provider being thereunto duly authorized that the matters and things contained in the foregoing Notice and Claim of Medical Care Lien are true.

  
Dawn Planty  
Licensed Health Care Provider, Executive Officer, or agent thereof