

Unofficial 20 Document

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Advanced Chiropractic and Wellness Center, Inc
James D. Atkinson, D.C.
8129 N 35th Avenue, #3
Phoenix, AZ 85051

Notice of Claim of Medical Care Lien

Effective Date:

November 6 2025

County and State

Maricopa County, AZ

Claimant:

Advanced Chiropractic and Wellness Center, Inc
James D. Atkinson, D.C.
8129 35th Avenue, # 3
Phoenix, AZ 85051

Patient:

Terry Martinez Medina
2727 W El Caminito Dr
Phoenix, AZ 85051

First Treatment Date:

09/30/2025

Last Treatment Date

10/21/2025

Amount Due for Patient Care:

\$2,670.00

County in which injuries were sustained:

Maricopa County
Phoenix, AZ

To the best of the claimant's knowledge, the names and addresses of all persons, firms, or corporations and the insurance carriers of said person, forms, or corporations claimed by the above-named patient or by his or her legal representative to be liable for damages as follows:

FULL PAYMENT OF MEDICAL CLAIMS.

The above-named claimant, under the laws of the State of Arizona, does hereby claim a lien upon any causes and actions, suits, claims, counterclaims, or demands accruing to the patient named herein or the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitate his or her treatment, for the customary charges for health care and treatment of the above-named injured patient in the sum hereinabove claimed to be due. The name and address of the patient as herein before set forth are the same as appear on the records of the Licensed Health Care Provider.

The claimant hereby demands that its name, **Advanced Chiropractic and Wellness Center Inc.**, be placed on any settlement checks issued by the persons, firms, corporations, or insurance carriers for their financial responsibility for all amounts under this lien.

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

I declare under penalty of perjury that the preceding is true and correct. Signed on the 6th day of November, 2025



 Licensed Health Care Provider, Executive Officer or Agent

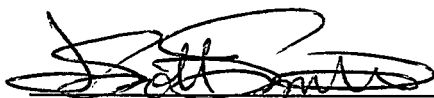
State of Arizona

County of Maricopa

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Before me appeared James D. Atkinson, DC and did state that he is a fully authorized agent or officer of Advanced Chiropractic and Wellness Center, Inc., and did acknowledge to me that he executed the same as such agent or officer.

Witness my hand and official seal this 6th day of November, 2025.



Notary Public

My Commission expires March 9, 2028.

