

**NOTICE OF CLAIM OF
HEALTH CARE PROVIDER LIEN**

Ta:
To:

Name and address of Claimant: Surprise Chiropractic, Louis Verloop, D. C.
Address where services rendered: 14515 W. Grand Ave #C128, Surprise, AZ 85374

Patient Name and Address: **Tayler Ponce**
14742 N 154th Ln
Surprise, AZ 85379

Date of initial treatment: **11/26/2025**

Patient is still treating with Claimant: X Yes No

Final date of treatment: Unknown

Amount claimed due for health care to the best of Claimant's knowledge as of this date of this notice: **\$1,640.00**

Date of injury: **11/24/2025**

To the best of Claimant's knowledge, the names and address of all person's firms or corporations, claimed by the above patient to be liable for damages are as follows:

Med-Pay Information
Auto-Owners Insurance Co.
PH: 800-346-0346

Address
6101 Anacabri Blvd.
Lansing, MI 48917

Pursuant to **ARS 33-931**, the above-named claimant, hereby claims a lien upon any and all claims of liability or indemnity, except health insurance, for damages to said patient on account of injuries giving rise to such claim which necessitated the health care services provided by the Claimant. Claimant hereby claims a lien in the amount of its customary charges for all health care services rendered to such patient in excess of \$250.00, as provided under **ARS 33-931.C**.

Claimant hereby demands that its name be placed on any and all settlement checks issued by the persons, firms, corporations or insurance carriers from their financial responsibility for all amounts due under this lien.

Date: 12/1/25

Signature: [Signature]
(Louis Verloop D.C.)

Subscribed and sworn to before me the undersigned notary public, this 1 day of December, 2025.

Notary Public: [Signature]

My commission expires: August 08, 2027

