

Unofficial 20 Document

SS:
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DO NOT PAY THIS STATEMENT. THIS IS NOT A BILL. THE INFORMATION PROVIDED BELOW IS FOR INFORMATIONAL PURPOSES ONLY. THIS LIEN IS AGAINST LIABILITY PROCEEDS ONLY.

NOTICE AND CLAIM OF HEALTHCARE PROVIDERS LIEN

NAME & ADDRESS OF CLAIMANT: Accident Chiropractic & Wellness Center
3333 E. Thomas Rd. Phoenix, AZ 85018

Name of Patient: Patrick Harden Thomas

DOB: 12-12-61

Address: 6333 N. 17th St. #158
Phoenix, AZ 85018

Date of Loss: 10-8-25 Date of First Treatment: 10-10-25 & ongoing

Amount Due for Care of Patient: \$850 and accruing. For lien balance, please call 602-956-2720.

The above named healthcare provider, pursuant to Arizona State Laws hereby claims a lien upon any and all causes of actions, suits, claims, counterclaims, or demands for damages accruing to the patient named herein or to the legal representative or such patient on account of injuries giving rise to such causes of actions and which necessitated their care, for its total customary charges owing for continuing treatment. The above-named healthcare provider claims an ongoing lien for any continuing treatment related to said injuries. This lien does not reflect the patient's credit, as it will attach to third party liability funds even if the patient has no personal liability for the bill. See Andrews, et al. v. Samaritan Health System, 201 Ariz. 379, 36 P.3d 57 (App. 2001); A.R.S. § 33-931; A.R.S. § 36-2909.01(H)(4). The name and address of the patient stated above are as they appear on records of this provider. Within five (5) days of recording this document, a copy along with a Notice of Provider Lien will be mailed by first class mail to the injured person.

To the best of the Claimant's knowledge, the names & addresses of all persons, firms or corporations & 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:

First Party Ins.: _____ Claim #: _____
Adjuster: _____
Third Party Ins.: _____ Claim #: 250820790
Adjuster: Melissa Rivers 909-941-5990
Attorney: _____ Address: _____
Phone #: _____

State of Arizona

County of Maricopa

Pursuant to A.R.S. § 33-391, the above-named claimant, personally, does hereby claim a lien for and on behalf of said claimant, being authorized to do so, that the statements contained in the foregoing Notice & Claim of Lien are true

By: [Signature] (Officer or Authorized Agent)

SIGNED AND SWORN to before me on

November 7, 2025

by

Melissa Rivera [Signature]

(Notary Public)

