

# Unofficial 20. Document

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## NOTICE AND CLAIM OF MEDICAL LIEN

**CLAIMANT:**

Lundgren Chiropractic,  
Dba East Valley Pain Solutions  
805 E. Warner Rd #102  
Chandler, AZ 85225

**EXECUTIVE OFFICER OR AGENT:**

Jason Lundgren DC  
805 E. Warner Rd #102  
Chandler, AZ 85225

**NAME OF PATIENT:** Armando Perez Zavala

**ADDRESS OF PATIENT:** 6152 W. Oakland Street, Chandler, Arizona 85226

**DATES OF SERVICE:** 11/10/2025-Present

**AMOUNT DUE FOR CARE OF PATIENT THROUGH:** \$4000 +

**STATE AND COUNTY IN WHICH INJURIES OCCURRED:** MARICOPA COUNTY, ARIZONA

To the best of claimant's knowledge, the name and address of all persons, firms, or corporations and the Insurance carriers of said persons, firms, or corporations claimed by the above-named patient (or by his or her legal representative) to be liable for damages as follows:

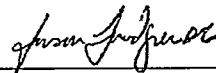
**Liberty Mutual Insurance**  
**Claim Number: 060370564**

**P.O. BOX 5014**  
**Scranton, PA 18505**

The above health provider pursuant to ARS 33-931 does hereby claim a lien upon any and all causes of Action, suits, claims, counterclaims or demands for damages accruing to the patient named herein or to the Legal representative of such a patient, on account of injuries giving rise to such causes of action, and which necessitated his or her medical care, for its customary charges for medical care and treatment of the above named injured patient in the sum set forth. The name and address of the patient set forth are as they appear on the records of the undersigned.

STATE OF ARIZONA)  
County of Maricopa ) ss.

Jason Lundgren being first duly sworn, upon oath deposes and says: That he is the President of Lundgren Chiropractic, dba East Valley Pain Solutions and he makes this Notice and Claim of Lien for and on behave thereof, being duly Authorized to do so, and that the matters and things contained in the foregoing Notice and claim of Lien Are true.



Jason Lundgren, President

Subscribed and sworn to before me this 10TH day of NOV., 2025.



Notary Public

