

Unofficial

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When recorded mail to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

Area reserved for county recorder

*CAPTION HEADING:*

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DO NOT REMOVE

This is part of the official document



**Christopher Wood, D.C., C.C.S.P., M.U.A.C.**

**4550 E Bell Rd Bldg. 6 Ste.152 Phoenix, AZ 85032 Phone: 602-258-9663 Fax: 602-258-9664**

Send completed lien to: Arizona Sports Chiropractic & Wellness Center  
Christopher Wood D.C.  
4550 East Bell Road, Bldg. 6 Ste. 152  
Phoenix, Arizona 85032

### NOTICE AND CLAIM OF MEDICAL LIEN

Name of Claimant: Arizona Sports Chiropractic & Wellness Center  
Address of Claimant: 4550 East Bell Road, Bldg. 6 Ste. 152  
Authorized Agent: Christopher Wood D.C.

#### PATIENT INFORMATION:

Name & Address: Jessica Schram, 5122 E Shea Blvd #2134, Scottsdale, AZ 85254

Date of Injury: 08/26/2025

Date of First Treatment: 09/03/2025

Date of Patient's Release: Undetermined

Amount Due: Approximately \$5,000. - Still actively in treatment

STATE AND COUNTY WHICH INJURIES OCCURRED: California, Los Angeles County

NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, CORPORATION AND INSURANCE CARRIERS CLAIMS  
BY THE ABOVE NAMED PATIENT, OR BY HIS LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES  
ARE AS FOLLOWS:

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NAME	ADDRESSES	CLAIM#
SafeCo, Ins	PO Box 5014	
Liberty Mutual	Scranton PA 18505	0600005809

PURSUANT TO A.R.S. 33-931, THE ABOVE NAMED CLAIMANT, PERSONALLY OR THROUGH ITS  
AUTHORIZED AGENT, DOES HEREBY CLAIM LIEN UPON ANY AND ALL ACTIONS, SUITS, CLAIMS,  
COUNTERCLAIMS OR DEMANDS FOR DAMAGES OCCURRING TO SAID PATIENT ON HIS/HER BEHALF BY  
A LEGAL REPRESENTATIVE, ASSIGNEE OF HEIRS ON ACCOUNT OF INJURIES GIVING RISE TO SUCH  
CAUSE OF ACTION, AND WHICH NECESSITATED HIS OR HER MEDICAL CARE AND TREATMENT FOR  
WHICH CLAIMANT RENDERED MEDICAL CARE AT THE RATE CUSTOMARILY CHARGED FOR SUCH  
SERVICES WHICH EXCEEDS \$250.00, AS PROVIDED UNDER 33-931 (B), THE SUM OF WHICH IS DUE AND  
PAYABLE AS INDICATED ABOVE.

STATE OF ARIZONA )  
County of Maricopa ) ss

[Signature]  
Licensed Health Care Provider, Executive Officer or Agent

SUBSCRIBED AND SWORN this date: November 25, 2025

10-24-28  
Notary Expiration Date

[Signature] Amber Lee Mall  
Notary Public

