We
Ho

When recorded mail to:
Spooner Physical Therapy
9097 E Desert Cove, #110
Scottsdale, AZ 85260

NOTICE AND CLAIM OF MEDICAL LIEN

Name and address of Claimant/Licensed Health Care Provider:

Spooner Physical Therapy
PO Box 4570
Scottsdale, AZ 85261-4570

Name of Patient: **Michelle West—01/24/1993**
Date of Injury: **08/27/2025**
County & State where injury occurred: **Maricopa County, AZ**
Dates of services received by patient: **09/30/2025 through** pending
Amount due for care of patient: **pending**

To the best of claimant's knowledge, the names & address of all persons, firms, or corporations & insurance carriers of said persons, firms or corporations claimed by the above patient, or by his legal representative, to be liable for damages are as follows:

Michelle West, 25447 North 40th Lane, Phoenix, AZ 85083
State Farm, PO Box 106171, Atlanta, GA 30348-6171, CL #: 0389H407N

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any & all actions, suits, claims, counter claims or demands for damages accruing to said patient on his behalf by a legal representative, assignee or heirs on account of injuries giving rise to such cause of action, & which necessitated medical care & treatment for which claimant rendered such care at the rate customarily charged for such services which exceed $250.00 as provided under A.R.S. 33-931(B), the sum of which is due & payable as indicated above.

STATE OF ARIZONA)
) SS.
COUNTY OF MARICOPA)

I, Angelica Garcia, being sworn upon oath, deposes' & says: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & Claim of Medical Lien in good faith, (3) the facts herein stated are true & correct to the best of my knowledge.

By: Angelica Garcia

For: **Spooner Physical Therapy**

Angelica Garcia

My Commission Expires: 08/31/2026

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this **23rd day of October 2025.**

Lynda Meyer
Notary Public

LYNDA MEYER
Notary Public - Arizona
Maricopa County
Commission # 633635
My Comm. Expires Aug 31, 2026