WHEN RECORDED, RETURN TO:
Goudarz Vassigh, D.C.
4425 N. 24th Street Suite 125
Phoenix, AZ 85016
602-956-8222

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NOTICE & CLAIM OF MEDICAL LIEN

Health Care Provider/Claimant
Goudarz Vassigh, D.C.
4425 N. 24th Street, Ste. 125
Phoenix, AZ 85016

Name of Patient: Jackson Holmes

ADDRESS OF PATIENT: 7103 E. BAR Z LANE PARADISE VALLEY, AZ. 85253

DATE OF SERVICE FROM: 10/22/2025

DATE OF INJURY: 10/12/2025

County/State: Maricopa County, AZ.

Date of Service To: Currently Receiving Care

To the best of the Claimant's knowledge, the names and addresses of all persons, firms or corporations and insurance carriers and said persons, firms or corporation claimed by the above patient, or by his/her legal representative, to be liable for damages are as follows:

1st PARTY: SAFECO INS. MEDPAY

ADDRESS: P.O. BOX 5014 SCRANTON, PA. 18505

CLAIM NO: 060362042

PHONE NO.: 800-332-3226

FAX: 888-268-8840

3RD PARTY: FARMERS INSURANCE

ADDRESS: P.O. BOX 268993 OAKLAHOMA CITY, OK. 73126

PHONE: 702-436-1190

CLAIM NO: 7009498423-1

FAX: 877-217-1389

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

STATE OF ARIZONA
COUNTY OF MARICOPA

I Goudarz Vassigh, D.C., being sworn upon oath, depose and say: I am named Claimant or authorized agent of Claimant. I have made this notice of medical lien in good faith; the facts are true and correct to the best of my knowledge.

By: _____
Goudarz Vassigh, DC
Back-Health Chiropractic, L.L.C.

OFFICIAL SEAL
IRENE C RANKIN
NOTARY PUBLIC - ARIZONA
MARICOPA COUNTY
COMM# 656630
My Comm. Expires December 8, 2027

Subscribed and sworn to before me, the undersigned Notary Public, this 30th day of October, 2025,
My commission expires: December 8, 2027.

_____
(Notary Signature)