

# Unofficial Document

When recorded mail to:

Rr<sup>1</sup>

Ra<sup>2</sup>

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

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

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

.....  
this area reserved for county recorder

## CAPTION HEADING:

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This is part of the official document.

Arcadia Chiropractic  
3520 E Indian School Rd., Ste C Phoenix, AZ 85018  
Phone: (602) 954-9444

## MEDICAL LIEN AND ASSIGNMENT

PATIENT: Cor. Telzrow

CLAIM #: \_\_\_\_\_

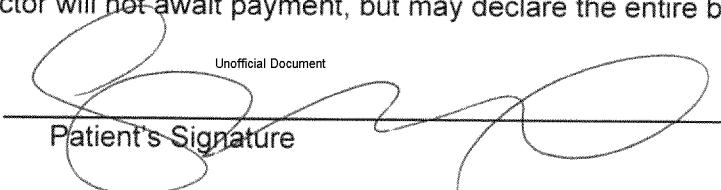
DATE OF INJURY: 19 August 2023

I hereby authorize and direct Self Cor. Telzrow Insurance Company to pay to Dr. Dominis Pisaro, DC such sums as may be due and owing him for chiropractic services rendered to me by reason of the accident and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect and fully compensate said doctor. And I hereby further request that payment be made directly to said doctor which would otherwise be paid to myself, as the result of the treatment charges injured For injuries in connection there with. This is a direct assignment of my rights and benefits. I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by him/her for services rendered me and that this agreement is made solely for said doctor's protection and in consideration of his/her awaiting payment. And I further understand that such payments are not contingent on any settlement, judgment or verdict which I may eventually recover.

Please acknowledge your agreement to this request by signing below.

I have been advised that if you do not wish to cooperate in protecting the doctor's interest, the doctor will not await payment, but may declare the entire balance due and payable by me.

24 Sep 2023  
Date

  
Patient's Signature

Unofficial Document

The undersigned Insurance company does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment or verdict, as may be necessary to adequately protect and fully compensate said doctor above and below named and make payment payable directly to said doctor.

Arcadia Chiropractic  
3520 E Indian School Rd., Ste C Phoenix, AZ 85018  
Phone: (602) 954-9444

State of Arizona

County of Maricopa

On this 24 day of Sep, 2025, before me personally appeared Cori Telzrow (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

