

NOTICE OF MEDICAL LIEN

CLAIMANT LICENSED HEALTH CARE PROVIDER:

ROC PHYSICAL THERAPY LLC

5656 S POWER RD STE 139

GILBERT, AZ 85295

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EXECUTIVE OFFICER OR AGENT OF HEALTH CARE PROVIDER: Jenna Marko (Agent)

Name of Patient: Rocio Carbajal Baez

Address of Patient: 2435 E Alpine Ave Mesa AZ 85204

Date of Patients First Care/ Treatment: 10/07/2025

Date of Patient's Most Current Treatment: 10/23/2025

Patients Treatment Status: Still Treating

Date of Loss: 03/16/2024

AMOUNT DUE TO DATE FOR MEDICAL CARE: \$2620.00

COUNTY WHICH MEDICAL CARE PERFORMED: Maricopa

TO THE BEST OF CLAIMANT'S KNOWLEDGE THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, OR CORPORATIONS AND THE INSURANCE CARRIERS FOR SUCH PERSONS, FIRMS OR CORPORATIONS CLAIMED BY THE ABOVE-NAMED PATIENT, OR HIS/HER LEGAL REPRESENTATIVE

Rocio Carbajal Baez

State Farm Insurance

2435 E Alpine Ave

Claim # 23-64S1-84K

Mesa AZ 85204

THE ABOVE NAMED CLAIMANTS, IN ACCORDANCE WITH ARIZONA REVISED STATUTES 33-931 THROUGH 33-934, DO HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION, SUITS, CLAIMS, COUNTERCLAIMS, OR DEMANDS ACCRUING TO THE PATIENT NAMED ABOVE OR TO THE LEGAL REPRESENTATIVE OF SUCH PATIENT, AS A RESULT OF INJURIES GIVING RISE TO CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/ HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTH CARE TREATMENT OF THE ABOVE NAMED INJURED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

STATE OF ARIZONA

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) ss. VERIFICATION OF AUTHORIZED AGENT

COUNTY OF MARICOPA

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[Signature]
SIGNATURE OF LICENSED HEALTH CARE PROVIDER, EXECUTIVE OFFICER OR AGENT THEREOF:

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC

ON THIS 23rd DAY OF October, 2025.

[Signature]
NOTARY PUBLIC

MY COMMISSION EXPIRES: 05.13.2026

