

Unofficial 20 Document

Maloney Chiropractic Clinic
Patrick A. Maloney, DC, MBA, CICE
2525 E Thomas Rd #1
Phoenix, AZ 85016
Tel. 602 955 2858

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NOTICE & CLAIM OF MEDICAL LIEN

Name & address of Claimant/Licensed Health Care Provider:

Maloney Chiropractic Clinic 2525 East Thomas Road, Suite 1 Phoenix AZ 85016

Name & address of patient:

Ana Beltran 3666 N 79th Ave Phoenix AZ, 85033

Date of injury: 09/08/2025

County & State where injury occurred: Maricopa, AZ

Dates of services received by patient: 09/11/2025 --- ongoing

Amount due for the care of patient: UNKNOWN/STILL TREATING

To the best of the 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:

Ana Beltran 3666 N 79th Ave Phoenix AZ, 85033

Progressive Insurance CL#25790976976 2155 W Pinnacle Peak Rd #210, Phoenix AZ 85027

Pursuant to A.R.S. 33-931, the above mentioned claimant, personally or through its authorized agent, does hereby claim a lien upon any & all actions, suits, claims, counterbalancing or demands for damages accruing to said patient on his behalf by a legal representative, assigned 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.

I, Dominique Rose, 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.

For: (Claimant) *Dominique Rose*

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 13th day
of November 2025, by

MY COMMISSION EXPIRES: 02/20/2029 *Miranda Zazueta*

(NOTARY PUBLIC)

