

Unofficial Document

CLAIMANT

Trinity Chiropractic, LLC
18275 N 59th Ave, Ste 178
Glendale, AZ 85308
(602) 603-5444

CASE #

KnoMeg254706

Kn

Cr

NOTICE AND CLAIM OF PROVIDER LIEN

Name of Claimant Provider Facility: Trinity Chiropractic, LLC

Address of Provider: 18275 N 59TH Ave, Ste 178, Glendale, AZ 85308

Name of Executive Officer or Agent of Provider Facility: David Iszler, D.C.

Address of Executive Officer or Agent of Provider Facility: 18275 N 59th Ave, Ste 178, Glendale, AZ 85308

Name of Patient: Megan Knowles

Patient's Address: 2615 W Emile Zola Ave, Phoenix, AZ 85029

Date of Initial Office Visit: 10/09/2025 **Date of loss:** 10/02/2025

Amount due for Treatment: \$2,018.00 to date with continuing care

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

Progressive Insurance
300 N Commons Blvd
Mayfield Village, OH 44143

Policy #99953167

State Farm Insurance
6715 W Happy Valley Rd, Ste B102
Glendale, AZ 85310

Policy #0105062-SPF-03

The above named Provider pursuant to laws of the State of Arizona in such cases made and provided, does hereby claim a lien upon any and all causes of action, suits, claims, counter-claims, or demands for damages accruing to the patient named herein, or to the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated his or her services provided, for customary charges for the medical care and treatment of the above- named injured patient in the same hereinabove named to be due. The name and address of the patient as set forth are the same as appear on the medical records.

STATE OF ARIZONA)
) ss
County of Maricopa)
)
)
)

David Iszler, DC
Executive Officer or Agent of

Trinity Chiropractic, LLC
Facility