

Unofficial 20 Document

Send completed lien to:
Kuty Chiropractic, LLC
6634 E. Aster Dr.
Scottsdale, AZ 85254
480-945-7800

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NOTICE AND CLAIM OF MEDICAL LIEN

Name of claimant: Jolene Kuty, D.C.
Address of Claimant: 6634 E. Aster Dr., Scottsdale, AZ 85254
Authorized Agent: Kuty Chiropractic, LLC
Jolene Kuty, D.C.

Patient Name and Address:
JONATHAN BERSHOK
6301 E GELDING, SCOTTSDALE, AZ 85254
Date of Injury: MARCH 20, 2025
First Date of Treatment: MARCH 21, 2025
Date of Patient's Balances: NOVEMEBER 21, 2025
Date of Patient's Release: UNKNOWN, STILL TREATING
Amount Due: \$6213.50 plus continued charges

STATE AND COUNTY OF WHICH INJURIES OCCURRED:
State ARIZONA County MARICOPA

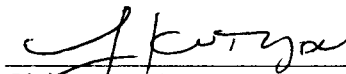
NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, CORPORATION, AND
INSURANCE CARRIERS CLAIMED BY THE ABOVE PATIENT, OR BY HIS LEGAL
REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE AS FOLLOWS:

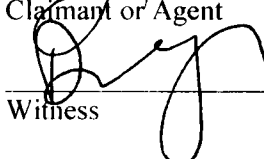
PROGRESSIVE
PO BOX 94670
CLEVELAND, OHIO 44101

Claim # 25391665432

PURSUANT A.R.S. 33-931, THE ABOVE NAMED CLAIMANT, PERSONALLY OR
THROUGH ITS AUTHORIZED AGENT, DOES HEREBY CLAIM LIEN UPON ANY AND
ALL ACTIONS, SUITS, CLAIMS, COUNTERCLAIMS, OR DEMANDS FOR DAMAGES
OCCURRING TO SAID PATIENT IN HIS (HER) BEHALF BY A LEGAL REPRESENTATIVE,
ASSIGNEE OF HEIRS, ON ACCOUNT OF INJURIES GIVING RISE TO SUCH CAUSE OF
ACTION, AND WHICH NECESSITATED HIS OR HER MEDICAL CARE AND
TREATMENT FOR WHICH CLAIMANT RENDERED MEDICAL CARE AT THE RATE
CUSTOMARILY CHARGED FOR SUCH SERVICES WHICH EXCEEDS \$250.00, AS
PROVIDED UNDER 33-931 (B), THE SUM OF WHICH IS DUE AND PAYABLE AS
INDICATED ABOVE.

DATED: November 21, 2025



Claimant or Agent


Witness