

## 20

La:  
Ga.

## Notice and Claim of Medical Lien

**Name and Address of Claimant:**  
**Arizona Injury Specialists**  
**1107 S. Gilbert Road, Suite #111**  
**Mesa, AZ 85204**

Name and Address of Agent:  
Kris Davis  
1107 S. Gilbert Road, Suite # 111, Mesa, AZ 85204

Name of Patient: Marnie J. Lay  
Patient Address: 22107 N Dietz Dr, Maricopa, AZ 85138  
Date of Injury: 11/14/2025  
Date(s) of Service: 11/18/2025- Ongoing  
Current Amount Claimed: PENDING COMPLETION OF CARE \*For FINAL lien balance call  
(480) 608-1331  
Patient Legal Representative:

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

Name: Progressive Insurance Address: P.O. Box 94670 Cleveland, OH 44101  
Claim/Policy No.: 25-854881005

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any and all actions, suits, claims, counterclaims or demands for damages accruing to said patient on his/her behalf by legal representative, assignee or heirs on account of injuries giving rise to such cause of action, and which necessitated his/her medical care and treatment for which claimant rendered such care at the rate customarily charged for such service which exceed \$ 250.00, as provided under A.R.S. 33-931 (B), the sum of which is due and payable as indicated above.

STATE OF ARIZONA) ) ss.  
County of Maricopa)

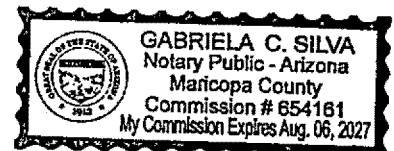
Kris Davis, upon his oath, deposes and states: (1) I am named as claimant or authorized agent of claimant, (2) I have made Notice & Claim of Medical Item in good faith, (3) the facts herein stated are true and correct to the best of my knowledge.

14

Kris Davis

Subscribed and sworn to before me this 24 day of November, 2025

My commission Expires: August 6, 2027



**Notary Public**