

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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Ga.

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:

Gary Thomas 10810 N 37th St, Phoenix AZ 85028

Date of injury: 10/16/2025

County & State where injury occurred: Maricopa, AZ

Dates of services received by patient: 11/12/2025 --- 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:

Gary Thomas 10810 N 37th St, Phoenix AZ 85028

ESIS ALG CLAIMS CL#1E01E21073955, PO Box 6561, Scranton PA, 18505

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 ____ day
of November 2025, by

MY COMMISSION EXPIRES:

02/20/2029

(NOTARY PUBLIC)

Miranda Zazueta

