

# Unofficial Document

When recorded mail to:

**Spooner Physical Therapy**  
**9097 E Desert Cove, #110**  
**Scottsdale, AZ 85260**

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## NOTICE AND CLAIM OF MEDICAL LIEN

Name and address of Claimant/Licensed Health Care Provider:

**Spooner Physical Therapy**  
**PO Box 4570**  
**Scottsdale, AZ 85261-4570**

Name of Patient: **Lorely Castillejo—05/10/2019 (Minor)**

Date of Injury: **07/24/2025**

County & State where injury occurred: **Maricopa County, AZ**

Dates of services received by patient: **11/06/2025 through pending**

Amount due for care of patient: **pending**

To the best of 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:

**Dulce Castillejo, Parent or Guardian of Lorely Castillejo, 5726 West Odeum Lane, Phoenix, AZ 85043**

**Progressive, PO Box 94670, Cleveland, OH 44101, CL #: 25-982600644**

**Smith, Alston, Darner & Lee, PLC, 6816 E Brown Rd., #101, Mesa, AZ 85207**

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

STATE OF ARIZONA )  
                        )  
                        ) SS.  
COUNTY OF MARICOPA )

I, Angelica Garcia, 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.

By: Angelica Garcia

For: Spooner Physical Therapy

*Angel Garcia*  
SUBSCRIBED AND SWORN to before me,  
the undersigned Notary Public, this  
12<sup>th</sup> day of November, 2025.

*Katherine Gower*  
Notary Public

