

Unofficial Document

MEDICAL LIEN

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This instrument was recorded at request of:

The Center For Total Back Care
2220 S. Country Club Dr. Ste102
Mesa, AZ 85210-6808 480-633-8293

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:

Insurance: Bridger Insurance
P O Box 8
Pleasanton, CA 94566-2814

Our Patient: Jamie S Ollarsaba DOB: 8-17-1982
Address : 1248 S Vineyard St Apt 75 Mesa, AZ 85210-8916

Date of Loss: 9-29-2025

Dates of Service : 9-30-25 thru: currently treating

Amount Due: Patient's current balance is: \$2.216.00

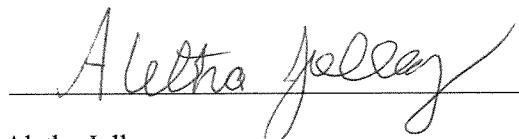
This document is a medical lien authorizing responsible parties to send payment directly to the Licensed Health Care Provider for services rendered.

The above-named claimants pursuant to the laws of the State of Arizona do hereby claim a lien upon any and all causes of action, suits, claims, counterclaims, demands 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 treatment, for the customary charges for health care and treatment of the above-named injured patient in the sum herein and above claimed to be due. The name and address of the patient as herein before set forth are as the same appear on the records of the Licensed Health Care Provider.

Witnesseth I am the Licensed Health Care Provider, Executive Officer of Agent of the Health Care Provider named in the foregoing Notice and Claim of Medical Care Lien and that I am authorized to act on behalf of the said Health Care Provider and makes this Notice and Claim of Medical Lien for and on behalf of said Health Care Provider being thereunto duly authorized; that the matter and things contained in the foregoing Notice and Claim of Medical Care Lien are true.

STATE OF ARIZONA)

:
County of Maricopa)



Aletha Jolley
Licensed Health Care Provider, Executive Officer or Agent

Subscribed and Sworn this date:

Aug 20, 2026
Notary Expiration Date

Sandra Badillo
Notary Public Signature

