RYNO FAMILY CHIROPRACTIC
RYAN WILK, D.C.
10200 W HAPPY VALLEY PKWY #135
PEORIA, ARIZONA 85383
(623) 432-2543

KH.
mo.

NOTICE OF CLAIM OF LIEN FOR MEDICAL SERVICES

DATE LIEN PREPARED: 10/22/2025	COUNTY: MARICOPA STATE: ARIZONA

CLAIMANT LICENSED HEALTH CARE PROVIDER:

RYNO FAMILY CHIROPRACTIC
RYAN WILK, D.C.
10200 W. HAPPY VALLEY PKWY #135
PEORIA, ARIZONA 85383

PATIENT INFORMATION - NAME, ADDRESS AND ZIP CODE AS SAME APPEAR ON THE RECORDS OF THE CLAIMANT HEALTH CARE PROVIDER

KRISTINE HAUF
20023 W. JACKSON ST
BUCKEYE, AZ 85326

DATE OF PATIENT'S FIRST CARE/TREATMENT: OCTOBER 22, 2025

DATE OF PATIENT'S LAST CARE/TREATMENT (IF COMPLETE): NOT YET COMPLETE

DATES ON WHICH ON-GOING MEDICAL CARE/
TREATMENT WERE PROVIDED (MONTH AND DAY): (STILL TREATING)

AMOUNT CLAIMED DUE FOR CARE/ TREATMENT OF PATIENT $ 250.00	COUNTY IN WHICH INJURIES WERE SUSTAINED MARICOPA

TO THE BEST OF THE CLAIMANT'S KNOWLEDGE, THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS OR CORPORATIONS AND THE INSURANCE CARRIERS FOR SUCH PERSONS, FIRMS OR CORPORATIONS CLAIMED BY THE ABOVE NAMED PATIENT, OR HIS/HER LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE:

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NAME	ADDRESS
USAA ADJUSTER: ELLEN WILD CLAIM NUMBER: 046809922-801 (ph) 1-800-531-8722 EXT. 44306	**USAA** P.O. BOX 26001 DAPHNE, AL 36526

THE ABOVE NAMED CLAIMANTS, IN ACCORDANCE WITH ARIZONA REVISED STATUTES <u>33-931</u> THROUGH <u>33-934</u>, DO HEAR BY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION, SUITS, CLAIMS, COUNTERCLAIMS OR DEMANDS ACCRUING TO THE ABOVE NAMED PATIENT OR TO THE LEGAL REPRESENTATIVE OF SUCH PATIENT, AS A RESULT OF INJURIES GIVING RISE TO SUCH CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTH CARE TREATMENT OF THE ABOVE NAMED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.
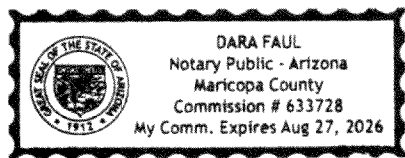
STATE OF: **ARIZONA**

COUNTY OF: **MARICOPA**

Unofficial Document

LICENSED HEALTH CARE PROVIDER, RYAN WILK, D.C.

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC
ON THIS _23rd_ DAY OF _October_ , 2025.

NOTARY PUBLIC

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