

Unofficial 20 Document

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NOTICE AND CLAIM OF MEDICAL CARE LEIN

CLAIMANT INFORMATION

Name of Licensed Health Care Provider, Executive Officer, or Agent of Health Care Provider: Parrish S. Lewin DC

Address of Licensed Health Care Provider, Executive Office, or Agent of Health Care Provider: 430 N. Dobson Road Suite 116 Mesa AZ, 85201

PATIENT INFORMATION

Name of patient: Rose Sarkisyan

Address of patient: 2975 E Santa Rosa Dr Gilbert AZ 85234

Date of patients first treatment: 11/07/2025

Date of which medical care and treatment were provided: Still treating

AMOUT DUE FOR CARE OF PATIENT AT THIS TIME: \$1500.00 + amount for ongoing care

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, firms or corporations claimed by the above-named patient, or by his or her legal representative, to be liable for the damages are as follows:

Farmers Claim #03-92M1-53L

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

Provider Signature: _____



Date: _____

11/7/25