

Unofficial Document

PARAGON CHIROPRACTIC, INC.
R. DAVID WELCH, D.C.
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ABIGAYLE WELCH, D.C.
1628 EAST BETHANY HOME ROAD
PHOENIX, ARIZONA 85016
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WB
To:

Date: October 29, 2025

TO: MARICOPA COUNTY RECORDER
111 SOUTH 3RD AVE
PHOENIX, ARIZONA 85003
(602) 506-3628

NOTICE AND CLAIM OF DOCTORS LIEN

NAME OF CLAIMANT'S MEDICAL PROVIDER: Paragon Chiropractic, Inc.
ADDRESS OF MEDICAL PROVIDER: 1628 East Bethany Home Rd, Phx, AZ 85016
NAME OF PHYSICIAN: Abigayle Welch, D.C.

NAME OF PATIENT: Wendy Bolt DATE OF BIRTH: 08/05/1950

DATE OF INJURY: 09/23/2025

DATE OF PATIENT'S FIRST TREATMENT: 10/22/2025

DATE OF PATIENT'S DISCHARGE: Pending

AMOUNT DUE FOR CARE OF PATIENT: (Not Total) \$551.00 Pending Discharge

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 of the 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 COMPANY:

State Farm
Claim#: 0391K459D

Abigayle Welch, D.C.

Signature: Abigayle Welch, D.C.