

Unofficial 20. Document

WHEN RECORDED MAIL TO:
PURA VIDA CHIROPRACTIC, PLC
574 N ARIZONA AVE
CHANDLER, AZ 85225

ON
Yo

NOTICE AND CLAIM OF MEDICAL PROVIDER LIEN

CLAIMANT LICENSED HEALTH CARE PROVIDER AND ADDRESS
OF LICENSED HEALTH CARE PROVIDER EXECUTIVE OFFICER:

PURA VIDA CHIROPRACTIC, PLC
TIMOTHY R. BRADFORD, D.C.
574 N ARIZONA AVE
CHANDLER, AZ 85225

EXECUTIVE OFFICER OR AGENT OF HEALTH CARE PROVIDER: Timothy R. Bradford

NAME OF PATIENT: Grace Uch

DATE OF FIRST CARE/TREATMENT: 10/31/2025

DATE OF PATIENT'S DISCHARGE: STILL TREATING

CURRENT BALANCE TO DATE FOR CARE/TREATMENT: \$ 2,863.90

COUNTY IN WHICH INJURIES WERE SUSTAINED: Maricopa

TO THE BEST OF 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:

Grace Uch
3300 W Camelback Rd
Phoenix, AZ 85017

Patient has legal representation

THE ABOVE NAMED CLAIMANTS, IN ACCORDANCE WITH ARIZONA REVISED STATUTES 93-931 THROUGH 93-934, DO HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION, SUITS, CLAIMS, COUNTERCLAIMS, OR DEMANDS ACCRUING TO THE PATIENT NAMED ABOVE OR TO THE LEGAL REPRESENTATIVE OF SUCH PATIENT, AS A RESULT OF INJURIES GIVING RISE TO CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTH CARE TREATMENT OF THE ABOVE NAMED INJURED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

STATE OF ARIZONA)
) ss. VERIFICATION OF AUTHORIZED AGENT
COUNTY OF MARICOPA)

Q-BP

LICENSED HEALTH CARE PROVIDER, EXECUTIVE OFFICER OR AGENT THEREOF.

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC.

[Signature]
NOTARY PUBLIC

ON THIS 26th DAY OF November 2025.

MY COMMISSION EXPIRES:

