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## Notice and Claim of Medical Lien

**Name and Address of Claimant:**

**Arizona Injury Specialists**  
1107 S. Gilbert Road, Suite #111  
Mesa, AZ 85204

**Name and Address of Agent:**

**Kris Davis**  
1107 S. Gilbert Road, Suite # 111, Mesa, AZ 85204

Name of Patient: Brantley Webb

Patient Address: 22107 N Dietz Dr, Maricopa, AZ 85138

**Date of Injury: 11/14/2025**

**Date(s) of Service:** 11/18/2025- Ongoing

Current Amount Claimed: PENDING COMPLETION OF CARE \*For FINAL lien balance call (480) 608-1331

**Patient Legal Representative:**

To the best of the claimant's knowledge, the names and addresses of all persons, firms, corporations and insurance carriers claimed by the above-named patient or by his/her legal representative to be liable for damages are as follows:

Name:

**Address:**

## Progressive Insurance

P.O. Box 94670 Cleveland, OH 44101

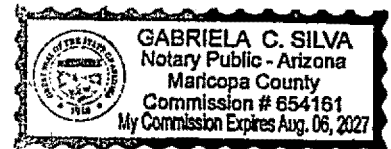
**Claim/Policy No.: 25-854881005**

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any and all actions, suits, claims, counterclaims or demands for damages accruing to said patient on his/her behalf by legal representative, assignee or heirs on account of injuries giving rise to such cause of action, and which necessitated his/her medical care and treatment for which claimant rendered such care at the rate customarily charged for such service which exceed \$ 250.00, as provided under A.R.S. 33-931 (B), the sum of which is due and payable as indicated above.

STATE OF ARIZONA) ) ss.  
County of Maricopa)

Kris Davis, upon his oath, deposes and states: (1) I am named as claimant or authorized agent of claimant, (2) I have made Notice & Claim of Medical Lien in good faith, (3) the facts herein stated are true and correct to the best of my knowledge.

Kris Davis



Subscribed and sworn to before me this 24 day of November, 2025

My commission Expires: August 6, 2027

**Notary Public**