

# Unofficial 20. Document

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## NOTICE AND CLAIM OF MEDICAL LIEN

NAME OF CLAIMANT: Lifecare Chiropractic / James Bogash, DC  
ADDRESS OF CLAIMANT: 1830 S Alma School Rd. #135, Mesa, AZ 85210  
NAME OR OFFICER OR AUTHORIZED AGENT IF CORPORATION: \_\_\_\_\_  
NAME OF PATIENT: Donna Parker  
DATE OF PATIENT'S INJURY OR ILLNESS: 11/24/2025  
DATE OF PATIENT'S FIRST TREATMENT: 11/25/2025  
DATE OF PATIENT'S FULL RELEASE: Currently Treating  
AMOUNT DUE CLAIMANT FOR CARE AND TREATMENT OF PATIENT: \$ \$800.00  
STATE AND COUNTY IN WHICH INJURIES OR ILLNESS OCCURRED: NA

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

Donna Parker  
7220 E McKellips Rd. #254  
Scottsdale, AZ 85257

Progressive Insurance  
PO Box 94670  
Cleveland, OH 44101  
CI# 25-551454574  
Adj: Joshua Medel

Pursuant to the Laws of the State of Arizona, and or the common law holdings in such cases, the above named Claimant personally, or through its authorized agent, does hereby claim a lien upon any and all causes of action, suits, claims, counterclaims or demands for damages accruing to said patient, or his (her) behalf by a legal representative, assignees or heirs, on account of injuries giving rise to such cause of action and which necessitated his or her medical care and treatment, for which claimant rendered medical care at the rate customarily charged for such services, the sum of which is due and payable as indicated above.

\_\_\_\_\_  
Sandra O'Grady  
(Claimant) or (Agent)  
By Sandra O'Grady  
Date 12/1/25