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CAPTION HEADING:

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When recorded, mail to: Alpha Chiropractic P.O. Box 12377 Chandler AZ 85248

NOTICE AND CLAIM OF MEDICAL LIEN

NAME OF CLAIMANT: Alpha Chiropractic / Carson Robertson DC

ADDRESS OF CLAIMANT: P. O. Box 12377 Chandler AZ 85248

NAME OR OFFICER OR AUTHORIZED AGENT, IF CORPORATION:

NAME OF PATIENT: First and Last Name Arlene Heller

DATE OF PATIENT'S INJURY OR ILLNESS: Month Day, Year 10/06/2026

DATE OF PATIENT'S FIRST TREATMENT: Month Day, Year 10/14/2025

DATE OF PATIENT'S FULL RELEASE: Currently Treating

AMOUNT DUE CLAIMANT FOR CARE AND TREATMENT OF PATIENT: $ $200. Continuing Treatment

STATE AND COUNTY IN WHICH INJURIES OR ILLNESS OCCURRED:

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:

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Arlene Heller
9809 E. Gemini Place
Sun Lakes, AZ 85248

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.

Carson Robertson
(Claimant) or (Agent)

By

Date 10/16/25

STATE OF ARIZONA)

COUNTY OF Maricopa)

I, Carson Robertson , being duly sworn upon under oath, deposes and says: (1) That I am the person herein named as claimant (or the authorized agent of such claimant): (2) that I have made this Notice and Claim of Medical Lien in good faith; and (3) that the facts therein stated are true and correct to the best of my knowledge and belief.

(Claimant) or (Agent)

SUBSCRIBED AND SWORN to me, the undersigned Notary Public, this 16th day of October, 2025, by Carson Robertson

My Commission Expires: 1/10/2027 Lorrie L. Cerminara

Notary Public

LORRIE L CERMINARA
Notary Public, State of Arizona
Maricopa County
Commission # 642428
My Commission Expires
January 10, 2027

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