

# Unofficial 20. Document

When recorded mail to:  
*Spooner Physical Therapy*  
*9097 E Desert Cove, #110*  
*Scottsdale, AZ 85260*

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## NOTICE AND CLAIM OF MEDICAL LIEN

Name and address of Claimant/Licensed Health Care Provider:

**Spooner Physical Therapy**  
**PO Box 4570**  
**Scottsdale, AZ 85261-4570**

Name of Patient: **Sarah Riley—06/24/2009 (minor)**  
Date of Injury: **10/30/2025**  
County & State where injury occurred: **Maricopa County, AZ**  
Dates of services received by patient: **11/17/2025 through pending**  
Amount due for care of patient: **pending**

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

**Nicole Riley, Parent or Guardian of Sarah Riley, 8414 S 49<sup>th</sup> Lane, Laveen, AZ 85339**  
**Commonwealth Casualty, 2500 N 24<sup>th</sup> St, Phoenix, AZ 85008, CL #: CAZ-0070269**  
**Gallagher Law Group, 2600 N 44<sup>th</sup> St. Ste 107, Phoenix, AZ 85008**

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

STATE OF ARIZONA                     )  
   ) SS.  
COUNTY OF MARICOPA             )

I, Angelica Garcia, being sworn upon oath, deposes' & says: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & Claim of Medical Lien in good faith, (3) the facts herein stated are true & correct to the best of my knowledge.

By: Angelica Garcia

For: **Spooner Physical Therapy**

My Commission Expires: 08/31/2026

*Angelica Garcia*  
SUBSCRIBED AND SWORN to before me,  
the undersigned Notary Public, this  
**1<sup>st</sup> day of December 2025.**

*Lynda Meyer*  
Notary Public

