

Unofficial 20. Document

Ta:
Es:

Kent Taylor
1295 W County Line Rd
Wickenburg, AZ 85390

DO NOT PAY THIS STATEMENT. THIS IS NOT A BILL. THE INFORMATION PROVIDED BELOW IS FOR INFORMATIONAL PURPOSES ONLY. THIS LIEN IS AGAINST LIABILITY PROCEEDS ONLY.

NOTICE AND CLAIM OF HEALTHCARE PROVIDER LIEN

NAME & ADDRESS OF CLAIMANT PROVIDER: Champion Physical Therapy, LLC, 1175 W. Wickenburg Way #3, Wickenburg, AZ 85390

NAME & ADDRESS OF AGENT: Janell Flamand, 1175 W. Wickenburg Way #3, Wickenburg, AZ 85390

NAME OF PATIENT: Kent Taylor

CLAIM NUMBER: None

ADDRESS OF PATIENT: 1295 W County Line Rd, Wickenburg, AZ 85390

DATE OF PATIENT'S ADMISSION: 10/17/25

DATE OF PATIENT'S DISCHARGE: ongoing

AMOUNT DUE FOR CARE OF PATIENT: \$250.00 and accruing

The above named healthcare provider, pursuant to the laws of the State of Arizona, hereby claims a lien upon any and all causes of action, suits, claims, counter-claims, or demands for damages accruing to the patient named herein, or to the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated his or her care, for its total customary charges for facility and physician care and treatment of the above named injured patient hereinabove claimed to be due together with any charges owing for continuing treatment. **The above named healthcare provider claims an ongoing lien for any continuing treatment related to said injuries.** This lien does not reflect on the patient's credit, as it will attach to third party liability funds even if the patient has no personal liability for the bill. The name and address of the patient stated above are as they appear on the records of the provider. Within five (5) days of recording this document, a copy will be mailed to the patient.

To the best of the Claimant's knowledge, the names & addresses of all persons, firms or corporations & 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:

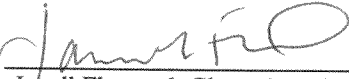
Adjuster: , , ,

Attorney: Morgan & Morgan, 2355 E Camelback Ste 335, Phoenix, AZ 85016

STATE OF ARIZONA)
) ss.
County of Maricopa)

Pursuant to § A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien for and on behalf of said claimant, being authorized to do so, and that the statements contained in the foregoing Notice and Claim of Lien are true.

By:


Janell Flamand, Champion Physical Therapy, LLC

SUBSCRIBED AND SWORN to before me this 28th day of October, 2025.

NOTARY SEAL:



TINA M TRIMELONI
NOTARY PUBLIC
STATE OF ARIZONA
Maricopa County
Commission # 641801
My Comm. Expires Dec. 12, 2026


Notary Public