

Unofficial Document

WHEN RECORDED MAIL TO:

AZ REGENERATIVE MEDICINE LLC
16620 N 40TH STREET SUITE G2
PHOENIX, AZ 85032

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dr.

NOTICE AND CLAIM OF PHYSICIAN LIEN

CALIMANT INFORMATION:

Name of claimant licensed health care provider: Jeffrey W. Frost D.C., P.M.M.T.P.

Name of licensed health care provider, executive officer or agent of health care provider: Jeffrey W. Frost D.C., P.M.M.T.P.

Address of Licensed health care provider, executive officer or agent of health care provider: 16620 N 40TH Street Suite G2
Phoenix, AZ 85032

Patient Information:

Name of Patient: Harry Willie

Address of Patient: 28425 N Black Canyon Hwy #1062 Phoenix, AZ 85085

Date of patient's first treatment: 8-21-2025 Date of patient's last treatment: 11-10-2025

The date(s) of which medical care and treatment were provided are: 8/21/2025 - 11/10/2025

Amount due to date for care of patient: \$8257.00. County in which injuries were sustained: Maricopa

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

NAME

Harry Willie

ADDRESS

28425 N Black Canyon Hwy

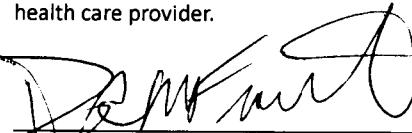
#1062 Phoenix, AZ 85085

PO Box 94561

Cleveland, OH 44101

Progressive Insurance
claim# - 25-679181191

The above named claimants pursuant to the laws of the state of Arizona do hereby claim a lien upon any and all causes of action, suits, claims, counter claims, or demands, 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 treatment, for the customary charges for health care and treatment of the above named injured patient in the sum herein above claimed to be due. The name and the address of the patient as herein before set forth are as the same appear on the records of the licensed health care provider.


LICENSED HEALTH CARE PROVIDER SIGNATURE

Notary: Les Friedli
Date: 11-13-2025

