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NOTICE OF CLAIM OF HEALTHCARE PROVIDER LIEN

NAME AND ADDRESS OF HEALTH CARE PROVIDER: **TAX ID#: 86-0900464**

Alyesh, P.A. dba INJURY CHIROPRACTIC- 5121 W Thunderbird Rd, Glendale, AZ 85306

NAME AND ADDRESS OF PATIENT: CURTIS GRIFFITH
11175 W ROOSAVELT ST APT 72
AVONDALE, AZ 85323

CHART #: **2951HAV**

DATE OF INJURY: 10/28/2025

DATES OF SERVICE 11/04/2025 ***; AND CONTINUING AS PATIENT STILL TREATING.***

AMOUNT DUE: $1570.00 ***; PLUS CHARGES ACCRUING AS TREATMENT CONTINUES.***

To the best of claimant's knowledge, the names and address of all persons, firms or corporations and their insurance carriers claimed by the injured person or their legal representatives to be liable for damages arising from the injuries for which health care treatment has been received are as follows:

LIEN PATIENT

Pursuant to the laws of the State of Arizona, ARS Chapter 7, Liens, Article 3, Health Care Provider Liens, 33-931 through 33-936, the above named claimant, personally or through its authorized agent, does hereby place a lien on any & all actions, suits, claims, counterclaims or demands for damages accruing to said patient on his behalf by a legal representative, assignee or heir on account of injuries giving rise to such cause of action and which necessitated medical care & treatment for which claimant rendered such care at the rate customarily charged for such services as provided under ARS 33-931 (B), the sum of which is due and payable as indicated above. Claimant hereby demands that its name be placed on any and all settlement checks issued by the persons, firms, corporations or insurance carriers for their financial responsibility for all amounts under this lien.

STATE OF ARIZONA, COUNTY OF MARICOPA

I, Alizabeth Tapia, being sworn upon oath, depose & say: (1) I am the Claimant or the Authorized Agent of Claimant; (2) I have made this Notice and Claim of Health Care Provider Lien in good faith; (3) The facts herein stated are true & correct to the best of my knowledge.

By Claimant or Agent: Alizabeth Tapia
SUBSCRIBED & SWORN to me on this 18th day of November, 2025.

Notary Public, State of AZ, Maricopa County: Silvia Aguirre Caballero
My Commission Expires: January 17, 2028