

# Unofficial Document

AZ Accident Chiropractic, LLC  
2929 N. 75<sup>th</sup> AVE. #15  
PHOENIX, AZ 85033

STATE OF: AZ COUNTY OF: MARICOPA

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To:

**DO NOT PAY THIS STATEMENT. THIS IS NOT A BILL.**

## NOTICE OF CLAIM OF PHYSICIAN LIEN

NAME OF HEALTH CARE PROVIDER: AZ ACCIDENT CHIROPRACTIC, LLC  
ADDRESS OF HEALTH CARE PROVIDER: 2929 N 75TH AVE #15, PHOENIX AZ 85033

NOTICE IS HEREBY GIVEN, pursuant to A.R.S. § 33-931 et seq., that above-named Claimant Licensed Health Care, a duly licensed health care provider in the State of Arizona, claims a lien for the reasonable value of medical services, treatment, and care provided to the patient identified below as a result of injuries sustained on or about the date indicated below.

NAME OF PATIENT: Dung Tien Pham

ADDRESS OF PATIENT: 5235 W Leonora Ln Laveen, AZ 85339

DATE OF INJURY: 11/18/2025

DATE OF LAST SERVICE: 11/20/25

AMOUNT DUE TO DATE FOR CARE: \$ 816.00

\*Treatment Continuing and amounts incurred during this continued period are also subject to this lien.

TO THE BEST OF CLAIMANT HEALTH CARE PROVIDER'S KNOWLEDGE, THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS OR CORPORATIONS AND THEIR INSURANCE CARRIERS CLAIMED BY THE INJURED PERSON OR THE INJURED PERSON'S REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARISING FROM THE INJURIES FOR WHICH THE INJURED PERSON RECEIVED HEALTH CARE ARE LISTED BELOW:

Name: Adetayo Olugbemi Adetunji

Address: 6816 W Burgess Ln  
Laveen, AZ 85339

State Farm  
Insurance: P.O.Box 2345  
Address: Bloomington, IL 61702  
Policy #: 1033440-SFP-03  
Claim #: 0393D661L

The above-named claimants pursuant to the Laws of the State of Arizona do hereby claim a lien upon any and all causes of actions, suits, claims, counterclaims, 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 reasonable and customary charges for health care and treatment of the above-named patient in the sum herein above claimed to be due. The name and address of the patient as herein before set forth are as the same appear on the records of the Licensed Health Care Provider.

This lien does not attach to any health insurance benefits, workers' compensation, or government benefits.

### Verification:

I, the undersigned, being duly authorized, declare under penalty of perjury that the foregoing is true and correct. I further represent that a copy of this lien was sent by certified mail to the patient and to each person, firms or corporations and their insurance carriers claimed by the injured person or the injured person's representative to be liable for damages arising from the injuries for which the injured person received health care are listed below.

DATED this 24 day of November, 2025. Authorized Representative Signature: Leticia R. Arvizu  
Printed Name: