

**WHEN RECORDED, RETURN TO:**

**CHIROPRACTIC SOLUTIONS**

**MICHAEL DAVIS,DC**

**1616 N. LITCHFIELD ROAD, SUITE 250**

**GOODYEAR, AZ 85395**

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dr.

**NOTICE AND CLAIM OF HEALTHCARE PROVIDER LIEN**

Name of Claimant: Michael Davis, DC  
Chiropractic Solutions

Address of Claimant: 1616 N. Litchfield Road, Suite 250  
Goodyear, AZ 85395

Name of Patient: Alicia Santillan

Address of Patient: 2331 W Weldon Ave  
Phoenix, AZ 85015

Patient's Date of Birth: 04/20/1989

Patient's Phone Number: 602-668-4623

Initial Exam Date: 10/29/2025

Date of Discharge: Still Under Care

Amount Due for Care: \$2430.00 Still under Care

County in which the  
Injury was sustained: Maricopa

Pursuant to A.R.S. 33-932 =, this lien is being recorded with the Maricopa County Recorder's Office within thirty days after the patient has received any services relating to the injuries.

**(Providers and totals are to be supplemented at close of treatment)**

LIEN RE: Alicia Santillan

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

Insurance company: Geico

Address: PO Box 509119

San Diego, CA 92150

Phone No.: 520-546-7349

Adjuster: \_\_\_\_\_

Claim # : \_\_\_\_\_

Policy # : 6132950889

Insured: Alicia Santillan

Insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

Unofficial Document

Phone No.: \_\_\_\_\_

Adjuster: \_\_\_\_\_

Claim # : \_\_\_\_\_

Policy # : \_\_\_\_\_

Insured: \_\_\_\_\_

Attorney: Accident Law Group

Address: 1646 N Litchfield Rd, B255

Goodyear, AZ 85395

Phone No.: 602-333-3333

Contact: Isme Flores

Pursuant to A.R.S. 33-932, copies of the foregoing were sent via first class mail within five days after recording the foregoing claim of lien to the patient, as well as all persons, firms or corporations and their insurance carriers claimed by the patient or their representative to be liable for damages arising from the injuries for which the patient received health care. This is an attempt to collect a debt. Any information gathered shall be used for such purpose.

LIEN RE: Alicia Santillan

The above named provider pursuant to the laws of the laws of the State of Arizona in such cases made and provided, does hereby claim a lien upon any and all causes of action, suits, claims, counterclaims, or demands for damages accruing to the patient named herein, or the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated his or her hospitalization, for its customary charges for hospital are and treatment of the above named injured patient in the sum hereinabove claimed to be due. The name and address of the patient hereinabove set forth are as the same appearing on the records of the provider.

(STATE OF ARIZONA)  
County of Maricopa)

**MICHAEL DAVIS, DC**, being first duly sworn, upon oath deposes and says:

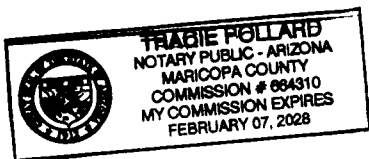
That he is the Agent of Chiropractic Solutions and makes this Notice and Claim of Lien for and on behalf of said hospital, being thereunto duly authorized; that the matters and things contained in the foregoing notice and claim of lien are true.

Unofficial Document

Michael Davis, DC.

Subscribed and sworn to before me this day

24<sup>th</sup> November 2025



Notary Public

My Commission Expires:

Feb. 07, 2028