

Unofficial 20. Document

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PLEASE RETURN TO:
LONDON CHIROPRACTIC
6766 W GLENDALE AVE. STE.145
GLENDALE, ARIZONA 85303

HEALTH CARE PROVIDER LIEN

(HEALTH CARE PROVIDER) ADDRESS: Craig M. London D.C.
6766 W GLENDALE AVE,
STE.145
PHONE: 623. 873-1703 GLENDALE, ARIZONA 85303

NAME OF EXECUTIVE OFFICER OR AGENT OF PHYSICIAN'S OFFICE:
CRAIG M. LONDON, D.C.

PATIENT INFORMATION: Ruby Cruz Ochoa-Pastran
ADDRESS: 3812 N 86th Lane
Phoenix, AZ 85037-2426

DATE OF PATIENT'S FIRST TREATMENT: 10/02/2025

DATE OF ALL TREATMENTS: 10/02/2025, 10/06/2025, 10/08/2025

DATE OF PATIENT'S LAST TREATMENT: 10/08/2025

AMOUNT CLAIMED FOR TREATMENT: \$806.00

STATUS OF TREATMENT: Still treating

COUNTY WHERE INJURY/ACCIDENT OCCURRED: MARICOPA

TO THE BEST OF MY KNOWLEDGE, THE NAMES AND ADDRESSES OF ALL
PERSONS, FIRMS OR CORPORATIONS AND INSURANCE CARRIERS OF SAID
PERSONS, CLAIMED BY THE ABOVE PATIENT, OR BY HIS LEGAL
REPRESENTATIVE, TO BE LIABLE FOR DAMAGES ARE AS FOLLOWS:

PATIENT: Ruby Cruz Ochoa-Pastran

Insurance: State Farm Insurance

ADJUSTER: Elia 844-292-8615 ext. 21697

CLAIM#: 0390Z529L

BY  London Chiropractic Center