

# Unofficial Document

11:  
cr

Goodyear Chiropractic  
11 W. Van Buren St, Ste. #28  
Avondale, AZ 85323  
623-932-4060

## Notice of Claim of Medical Lien

|   |  |
|---|--|
| <u>NAME OF CLAIMANT/ADDRESS:</u>                                      | <u>NAME OF PATIENT:</u>                    |
| Goodyear Chiropractic<br>11 W. Van Buren Street<br>Avondale, AZ 85323 | Christina Contreras                        |
|   | <u>ADDRESS:</u>                            |
|   | 10020 W Montecito Ave<br>Phoenix, AZ 85037 |
|   | <u>DATE OF LOSS:</u>                       |
|   | 10/21/2025                                 |
|   | <u>FIRST VISIT:</u>                        |
|   | 10/24/2025                                 |

Estimated at the end of treatment: \$15,000.00

\$2,607.00 as of 10/30/2025

PATIENT IS STILL TREATING: YES

State and county in which illnesses or injuries occurred: Arizona/Maricopa County to the best of the claimants' knowledge, the names and addresses of all persons, firms, corporations, and insurance carriers claimed by the above-named patient, or by his/her legal representatives to liable damages are as follows:

### Patient

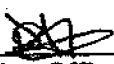
Christina Contreras  
10020 W Montecito Ave  
Phoenix, AZ 85037

### Attorney

The Husband and Wife Law Team  
389 E Palm Lane Ste 11  
Phoenix, AZ 85004

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby Claim A Lien upon any and all actions, suits, claims, counterclaims, or demands for damages accruing to said patient on his/her behalf by legal representative, assigned on heirs on account of injuries giving rise to such cause of actions, and which necessitated his/her medical care and treatment for which claimant rendered medical care at the rate customarily charged for such services which exceed \$250.00, as provided under A.R.S. 33-931, (B) the sum of which is due and payable to indicated above. I, being the first duly sworn upon oath, depose and say: (1) That I am the person herein named as claimant (or the authorized agent of such claimant); (2) That I have made this Notice of claim of Medical Lien in good faith; and (3) the facts herein are true and correct to the best of my knowledge, information and belief.

"I declare under penalty of perjury that the foregoing is true and correct." Signed  
on the 21st day of November, 2025

  
Executive Officer or Agent of Facility

Date

11/21/25