

Unofficial Document

WHEN RECORDED RETURN TO:

DE:

HO:

Active Family Chiropractic
129 S. Smith Rd #101
Tempe, Arizona 85288

STATE OF ARIZONA)
) ss.
County of Maricopa)

NOTICE AND CLAIM OF STATUTORY
AND CONTRACTUAL HEALTH CARE
PROVIDER LIEN AND/OR ASSIGNMENT
(VERIFIED)

NOTICE TO ALL CREDIT REPORTING AGENCIES:

This patient's account is current and being paid as agreed.

Name of Patient:	<u>Maria Delrosario Carvajal</u>
Address of Patient:	<u>2438 N 20th Ave</u> <u>Phoenix, AZ 85009</u>
Date Injuries Were Sustained:	<u>10/20/25</u>
County in Which Injuries Were Sustained:	<u>Maricopa</u>
Name of Claimant Provider:	<u>Active Family Chiropractic</u>
Address of Provider:	<u>129 S. Smith Rd, Ste. 101</u> <u>Tempe, AZ 85288</u>
Dates of Patient's Care:	From: 10/28/25 to present
Amount Due for Care of Patient:	\$999.00 plus additional charges incurred

To the best of Claimant's knowledge, the names and addresses of all persons, firms or corporations and their insurance carriers claimed by the injured person or their representative to be liable for damages arising from the injuries for which health care has been received are as follows [individuals who are at fault should also be listed as liable parties]. List their name and address if known:

<u>Name</u>	<u>Address</u>	<u>Claim or Policy No.</u>
Maria Delrosario Carvajal	2438 N 20 th Ave Phoenix, AZ 85009	

Law Office of Joel W Black 4949 W Indian School Rd
Phoenix, AZ 85031

Claimant does hereby claim a lien pursuant to the laws of the State of Arizona upon any and all causes of action, suits, claims, counterclaims, or demands for damages 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 medical treatment or care, for its customary charges for care and treatment of the above named injured patient in the sum hereinabove called to be due. The name and address of the patient as herein set forth are as the same as appear on the records of Claimant.

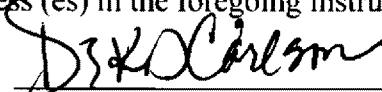
VERIFICATION OF AUTHORED AGENT AND CERTIFICATE OF SERVICE

STATE OF ARIZONA)
) ss.
County of Maricopa)

Dr. Rebecca Carlson Bell, being first duly sworn, upon oath deposes and says:

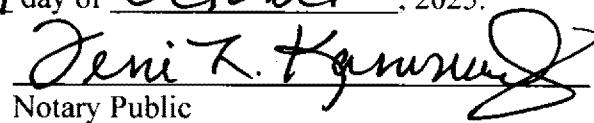
Unofficial Document

- 1) That she is the Executive Officer or Agent of the health care provider named in the foregoing NOTICE AND/OR CONTRACTUAL HEALTH CARE PROVIDER LEIN AND/OR ASSIGNMENT, and that she is authorized to act on behalf of said provider and makes this NOTICE AND/OR CONTRACTUAL HEALTH CARE PROVIDER LIEN AND/OR ASSIGNMENT for such health care provider in good faith being thereunto duly authorized;
- 2) That the statement contained herein are factual, true and correct to the best of her knowledge and belief;
- 3) That within five days of recording this NOTICE AND/OR CONTRACTUAL HEALTH CARE PROVIDER LEIN AND/OR ASSIGNMENT, copies of same were served by Certified U. S. Mail, postage prepaid, upon the above named individual and upon each person, firm or corporation claimed to be liable for damages and their respective insurance carriers at the address (es) in the foregoing instrument.



Dr. Rebecca Carlson, D.C.

Subscribed and sworn to before me this 29 day of October, 2025.



Notary Public

