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

Notice of Claim of Medical Lien

NAME OF CLAIMANT/ADDRESS:
Goodyear Chiropractic
11 W. Van Buren Street
Avondale, AZ 85323

NAME OF PATIENT: Omar Parrilla

ADDRESS: 12175 W Mcdowell Rd
Avondale, AZ 85392

DATE OF LOSS: 10/01/2025

FIRST VISIT: 10/06/2025

Estimated at the end of treatment: $15,000.00
$2,570.00 as of 10/21/2025
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
Omar Parrilla
12175 W Mcdowell Rd
Avondale, AZ 85392

Attorney
Law Office of Frank Carrizoza
5616 W. Glendale Ave
Glendale, AZ 85301

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 _22nd_ day of ___October___ ,20 25

_____   ___10\22\25___
Executive Officer or Agent of Facility   Date