

# Unofficial Document

**When recorded mail to:**  
*Spooner Physical Therapy  
9097 E Desert Cove, #110  
Scottsdale, AZ 85260*

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## **NOTICE AND CLAIM OF MEDICAL LIEN**

Name and address of Claimant/Licensed Health Care Provider:

**Spooner Physical Therapy  
PO Box 4570  
Scottsdale, AZ 85261-4570**

Name of Patient: Gianna Hernandez=11/29/2006

Date of Injury: 07/25/2025

County & State where injury occurred: Maricopa County, AZ

Dates of services received by patient: 11/06/2025 through pending

Amount due for care of patient: **pending**

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

Gianna Hernandez, 8708 S. 22<sup>nd</sup> Glen, Phoenix, AZ 85041

Gallegher Bassett, PO Box 2831, Clinton, IA 52733, CI #:040395-000375-AB-01

Sargon Law Group, 4105 N 20<sup>th</sup> St, Ste 260, Phoenix, AZ 85016

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any & all actions, suits, claims, counter claims or demands for damages accruing to said patient on his behalf by a legal representative, assignee or heirs on account of injuries giving rise to such cause of action, & which necessitated medical care & treatment for which claimant rendered such 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 & payable as indicated above.

STATE OF ARIZONA )  
 ) SS.  
COUNTY OF MARICOPA )

I, Angelica Garcia, being sworn upon oath, deposes' & says: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & Claim of Medical Lien in good faith, (3) the facts herein stated are true & correct to the best of my knowledge.

By: Angelica Garcia

For: Spooner Physical Therapy

My Commission Expires: 07/10/2026

SUBSCRIBED AND SWORN to before me,  
the undersigned Notary Public, this  
**20<sup>th</sup> day of November, 2025.**

