

Gamino Chiropractic  
4231 West Yorkshire Drive  
Glendale, AZ 85308

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## NOTICE OF CLAIM OF MEDICAL LIEN

NAME OF CLAIMANT: Gamino Chiropractic  
ADDRESS OF CLAIMANT: 4231 West Yorkshire Drive, Glendale, AZ 85308  
NAME OF PATIENT: Diana Macias  
DATE OF PATIENT'S INJURY: 08.18.2025  
DATE OF PATIENT'S FIRST TREATMENT: 10.10.2025  
DATE OF PATIENT'S FULL RELEASE: still treating, undetermined  
AMOUNT DUE CLAIMANT FOR TREATMENT OF PATIENTS: \$360 still treating  
COUNTY AND STATE IN WHICH INJURIES OCCURRED: Maricopa, Arizona

To the best of claimant's knowledge, the names and addresses of all persons and insurance carriers claimed by the above patient, to be liable for damages are as follows:

NAME
<u>Diana Macias</u>
<u>HORAN LAW OFFICES</u>
<u>CLM # 30-92KENF-1</u>

ADDRESS
<u>8344 W MAYA DR PEORIA AZ 85385</u>
<u>10930 W TATUM BLVD PHX 85048</u>

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 accruing to said patient on his/her behalf by a legal representative, assignee or heirs on account of injuries giving rise to such cause of action, 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 as indicated above.

STATE OF ARIZONA  
COUNTY OF MARICOPA

I, ELVA M. GAMINO-CHARRETTA, being first duly sworn upon oath, depose and say:  
(1) That I am the person herein named as claimant (or authorized agent of such claimant); (2) That I have made this Notice and Claim of Medical Lien in good faith; and (3) That the facts therein stated are true and correct to the best of my knowledge, information and belief.

[Signature]  
Claimant or Agent

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 23 day of October, 2025. Ximena Nava, Notary Public.

My Commission Expires: 05.01.2029

