

Unofficial 20. Document

WHEN RECORDED MAIL TO:
TURLEY CHIROPRACTIC
1920 N SCOTTSDALE RD
SCOTTSDALE, AZ 85257

93
mo

NOTICE & CLAIM OF MEDICAL LIEN

CLAIMANT:

TURLEY CHIROPRACTIC
KEVIN B TURLEY, D.C.
1920 N SCOTTSDALE RD
SCOTTSDALE, AZ 85257

PATIENT INFORMATION (AS IT APPEARS ON THE RECORDS OF CLAIMANT):

NAME DANIELLE NATHE

ADDRESS 1261 N LOS ALAMOS MESA, AZ 85203

DATE OF INJURY 10/09/2025 COUNTY WHERE INJURY OCCURRED MARICOPA

DATE OF PATIENT SERVICES 10/09/2025 TO PRESENT

AMOUNT DUE FOR PATIENT SERVICES: \$410.00 + ONGOING TREATMENT

TO THE BEST OF THE CLAIMANT'S KNOWLEDGE, THE NAMES & ADDRESSES OF ALL PERSONS, FIRMS OR CORPORATIONS & INSURANCE CARRIERS OF SAID PERSONS, FIRMS OR CORPORATIONS CLAIMED BY THE ABOVE PATIENT, OR BY HIS/HER LEGAL REPRESENTATIVE, TO BE LIABLE FOR DAMAGES ARE AS FOLLOWS:

NAME TOBLER LAW

ALLSTATE CLM #: 0808142194

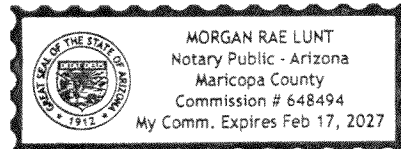
ADDRESS 4824 E BASELINE RD. STE 109 MESA, AZ 85201
PO BOX 660636 DALLAS, TX 75266

PURSUANT TO ARS 33-931, THE ABOVE-NAMED CLAIMANT PERSONALLY, OR THROUGH ITS AUTHORIZED AGENT, DOES HEREBY CLAIM A LIEN UPON ANY & ALL ACTIONS, SUITS, CLAIMS, COUNTERCLAIMS OR DEMANDS FOR DAMAGES 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, & FOR WHICH NECESSITATED MEDICAL CARE & TREATMENT FOR WHICH CLAIMANT RENDERED SUCH CARE AT THE RATE CUSTOMARILY CHARGED FOR SUCH SERVICES, THE SUM OF WHICH IS DUE AND PAYABLE AS INDICATED ABOVE.

I, KEVIN TURLEY, AUTHORIZED AGENT OF KEVIN B TURLEY, DC, BEING SWORN UPON OATH, DEPOSES & SAYS: I AM NAMED AS CLAIMANT OR AUTHORIZED AGENT OF CLAIMANT; I HAVE MADE THIS NOTICE & CLAIM OF MEDICAL LIEN IN GOOD FAITH; THE FACTS HEREIN STATED ARE CORRECT & TRUE TO THE BEST OF MY KNOWLEDGE.

KEVIN B TURLEY, D.C.
AUTHORIZED AGENT OF KEVIN B TURLEY, D.C.

SUBSCRIBED & SWORN TO BEFORE A NOTARY PUBLIC
ON THIS 23RD DAY OF OCTOBER, 2025.



Morgan Rae Lunt
NOTARY PUBLIC