

# Unofficial 20. Document

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

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## Notice of Claim of Medical Lien

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

**NAME OF PATIENT:** Alexis Molina

**ADDRESS:** 15830 W Berkeley Rd  
Goodyear, AZ 85323

**DATE OF LOSS:** 10/02/2025

**FIRST VISIT:** 10/06/2025

**Estimated at the end of treatment: \$15,000.00**

**\$4,730.00 as of 10/22/2025**

**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**  
**Alexis Molina**  
**15830 W Berkeley Rd**  
**Goodyear, AZ 85323**

**Attorney**  
**Faith Law**  
**1360 N Bullard Ave Ste 201**  
**Goodyear, AZ 85395**

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, 2025**

  
\_\_\_\_\_  
Executive Officer or Agent of Facility

10/22/25  
\_\_\_\_\_  
Date