

# Unofficial Document

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Amanda Leyva  
310 E Juniper St  
Mesa, AZ 85201

**DO NOT PAY THIS STATEMENT. THIS IS NOT A BILL. THE INFORMATION PROVIDED BELOW IS FOR INFORMATIONAL PURPOSES ONLY. THIS LIEN IS AGAINST LIABILITY PROCEEDS ONLY**

## NOTICE AND CLAIM OF HEALTHCARE PROVIDER LIEN

NAME & ADDRESS OF CLAIMANT PROVIDER: Dustin Nabhan D.C., Preferred Rehab Wellness Center  
235 E. Warner Rd., #B104, Gilbert, AZ 85296

NAME OF PATIENT: **Amanda Leyva**

ADDRESS OF PATIENT: **310 E Juniper St, Mesa, AZ**

DATE OF LOSS: 09-26-2025

DATE OF PATIENT'S ADMISSION 10-25-25

DATE OF PATIENT'S DISCHARGE: ongoing

AMOUNT DUE FOR CARE OF PATIENT: \$500.00 and accruing.

The above named healthcare provider, pursuant to the laws of the State of Arizona hereby claims a lien upon any and all causes of action, suits, claims, counter-claims, or demands for damages accruing to the patient named herein, or to the legal representative or such patient, on account of injuries giving rise to such causes of action and which necessitated his or her care, for its total customary charges for facility and physician care and treatment of the above named injured patient hereinabove claimed to be due together with any charges owing for continuing treatment. **The above named healthcare provider claims an ongoing lien for any continuing treatment related to said injuries.** This lien does not reflect on the patient's credit, as it will attach to third party liability funds even if the patient has no personal liability for the bill. See *Andrews, et al. v. Samaritan Health System*, 201 Ariz. 379, 36 P.3d 57 (App. 2001); A.R.S. § 36-2903.01 (H)(4). The name and address of the patient stated above are as they appear on the records of this provider. Within five (5) days of recording this document, a copy along with a Notice of Provider Lien will be presented to the patient.

To the best of Claimant's knowledge, the names & addresses of all persons, firms or corporations & insurance carriers for such persons, firms or corporations claimed by the above-named patient, or his/her legal representative to be liable for damages are:

Adjuster:

Insured:

Attorney: Jonathan Brown, Rafi Law Group

STATE OF ARIZONA                          )  
    ) ss.  
County of Maricopa                        )

*Witnesseth I am the Licensed Health Care Provider, Executive Office of Agent of the Health Care Provider named in the foregoing Notice and Claim of Medical Care Lien and I am authorized to act on behalf of the said Health Care Provider and makes this Notice and Claim for and on behalf of said Health Care Provider being thereunto duly authorized; that the matter and things contained in the foregoing Notice and Claim of Medical Care Lien are true.*

By: \_\_\_\_\_   
Dustin Nabhan, D.C., Lien Holder

SUBSCRIBED AND SWORN to before me this 28th day of October 2025.