

# Unofficial 20 Document

Rambod Derakhshani DC FIAMA  
The Healing Joint  
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## NOTICE AND CLAIM OF MEDICAL LIEN

Name of Claimant: Rambod Derakhshani  
Address of Claimant: 3226 N Miller Rd. Ste 5., Scottsdale AZ 85251  
Authorized Agent: The Healing Joint, LLC  
Rambod Derakhshani, DC FIAMA

Patient Name and Address: Rachelle Faas  
2927 N. 83rd St, Scottsdale AZ 85251  
Date of Injury: 9/16/25  
First Date of Treatment: 10/6/25  
Date of Patient's Balances: \_\_\_\_\_  
Date of Patient's Release: \_\_\_\_\_  
Amount Due: \$ plus continued charges

STATE AND COUNTY OF WHICH INJURIES OCCURRED:

State Arizona County MariCopa

NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, CORPORATIONS, AND INSURANCE CARRIERS CLAIMED BY THE ABOVE PATIENT, OR BY HIS LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE AS FOLLOWS:

<u>Bitco</u>	<u>Lerner + Powe</u>
<u>3700 Market Square Circle</u>	<u>2701 E Camelback Rd Ste 140</u>
<u>Davenport IA 52807</u>	<u>Phoenix AZ 85016</u>

Claim # \_\_\_\_\_

PURSUANT A.R.S. 33-931, THE ABOVE NAMED CLAIMANT, PERSONALLY OR THROUGH ITS AUTHORIZED AGENT, DOES HEREBY CLAIM LIEN UPON ANY AND ALL ACTIONS, SUITS, CLAIMS, COUNTERCLAIMS, OR DEMANDS FOR DAMAGES OCCURRING TO SAID PATIENT IN HIS (HER) BEHALF BY A LEGAL REPRESENTATIVE, ASSIGNEE OF HEIRS, ON ACCOUNT OF INJURIES GIVING RISE TO SUCH CAUSE OF ACTION, AND WHICH NECESSITATED HIS OR HER MEDICAL CARE AND TREATMENT FOR WHICH CLAIMANT RENDERED MEDICAL CARE AT THE RATE CUSTOMARILY CHARGED FOR SUCH SERVICES WHICH EXCEEDS \$250.00, AS PROVIDED UNDER 33-931 (B), THE SUM OF WHICH IS DUE AND PAYABLE AS INDICATED ABOVE.

DATED: 10/24/25

Rambod Derakhshani

Claimant or Agent

Dr. A. T. J.

Witness