

Unofficial Document

After recording
Return to:

Dr. Ty Ruddell, D.C.
4864 E. Baseline Rd. #105
Mesa, AZ 85206
480-558-1900

Sp
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NOTICE OF CLAIM OF MEDICAL LIEN

1. NAME OF CLAIMANT LICENSED HEALTH CARE PROVIDER Dr. Ty Ruddell D.C.

2. NAME OF LICENSED HEALTH CARE PROVIDER EXECUTIVE OFFICER OR AGENT OF HEALTH CARE
PROVIDER Dr. Ty Ruddell D.C.

3. ADDRESS OF LICENSED HEALTH CARE PROVIDER EXECUTIVE OFFICER OR AGENT HEALTH CARE
PROVIDER 4864 E. Baseline Rd. Suite 105 Mesa, Arizona 85206

PATIENT INFORMATION:

NAME OF PATIENT Spencer Pearce

ADDRESS OF PATIENT 616 Belview Apt. D, Mesa, AZ 85204

DATE OF PATIENT'S LAST TREATMENT Currently treating

THE DATE(S) OF WHICH MEDICAL CARE AND TREATMENT WERE PROVIDED

November 3, 2025 thru still in treatment

AMOUNT DUE FOR CARE OF PATIENT: \$1,410 and continuing

COUNTY IN WHICH INJURIES WERE SUSTAINED: Mancopa

To the best of the claimant's knowledge the names and addresses of all persons, firms or corporation and the insurance carriers of said persons, firms or corporations claimed by the above-named patient, or by his legal representative, to be liable for damages as follows:

NAME ADDRESS

Spencer Pearce 10153 E. Knowles Ave., Mesa, AZ 85209

Travelers Insurance 60 Lakefront Blvd. Buffalo, NY 14202

The above-named claimant's pursuant to the laws of the State of Arizona do hereby claim a lien upon any and all causes of action, suits, claims, counterclaims, or demands accruing to the patient named herein, or to the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated his or her treatment, for the customary charges for health care and treatment of the above-named injured patient in the sum hereinabove claimed to be due. The name and address of the patient as herein before set forth are as the same appear on the records of the Licensed Health Care Provider.



Licensed Health Care Provider, Executive Officer or Agent thereof
Dr. Ty Ruddell, D.C., C.C.S.P.