

# Unofficial Document

**WHEN RECORDED MAIL TO:  
PURA VIDA CHIROPRACTIC, PLC  
574 N ARIZONA AVE  
CHANDLER, AZ 85225**

ON  
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## **NOTICE AND CLAIM OF MEDICAL PROVIDER LIEN**

**CLAIMANT LICENSED HEALTH CARE PROVIDER AND ADDRESS  
OF LICENSED HEALTH CARE PROVIDER EXECUTIVE OFFICER:**

**PURA VIDA CHIROPRACTIC, PLC  
TIMOTHY R. BRADFORD, D.C.  
574 N ARIZONA AVE  
CHANDLER, AZ 85225**

**EXECUTIVE OFFICER OR AGENT OF HEALTH CARE PROVIDER:** Timothy R. Bradford

**NAME OF PATIENT:** Deimary Castro

**DATE OF FIRST CARE/TREATMENT:** 11/12/2025

DATE OF PATIENT'S DISCHARGE:      STILL TREATING

CURRENT BALANCE TO DATE FOR CARE/TREATMENT: \$ 1,563.90

COUNTY IN WHICH INJURIES WERE SUSTAINED: Maricopa

**TO THE BEST OF CLAIMANT'S KNOWLEDGE THE NAMES AND ADDRESSES OF ALL PERSONS, FIRM**

**TO THE BEST OF CLAIMANT'S KNOWLEDGE THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, OR CORPORATIONS  
AND THE 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:**

**Deimary Castro**  
**3633 W Roosevelt St**  
**Phoenix, AZ 85009**

**Patient has legal representation**

THE ABOVE NAMED CLAIMANTS, IN ACCORDANCE WITH ARIZONA REVISED STATUTES 33-931 THROUGH 33-934, DO HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION, SUITS, CLAIMS, COUNTERCLAIMS, OR DEMANDS ACCRUING TO THE PATIENT NAMED ABOVE OR TO THE LEGAL REPRESENTATIVE OF SUCH PATIENT, AS A RESULT OF INJURIES GIVING RISE TO CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTH CARE TREATMENT OF THE ABOVE NAMED INJURED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

STATE OF ARIZONA )  
 ) SS. VERIFICATION OF AUTHORIZED AGENT  
COUNTY OF MARICOPA )

Q-BP

LICENSED HEALTH CARE PROVIDER, EXECUTIVE OFFICER OR AGENT THEREOF.

**SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC.**

ON THIS 26th DAY OF November 2025

Mark A. Cintalpa, Jr.  
NOTARY PUBLIC

**MY COMMISSION EXPIRES:**

