

Unofficial 20 Document

Recorded at the request of: *

Phoenix "Life" Center *

James M. Diana, D.C. *

3650 W. Bethany Home Rd. *

Phoenix, AZ 85019 *

Please return this instrument*

or copy to the above person. *

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Ho:

Recording information

NOTICE AND CLAIM OF MEDICAL CARE LIEN

Effective Date: 10/04/2025 * County and State: Maricopa, AZ

County/sustained injuries in: Maricopa

Health Care Provider:

Phoenix "Life" Center

James M. Diana, D.C.

3650 W. Bethany Home Rd.

Phoenix, AZ 85019

Patient:

Jerry R. Martinez

5312 W. Tierra Buena Ln.

Glendale, AZ 85306

Licensed health care provider executive officer or agent:

Phoenix "Life" Center

James M. Diana, D.C.

3650 W. Bethany Home Rd.

Phoenix, AZ 85019

First treatment date:

10/04/2025

Last treatment date:

10/28/2025 (still treating)

Amount Due: \$2,644.00 (partial to date)

(THIS MAY NOT BE A FINAL AMOUNT. PATIENT MAY HAVE ADDITIONAL ACCRUING DATES OF SERVICE INCREASING FINAL LIEN AMOUNT. PLEASE CONTACT OFFICE NAMED HEREIN FOR FINAL AMOUNT AT THE TIME OF SETTLEMENT.)

Dates of which medical care and treatment were provided are:

2025 October 4, 7, 9, 11, 14, 16, 18, 21, 23, 28(still treating)

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

Federated Insurance
P.O. BOX 328
Owatonna, MN 55060
Policy #: 6069499

USAA
P.O. BOX 5000
Daphne, AL 36526
Policy#: GIC 031707542 7101

Tidmore Law Offices, PLLC
301 E. Bethany Home Rd., #C-173
Phoenix, AZ 85012

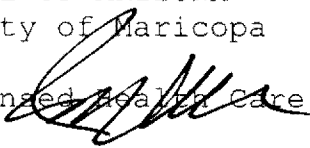
Jerry R. Martinez
5312 W. Tierra Buena Ln.
Glendale, AZ 85306

The above-named claimants pursuant to the laws of the State of Arizona do hereby claim a lien upon any and all caused 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 here-in above claimed to be due. The name and address of the patient as here in before set forth are as the same appears on the records of the Licensed Health Care Provider.

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Witnesseth I am the Licensed Health Care Provider, Executive officer or Agent of the Health Care Provider named in the foregoing Notice and Claim of Medical Care Lien and that I am the authorized person to act on behalf of said Health Care Provider and makes this Notice and Claim of Medical Lien unto duly authorized; that the matters and things contained in the foregoing Notice and Claim of Medical Care Lien are true.


STATE OF ARIZONA
County of Maricopa

 Licensed Health Care Provider, Executive Officer or Agent

SUBSCRIBED AND SWORN this

Date: 10-29-2025

3-22-2029
Notary Expiration Date


Notary Public

