

DAR-LIENS, INC.  
7633 E Acoma #102  
Scottsdale, Arizona 85260

Arizona Certified Legal Document Preparer  
Certificate Number 80906  
Designated Principal - Dale Shephard

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# Unofficial Document

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## NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN

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DATE LIEN PREPARED: NOVEMBER 18, 2025

COUNTY: MARICOPA

STATE: ARIZONA

**CLAIMANT LICENSED HEALTH CARE PROVIDER:**

ELLAH HEALTH SPECIALTIES, INC.  
DARON G. HALLE, D.C.  
8877 W. UNION HILLS DRIVE #300  
PEORIA, ARIZONA 85382

**EXECUTIVE OFFICER OR AGENT OF LICENSED HEALTH CARE PROVIDER:**

Susan C. Beyette

**PATIENT INFORMATION - NAME, ADDRESS AND ZIP CODE AS SAME APPEAR ON THE RECORDS  
OF CLAIMANT HEALTH CARE PROVIDER.**

CHASE A. MILHAM  
12838 W. PARADISE DRIVE  
EL MIRAGE, ARIZONA 85335

**DATE OF PATIENT'S FIRST CARE/TREATMENT** OCTOBER 28, 2025

**DATE OF PATIENT'S LAST CARE/TREATMENT (IF COMPLETE)** NOVEMBER 4, 2025 (NOT YET COMPLETE)

**DATES ON WHICH ON-GOING MEDICAL CARE/  
TREATMENT WERE PROVIDED (MONTH AND DAY)** OCTOBER 28 - NOVEMBER 4, 2025 (STILL TREATING)

AMOUNT CLAIMED DUE FOR CARE / TREATMENT OF PATIENT \$487.00	COUNTY IN WHICH INJURIES WERE SUSTAINED MARICOPA
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**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:**

**NAME**

TREXIS INSURANCE  
(877) 384-7466  
CLAIM #898388  
POLICY #1102036361225  
ATTN: JENNIFER BRADEN

**ADDRESS**

P.O. BOX 682388  
FRANKLIN, TENNESEE 37068-2388

**COPY TO:** MICHAEL A. WADE, ESQ.  
(602) 755-7806

WADE & NYSATHER/AZ ACCIDENT ATTORNEYS  
8961 E. BELL ROAD #201  
SCOTTSDALE, ARIZONA 85260

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

**SUSAN C. BEYETTE (LIMITED AGENT)** BEING DULY SWORN, UPON OATH DEPOSES AND SAYS THAT HE/SHE IS THE LICENSED HEALTH CARE PROVIDER, EXECUTIVE OFFICER OR AGENT OF THE HEALTH CARE PROVIDER NAMED IN THE PRECEDING NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN, THAT HE/SHE IS AUTHORIZED TO ACT ON BEHALF OF SAID HEALTH CARE PROVIDER, THAT HE/SHE DID WITHIN FIVE (5) DAYS AFTER THE RECORDING OF SAID NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN AND ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2025 DID SEND BY CERTIFIED MAIL OR FIRST CLASS, COPIES THEREOF TO EACH PERSON, FIRM OR CORPORATION AND THE INSURANCE CARRIER OF SUCH PERSONS, FIRM OR CORPORATIONS CLAIMED IN THE SAID NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN TO BE LIABLE FOR DAMAGES, AT THE ADDRESSES GIVEN IN THE PRECEDING STATEMENT.

STATE OF: ARIZONA

COUNTY OF: MARICOPA

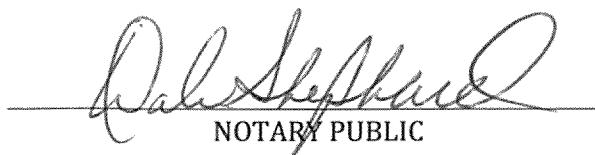
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**VERIFICATION OF AUTHORIZED AGENT  
AND AFFIDAVIT OF PROOF OF SERVICE**

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LICENSED HEALTH CARE PROVIDER,  
EXECUTIVE OFFICER OR AGENT THEREOF.

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC  
ON THIS 18<sup>th</sup> DAY OF NOVEMBER, 2025.



DALE SHEPHARD  
NOTARY PUBLIC

