

Unofficial Document

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NOTICE OF CLAIMS OF MEDICAL LIEN

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dr.

NAME OF CLAIMANT/ADDRESS

Dr. Jessi Alexander-Hoch, D.C.
565 W. Chandler Blvd. Suite 210
Chandler, AZ 85225
480-482-1843

PATIENT INFORMATION

Name: Kelly Rawcliffe DOB: 4/2/1980
Phone: (480) 518-7027 Address: 18814 E. Seagull Dr., Queen Creek, AZ 85142
Date of Injury: 10/4/2025 Date of first treatment: 10/15/2025
Date of full release: pending, treatment is continuing
Estimated total to be due at the end of treatment: \$12,000.00
State & County in which injuries occurred: Maricopa County, AZ

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

RESPONSIBLE PARTY

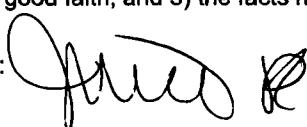
Name: Kelly Rawcliffe DOB: 4/2/1980
Phone: (480) 518-7027 Address: 18814 E. Seagull Dr., Queen Creek, AZ 85142

ATTORNEY INFORMATION

Skousen, Gulbrandsen & Patience, PLC
414 E. Southern Ave.
Mesa, AZ 85204
(480) 889-8904

Pursuant to A.R.S. 33-931, the above named claimant personally, or through its authorized agent, does hereby Claim A Lien upon any and all causes of action, suits, claims, counterclaims or demands for damages accruing to said patient, on his/her behalf by legal representatives, assigned or heirs, on account of injuries giving rise to such cause of actions, and which necessitated his/her medical care and treatment for which claimant rendered medical care at the rate customarily charged for such services which exceed \$250.00, as provided under A.R.S. 33-931, (B) the sum of which is due and payable to indicated above. I, being the first duly sworn upon oath, depose and say: (1) That I am the person herein name as claimant (or authorized agent of such claimant); (2) That I have made this Notice of Medical Lien in good faith; and 3) the facts herein are true and correct to the best of my knowledge, information and belief.

Representative:



Date: 10/31/2025