

Unofficial 20. Document

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To:

NOTICE AND CLAIM OF MEDICAL LIEN

CLAIMANT:

Lundgren Chiropractic,
Dba East Valley Pain Solutions
805 E. Warner Rd #102
Chandler, AZ 85225

EXECUTIVE OFFICER OR AGENT:

Jason Lundgren DC
805 E. Warner Rd #102
Chandler, AZ 85225

NAME OF PATIENT: Jillian Rose Heishman

ADDRESS OF PATIENT: 1349 W. Meadow Green Lane, Gilbert, AZ 85233

DATES OF SERVICE: 11/10/2025-Present

AMOUNT DUE FOR CARE OF PATIENT THROUGH: \$4000 +

STATE AND COUNTY IN WHICH INJURIES OCCURRED: MARICOPA COUNTY, ARIZONA

To the best of claimant's knowledge, the name and address of all persons, firms, or corporations and the Insurance carriers of said persons, firms, or corporations claimed by the above-named patient (or by his or her legal representative) to be liable for damages as follows:


Geico Insurance
Claim Number: 8812541440000004

P.O. BOX 77076
Philadelphia, PA 19176-0776

The above health provider pursuant to ARS 33-931 does hereby claim a lien upon any and all causes of Action, suits, claims, counterclaims or demands for damages accruing to the patient named herein or to the Legal representative of such a patient, on account of injuries giving rise to such causes of action, and which necessitated his or her medical care, for its customary charges for medical care and treatment of the above named injured patient in the sum set forth. The name and address of the patient set forth are as they appear on the records of the undersigned.

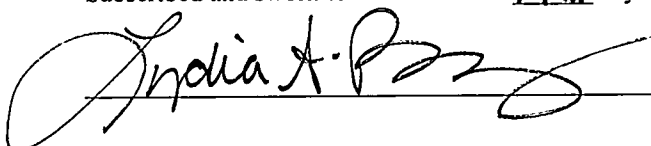
STATE OF ARIZONA)
County of Maricopa) ss.

Jason Lundgren being first duly sworn, upon oath deposes and says: That he is the President of Lundgren Chiropractic, dba East Valley Pain Solutions and he makes this Notice and Claim of Lien for and on behave thereof, being duly Authorized to do so, and that the matters and things contained in the foregoing Notice and claim of Lien Are true.



Jason Lundgren, President

Subscribed and sworn to before me this 17th day of Nov., 2025.



Notary Public

