

# Unofficial Document

**When recorded mail to:**  
*Spooner Physical Therapy*  
*9097 E Desert Cove, #110*  
*Scottsdale, AZ 85260*

—Sn:  
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## **NOTICE AND CLAIM OF MEDICAL LIEN**

Name and address of Claimant/Licensed Health Care Provider:

**Spooner Physical Therapy  
PO Box 4570  
Scottsdale, AZ 85261-4570**

Name of Patient: Josephine Snyder—09/07/1982

Date of Injury: 05/30/2025

County & State where injury occurred: Maricopa County, AZ

Dates of services received by patient: 11/19/2025 through pending

Amount due for care of patient: pending

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

**Josephine Snyder, 19113 West Rosewood Lane, Wittman, AZ 85361  
Progressive, PO Box 94670, Cleveland, OH 44101. CL #: 25-695120000  
Amara & Associates, 2 N. Central Ave., Ste 1936, Phoenix, AZ 85004**

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any & all actions, suits, claims, counter claims or demands for damages accruing to said patient on his behalf by a legal representative, assignee or heirs on account of injuries giving rise to such cause of action, & which necessitated medical care & treatment for which claimant rendered such 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 & payable as indicated above.

STATE OF ARIZONA )  
 ) SS.  
COUNTY OF MARICOPA )

I, Angelica Garcia, being sworn upon oath, deposes' & says: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & Claim of Medical Lien in good faith, (3) the facts herein stated are true & correct to the best of my knowledge.

By: Angelica Garcia

For: Spooner Physical Therapy

**My Commission Expires:** 08/31/2026

SUBSCRIBED AND SWEARN to before me,  
the undersigned Notary Public, this  
**1<sup>st</sup> day of December 2025.**

Syndra Meyer  
**Notary Public**

