

# Unofficial 20. Document

**CLAIMANT**

Trinity Chiropractic, LLC  
18275 N 59<sup>th</sup> Ave, Ste 178  
Glendale, AZ 85308  
(602) 603-5444

**CASE #**

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**NOTICE AND CLAIM OF PROVIDER LIEN**

**Name of Claimant Provider Facility:** Trinity Chiropractic, LLC

**Address of Provider:** 18275 N 59<sup>th</sup> Ave, Ste 178, Glendale, AZ 85308

**Name of Executive Officer or Agent of Provider Facility:** David Iszler, D.C.

**Address of Executive Officer of Agent of Provider Facility:** 18275 N 59<sup>th</sup> Ave, Ste 178, Glendale, AZ 85308

**Name of Patient:** Robin Johnson

**Patient's Address:** 18230 W Morning Vista Ln, Surprise, AZ 85387

**Date of Initial Office Visit:** 10/13/2025      **Date of loss:** 10/06/2025

**Amount due for Treatment:** \$2,434.00 to date with continuing care

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, or corporations claimed by the above-named patient, or by his or her legal representative, to be liable for damages are as follows:

Unknown at this time

The above named Provider pursuant to laws of the State of Arizona in such cases made and provided, does hereby claim a lien upon any and all causes of action, suits, claims, counter-claims, or demands for damages 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 services provided, for customary charges for the medical care and treatment of the above- named injured patient in the same hereinabove named to be due. The name and address of the patient as set forth are the same as appear on the medical records.

STATE OF ARIZONA) ) ss  
County of Maricopa )  
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*David Iszler, DC*  
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Executive Officer or Agent of

Trinity Chiropractic, LLC  
Facility