

Unofficial Document

East Valley Family Healthcare, P.C.
2111 East Pecos Road Suite 1
Ph: 480.821.9388 Fax: 480.821.6326

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Medical Lien

Provider Information

Provider Name: East Valley Family Healthcare, P.C.

Phone: 480-821-9388 Fax: 480-821-6326 e-mail: frontdesk@albertfamilychiropractor.com

Patient Information

Date of Loss: 10/14/2025

Patient's Name: Antonio Marquez

Address: 1482 West Elgin Street City: Chandler State: AZ Zip: 85224

Date of 1st treatment: 10/27/2025

Released Date: current patient **Liability Insurer:** **Adjuster:**

Liability Address:

Phone: _____ Claim#: _____ City _____ State _____ Zip _____
Policy#: _____

Insured:

Attorney: Farar & Lewis LLP Joel Farar
Firm Name Attorney Paralegal

Firm Address: 20 East Thomas Road, Suite 2200 Phoenix AZ 85012
City State Zip

Phone: 602.883.2633 Fax: 310.444.1913

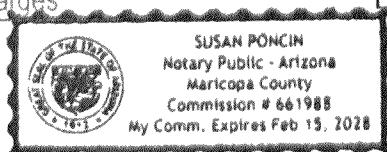
Lien Information

Lien Record Date: _____ Lien notice sent to atty/liability insurer: _____

Total Charges: as of 10/28/2025 : \$330.00 Total Payments: _____

Lien Amount: accruing charges Date: 10/28/2025

Notary Signature:  My Comm. Expires Feb 19, 2026



Print Name Seira De La Huerta

Authorized Agent of East Valley Family Healthcare, P.C.