

Unofficial Document

WHEN RECORDED MAIL TO:

SOUTHWEST SPINE AND REHAB
2919 S ELLSWORTH ROAD, STE 102
MESA, AZ 85212

21
Yo.

NOTICE OF MEDICAL LIEN

CLAIMANT LICENSED HEALTHCARE PROVIDER:

SOUTHWEST SPINE AND REHAB
SCOTT TAYLOR, DC
2919 S ELLSWORTH ROAD, STE 102
MESA, AZ 85212

EXECUTIVE OFFICER OR AGENT OF HEALTHCARE PROVIDER: Dr. Scott Taylor, DC (LIMITED AGENT)

NAME OF PATIENT: Alyssa Thistlewood

ADDRESS OF PATIENT: 10708 E. Knowles Ave. Mesa, AZ 85209

DATE OF PATIENT'S FIRST CARE/TREATMENT: 10/31/25

DATE OF PATIENT'S LAST CARE/TREATMENT: TBD (STILL TREATING/ TREATMENT COMPLETE)

AMOUNT DUE TO DATE FOR MEDICAL CARE: \$ TBD

COUNTY WHICH MEDICAL CARE PERFORMED: _____

TO THE BEST OF CLAIMANT'S KNOWLEDGE THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, OR CORPORATIONS AND THE INSURANCE CARRIERS FOR SUCH PERSON, FIRMS OR CORPORATIONS CLAIMED BY THE ABOVE-NAMED PATIENT, OR HIS/HER LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE:

Alyssa Thistlewood
10708 E. Knowles Ave
Mesa, AZ 85209

East Valley Law /wess
1525 S. Greenfield Rd. #2
Mesa, AZ 85206

AARP
P.O. Box 8082
Royal Oak, MI 48068-9823

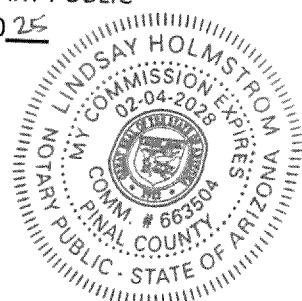
THE ABOVE NAMED CLAIMANTS, IN ACCORDANCE WITH ARIZONA REVISED STATUTES 33-931 THROUGH 33-934, DO HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION, SUITS, CLAIMS, COUNTERCLAIMS, OR DEMANDS ACCRUING TO THE PATIENT NAMED ABOVE OR TO THE LEGAL REPRESENTATIVE OF SUCH A PATIENT, AS A RESULT OF INJURIES GIVING RISE TO CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTHCARE TREATMENT OF THE ABOVE NAMED INJURED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

STATE OF ARIZONA)
COUNTY OF MARICOPA)
) ss. VERIFICATION OF AUTHORIZED AGENT

SIGNATURE OF LICENSED HEALTHCARE PROVIDER EXECUTIVE OFFICER OR AGENT THEREOF: Scott Taylor

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC
ON THIS 18 DAY OF November, 2025

LH
NOTARY PUBLIC



MY COMMISSION EXPIRES: 2/4/28