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NOTICE AND CLAIM OF HEALTHCARE PROVIDER LIEN

Name of Patient: Terrance Johnson

Address of Patient: 6152 W Oakland St Chandler AZ 85226

Date of Injury: 12/2/2025

Date of First Visit: _____

Date of Patient's Discharge: Ongoing treatment

Amount Due for Care: \$250.00. Amount subject to change as charges are accruing as treatment continues.

Name of Claimant: Foothills Sports Medicine Physical Therapy

Address of Claimant: 15410 S Mountain Pkwy Ste 112. Phoenix Az 85044

Name of Claimant's Agent: Ted Carter

Address of Claimant's Agent: 15410 S Mountain Pkwy Ste 112. Phoenix Az 85044

I, Terrance Johnson agree to pay directly to Foothills Sports Medicine Physical Therapy such sums as may be due and owing for services rendered me by reason the Accident and to withhold such sums from any settlement or judgment as may be necessary to adequately protect Foothills Sports Medicine Physical Therapy. I grant a lien to Foothills Sports Medicine Physical Therapy on my case and the proceeds of any settlement or recovery in connection with the Accident.

I understand that I am directly and fully responsible to Foothills Sports Medicine Physical Therapy for all medical bills for all services rendered to me and that this agreement is made solely for the additional protections of Foothills Sports Medicine Physical Therapy and in consideration of Foothills Sports Medicine Physical Therapy awaiting payment until the end of the case. I further understand that such payment is not contingent on any settlement or judgment.

I acknowledge receipt of this lien to Foothills Sports Medicine Physical Therapy. I request Foothills Sports Medicine Physical Therapy to sign below acknowledging that provider will refrain from collection efforts until my accident case is concluded, provided that I pursue the case diligently.

I understand that I will receive monthly notification showing the balance due on my account; I further understand that I am not expected to remit on the balance due until my case is settled, provided I pursue the case diligently.

[Signature]
Patient or Guardian Signature

Dated: 10/20/25

[Signature]
Signature of Claimant, Foothills Sports Medicine Physical Therapy

Dated: 10-20-25

Pursuant to A.R.S. section 33-931, the above named claimant, personally or through its authorized agent, does hereby Claim A Lien upon any and all actions, suits, claims, counter claims or demands for damages accruing to said patient on his (her) behalf by a legal representative, assignee or heirs on account of injuries giving rise to such cause of action, and which necessitated his or (her) medical care and treatment for which claimant rendered medical care at the rate customarily charged for such services which exceeded \$250.00, as provided under A.R.S. section 33-931 (B), the sum of which is due and payable as indicated above.

To the best of claimant's knowledge, the names 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 are as follows:

PATIENT'S NAME & ADDRESS: Terrance Johnson 6152 W Oakland St Chandler AZ 85226

ATTORNEY NAME & ADDRESS: Bryce Montague 10609 Hayden Rd Ste 106. Scottsdale AZ 85258

3RD PARTY INS. NAME & ADDRESS: GIECO PO BOX 35 MACON GA 31208

CLAIM #: 0431746470000001