

Unofficial 20 Document

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Recorded at the request of:
Dr. Carla Diana, D.C.
Dr. Angelo Pisano, D.C.
Christian R. Williams, PA
In Touch Wellness Center
2302 W. Greenway Rd.
Phoenix, AZ 85023

Please return this instrument
or copy to the above person.

Recording information

NOTICE AND CLAIM OF MEDICAL CARE LIEN

Effective Date:

10/29/2025

* County and State:

* Maricopa County, Arizona

Health Care Provider:

Dr. Carla Diana, D.C.
Dr. Angelo Pisano, D.C.
Christian R. Williams, PA
In Touch Wellness Center
2302 W. Greenway Rd.
Phoenix, AZ 85023

Patient:

Vicki Day
8240 W. Briden Lane
Peoria, AZ 85383

Licensed health care provider, executive officer or agent:

Dr. Carla Diana, D.C.
Dr. Angelo Pisano, D.C.
Christian R. Williams, PA
In Touch Wellness Center
2302 W. Greenway Rd.
Phoenix, AZ 85023

First treatment date:

11/05/2025

Last treatment date:

Still treating

Amount Due:

\$6,000.00

County/sustained injuries in:
Maricopa County Arizona

Dates of which medical care and treatment were provided
are: 11/05/2025 - Continue until finish treating.

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

Liabile Party:

Farmers Insurance
PO Box 268994
Oklahoma City, OK 73126
Adjuster: Arielle Villafana

Vicki Day
8240 W. Briden Lane
Peoria, AZ 85383

The above-named claimants pursuant to the laws of the State of Arizona do hereby claim a lien upon any and all caused of action, suits, claims, counterclaims, or demands 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 treatment, for the customary charges for health care and treatment of the above-named injured patient in the sum here-in above claimed to be due. The name and address of the patient as ^{Unofficial Document} ~~herein~~ before setting forth are as the same appears on the records of the Licensed Health Care Provider.

Witnesseth I am the Licensed Health Care Provider, Executive officer or Agent of the Health Care Provider named in the foregoing Notice and Claim of Medical Care Lien and that I am the authorized person to act on behalf of said Health Care Provider and makes this Notice and Claim of Medical Lien unto duly authorized; that the matters and things contained in the foregoing Notice and Claim of Medical Care Lien are true.

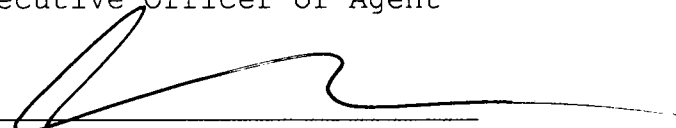
STATE OF ARIZONA

County of Maricopa

Licensed Health Care Provider, Executive Officer of Agent

SUBSCRIBED AND SWORN this

Date: 11/12/2025


In Touch Wellness Center Agent
Al Carbone, Office Manager


3/15/2029
Notary Expiration Date

Notary Public:

