

# Unofficial Document

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ADIO CHIROPRACTIC  
7966 W. THUNDERBIRD RD. SUITE 102  
PEORIA, AZ 85381

## **NOTICE AND CLAIM OF STATUTORY HEALTHCARE PROVIDER LIEN/ASSIGNMENT**

**(PAYMENT TO BE MADE DIRECTLY TO HEALTHCARE PROVIDER--PATIENT  
SIGNED A CONTRACT AND ASSIGNMENT OF SETTLEMENT AND/OR BENEFITS)**

**NAME AND ADDRESS OF PATIENT:**

Christina Laycock || 9707 W Raintree Drive, Sun City AZ 85351

**DATE AND COUNTY OF INJURY:**

10/23/2025 Maricopa

**NAME/ADDRESS/COUNTY OF CLAIMANT/PROVIDER & HEALTHCARE FACILITY:**

ADIO Chiropractic, Gaylen N. Bartlett, DC, 7966 W. Thunderbird Rd. Suite 102, Peoria, AZ 85381, Maricopa County; (623)256-6458, (623)670-5990(fax)

**DATE(S) OF SERVICES RENDERED:**

10/27/2025-Current

Liable payer(s) must contact provider for dates of service. Treatment ongoing and balance accruing.

**AMOUNT DUE (TO DATE) FOR SERVICES RENDERED:**

979.00

the amount listed does not reflect the final balance due, contact provider for this information.

**NAME OF INSURANCE COMPANIES, ADDRESS, CLAIM AND/OR POLICY:**

TO THE BEST OF THE CLAIMANTS KNOWLEDGE, THE NAMES AND ADDRESSES OR CORPORATIONS AND THEIR INSURANCE CARRIERS, INCLUDING THE PATIENT'S OWN FIRST PARTY INSURANCE POLICY BEING CLAIMED BY THE INJURED PERSON OR THEIR LEGAL REPRESENTATIVE TO BE LIABLE FOR ALL DAMAGES ARISING FROM THE INJURIES FOR WHICH HEALTHCARE HAS BEEN RECEIVED ARE AS FOLLOWS:

Christina Laycock || 9707 W Raintree Drive, Sun City AZ 85351

Progressive PO Box 94670 Cleavland OH 44101

Policy #998284541 Claim #25279952781

The above named healthcare provider maintains and operates or provides healthcare services at the address stated herein and has been duly licensed by this state or its political subdivisions. Pursuant to A.R.S. 33-931 & 33-932 et.Seq., an equitable Lien Contract and Assignment of Benefits Contract consummated between the named patient and healthcare provider (contract on file at the provider's address), said healthcare provider is entitled to be fully compensated on charges for services rendered.

Notice is hereby given of a claim (lien) against any and all money from any insurance policy (except health care insurance) including any and all causes of action, suits, settlements, judgments, verdicts, counterclaims, or damages payable to the injured person indicated or to their legal representative, for the customary charges (indicated in this document) in connection with care and treatment or transportation of the injured person an account of said injuries which gave rise to such claims and necessitated services for medical care and treatment. **The healthcare provider named above must be placed on any and all settlement checks issued by the above named liable party(ies) and/or insurance company(ies) including first party insurance companies whose policy holder(s) have Med-Pay, UIM/UM and PIP** – Any hold harmless agreement that the attorney and/or patient or patient representative signs does not indemnify the named responsible party(ies) and/or insurance company(ies) from their legal and financial responsibilities for all of the above named healthcare providers bills for treatment of the claimant.

I, GAYLEN N. BARTLETT, DC, DO HEREBY SWEAR THAT: (1) I AM NAMED AS CLAIMANT AND/OR AUTHORIZED AGENT OF CLAIMANT, (2) I HAVE MADE THIS NOTICE & CLAIM OF MEDICAL LIEN IN GOOD FAITH, (3) THE FACTS HEREIN STATED ARE TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE.



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11/04/2025

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BY: GAYLEN N. BARTLETT, DC (FOR: ADIO Chiropractic)  
Unofficial Document

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DATE: