

Unofficial Document



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NOTICE AND CLAIM OF HEALTHCARE PROVIDER LIEN

FINANCIAL DIRECTIVE and PROMISE TO PAY. REIMBMENT OF SETTLEMENT MONIES
TO HEALTH CARE PROVIDER PER SIGNED AGREEMENT BY PATIENT/CLAIMANT

DATE LIEN PREPARED: 12/8/2025 COUNTY: MARICOPA STATE: ARIZONA

CLAIMANT'S LICENSED HEALTH CARE PROVIDER:

AHNEN CHIROPRACTIC
MANFRED H AHNEN, D.C., FIAMA
2058 S DOBSON ROAD, SUITE 16
MESA, AZ 85202

480-755-7777 FAX: 480-752-3281

Name & Address of Patient: Jose Flores Cervantes 916 E University Dr. #C, Mesa, AZ 85203

Date of Injury: 11/20/2025 Date of Patient Initial Visit: 11/26/2025

County in which injuries were sustained: Maricopa

AMOUNT DUE to DATE FOR CARE/TREATMENT OF PATIENT: \$1135 (accruing) request final balance

To the best of claimant's knowledge, the names and addresses of all persons, firms or corporations and their insurance carriers **INCLUDING** the claimants own first party insurance policy being claimed for reimbursement (patient has signed a Financial Directive/Reimbursement to Ahnen Chiropractic for payment from any settlement *see 2nd page*) by the injured person or their legal representative to be liable for ALL damages arising from the injuries for which healthcare has been received.

NAME ADDRESS

Jose Flores Cervantes joeaflocer@gmail.com

GEICO geicocclaims@geico.com

CLAIM#0646403220000018

Manfred H Ahnen, D.C., FIAMA

DEC - 8 2025

Date

Ahnen Chiropractic must be placed on any & 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 *see 2nd page*). 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 & financial responsibilities for **Ahnen Chiropractic** bills for treatment received.

Ahnen Chiropractic Accident & Injury

2058 South Dobson Road, #16

Mesa, Arizona 85202

(480) 755-7777 • (480) 752-3281/fax

PATIENT FINANCIAL AGREEMENT

(Equitable Lien/Benefit Assignment Contract and Indemnification Agreement)

Please read the following very carefully as it concerns your financial responsibility to the Health Care or Service Provider from whom you are about to receive services.

FLORES CERVANTES, JOSE

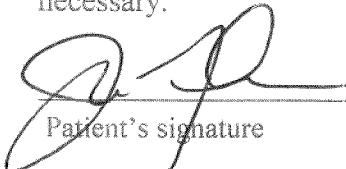
I _____ [*patient printed name*], the undersigned Patient hereby agrees to establish a Lien/Assignment of benefits or claims in favor of **Ahnen Chiropractic Accident & Injury** by this contract and pursuant to any state statutes that apply in the state where I reside and/or are receiving treatment. I give my permission for **Ahnen Chiropractic Accident & Injury** and/or their agent, to file, record and serve notice of a copy of a recorded copy of a *Notice and Claim of Statutory Health Care Provider Lien Equitable Lien/Benefit Assignment Contract and Indemnification Agreement* upon all parties who may be liable, including me for damages arising from the accident which occurred on 11-20-25 [*date*] and any subsequent claims arising from this accident for which I am receiving health care services. I understand that by doing so I am willingly signing a contract with the above named health care or service provider. I am authorizing direct payment(s) to Ahnen Chiropractic Accident & Injury from any and all proceeds regardless of which insurance policy makes payment, settlement, compromise, judgment verdict or damages to which I may be entitled and paid in connection with the settlement^{Unofficial Document} of claims or litigation arising from this accident, in such sums necessary to fully compensate the health care or service provider from whom I have received care. The Lien/Assignment created by this Equitable Lien Contract and Indemnification Agreement shall have priority over any subsequent liens or assignments of my interests in claims arising from this accident.

In exchange for providing the necessary medical care without requiring payment in full at the time services are received, I agree that I am responsible for all charges associated with my care, regardless of the insurance companies' reimbursement, settlement or compromise. Charges for which I agree to be responsible for, include all administrative expenses associated with processing my claim, including recording and/or serving the notice of this Lien/Assignment upon all liable parties and/or their insurance companies.

FLORES CERVANTES, JOSE

I _____ [*patient printed name*], authorize my auto insurance company, any liable insurance company or attorney's office to release any information requested by Ahnen Chiropractic Accident & Injury pertaining to my personal injury accident.

Also included will be any collection charges or legal costs and fees incurred while attempting to collect any missing accident information and/or medical bills related to this claim should such measures become necessary.



Patient's signature

NOV 26 2025

Date

[If patient is a minor print minor's name here]