

Unofficial Document

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NOTICE AND CLAIM OF MEDICAL CARE LIEN

Claimant / Health Care Provider:

Sonoran Wellness Center 6020 W. Bell Road Ste E-108 Glendale, AZ 85308

Patient / Involved Parties:

1. Jim Ray	24701 North Lake Pleasant Drive, Peoria, AZ 85383
2. USAA Auto Injury Solutions	PO Box 5000 Daphne, AL 36526
Policy # 0266230517102	
3. Erica J. Yazzie	22404 North 182nd Lane, Surprise, AZ 85387
4. GEICO	PO Box 305, Macon, GA 31208
Policy# 4417564236	Claim # 0549011490101076
Adjuster: Sherry Toner	425-981-1726

Date of Injury: 10/16/2025 Treatment Date: 10/24/2025 to Present - Still Treating
Initial/Current amount due: \$500.00 - Plus charges still accruing as treatment continues

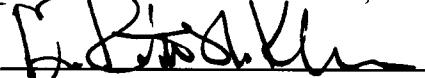
Contact claimant for final / total amount due.

To the best of the claimant's knowledge the name 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.

The above named claimants pursuant to the laws of the State of Arizona A.R.S. 33-931, do hereby claim a lien upon any and all causes 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 for which claimant rendered such care at the rate customarily charged for such services which exceeds \$250.00 as provided under A.R.S. 33-931 (b), the sum herein above claim to be due. The name and address of the patient as here in before set forth are as the same appears on the records of the Licensed Health Care Provider.

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.

Licensed Health Care Provider, Executive Officer or Agent



Robert H. Kleckner, MBS, DC, FIAMA, C-FMP

Date: 11/04/2025

The healthcare provider named must be placed on any and all payments issued by the named liable party and/or insurance company. Any hold harmless agreement that the attorney and/or patient representative signs does not indemnify the named liable party and/or insurance company from their legal and financial responsibility for the above named healthcare provider's charges for services rendered.