

Unofficial 20. Document

When recorded mail to:

08
dr.

Name: _____

Address: _____

City/State/Zip: _____

this area reserved for county recorder

CAPTION HEADING:

DO NOT REMOVE

This is part of the official document.



Christopher Wood, D.C., C.C.S.P., M.U.A.C.

4550 E Bell Rd Bldg. 6 Ste.152 Phoenix, AZ 85032 Phone: 602-258-9663 Fax: 602-258-9664

Send completed lien to: Arizona Sports Chiropractic & Wellness Center
Christopher Wood D.C.
4550 East Bell Road, Bldg. 6 Ste. 152
Phoenix, Arizona 85032

NOTICE AND CLAIM OF MEDICAL LIEN

Name of Claimant: Arizona Sports Chiropractic & Wellness Center
Address of Claimant: 4550 East Bell Road, Bldg. 6 Ste. 152
Authorized Agent: Christopher Wood D.C.

PATIENT INFORMATION:

Name & Address: Bruce Kirkpatrick, 17802 N 35th St, Phoenix, AZ 85032

Date of Injury: 04/27/2025

Date of First Treatment: 04/28/2025

Date of Patient's Release: Undetermined

Amount Due: Approximately \$5,000. - Still under treatment

STATE AND COUNTY WHICH INJURIES OCCURRED: California, Los Angeles County

NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, CORPORATION AND INSURANCE CARRIERS CLAIMS BY THE ABOVE NAMED PATIENT, OR BY HIS LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE AS FOLLOWS:

Unofficial Document

NAME	ADDRESSES	CLAIM#
Allstate	PO Box 660636 Dallas, TX 75266	0791272040

PURSUANT TO A.R.S. 33-931, THE ABOVE NAMED CLAIMANT, PERSONALLY OR THROUGH ITS AUTHORIZED AGENT, DOES HEREBY CLAIM LIEN UPON ANY AND ALL ACTIONS, SUITS, CLAIMS, COUNTERCLAIMS OR DEMANDS FOR DAMAGES OCCURRING TO SAID PATIENT ON HIS/HER BEHALF BY A LEGAL REPRESENTATIVE, ASSIGNEE OF 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 EXCEEDS \$250.00, AS PROVIDED UNDER 33-931(B), THE SUM OF WHICH IS DUE AND PAYABLE AS INDICATED ABOVE.

STATE OF ARIZONA)
County of Maricopa) ss

[Signature]
Licensed Health Care Provider, Executive Officer or Agent

SUBSCRIBED AND SWORN this date: November 25, 2025

10-24-28
Notary Expiration Date

[Signature] Amber Lee Mall
Notary Public

