

# Unofficial Document

HANSEN CHIROPRACTIC, LLC  
PRACTICE OF CHIROPRACTIC

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## NOTICE AND CLAIM OF MEDICAL LIEN

Name and address of claimant physician's office:  
Hansen Chiropractic, 3220 E. Baseline Road, Suite 112, Phoenix, AZ 85042

Name of executive office or agent of physician's office:  
Hansen Chiropractic, 3220 E. Baseline Road, Suite 112, Phoenix, AZ 85042

Name of patient & address:

Vincent & Stephen De Wit  
1516 East Gary Way Phoenix, AZ 85042

Date of initial treatment: Vincent – 11/6/25, Stephen 11/11/25

Date of final treatment: Still treating

Current amount due for care of the patient as of 12/1/2025 : Vincent - \$2,525.00, Stephen - \$1,455.00

County and State in which injuries were sustained: Maricopa, Arizona

To the best of the claimant's knowledge, the names & addresses of all persons, firms or corporations & insurance carriers of said persons, firms or corporations, claimed by the above patient, or by his legal representative, to be liable for damages are as follows:

NAME	ADDRESS
Patient: Vincent & Stephen De Wit	1516 East Gary Way Phoenix, AZ 85042
Insurance Company: Geico	
Claim # 8876617710000002	
Attorney: n/a	

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any and all actions, suits, claims, counterclaims, or demands for damages accruing to said patient on his behalf by a legal representative, assignee, or heirs on account of injuries giving rise to such cause of action, & which necessitated medical care & treatment for which claimant rendered such care at the rate customarily charged for such services which exceed \$250.00 as provided under the A.R.S. 33-931 (B), the sum of which is due and payable as indicated above.

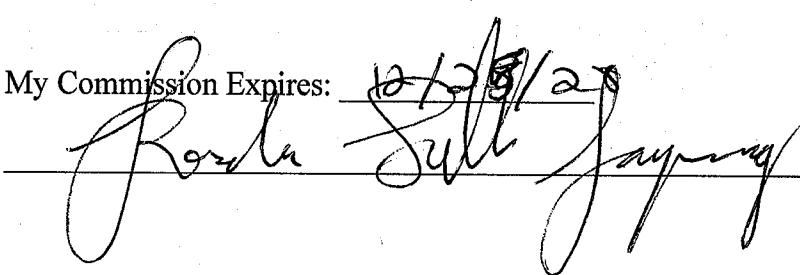
State of Arizona )  
                     ) SS.  
County of Maricopa )

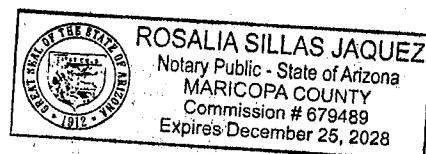
I, Esmeralda Valencia, being sworn upon oath, deposes & says:  
That (1) I am named as claimant or authorized agent of claimant; (2) I have made this notice & claim of medical lien in good faith; (3) the facts herein stated are true & correct to the best of my knowledge.

By: Esmeralda Valencia for: Hansen Chiropractic, LLC

Subscribed and sworn to before me, the undersigned notary public, this 8<sup>th</sup> day  
of December, 2025.

My Commission Expires: 12/29/25

 Notary Public



Reference information only:

Patient name: Vincent & Stephen De Wit