

Unofficial Document

Gamino Chiropractic
4231 West Yorkshire Drive
Glendale, AZ 85308

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NOTICE OF CLAIM OF MEDICAL LIEN

NAME OF CLAIMANT: Gamino Chiropractic

ADDRESS OF CLAIMANT: 4231 West Yorkshire Drive, Glendale, AZ 85308

NAME OF PATIENT: Reynaldo Macias

DATE OF PATIENT'S INJURY: 08-18-2025

DATE OF PATIENT'S FIRST TREATMENT: 10-10-2025

DATE OF PATIENT'S FULL RELEASE: still treating undetermined

AMOUNT DUE CLAIMANT FOR TREATMENT OF PATIENTS: \$ 345 still treating

COUNTY AND STATE IN WHICH INJURIES OCCURRED: Maricopa, Arizona

To the best of claimant's knowledge, the names and addresses of all persons and insurance carriers claimed by the above patient, to be liable for damages are as follows:

NAME

Reynaldo Macias
HDXAN LAW PLLC
clm # 30-92KENV-1

ADDRESS

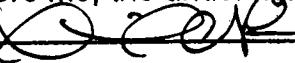
8344 W MAYA DR PEORIA AZ 85385
16930 N TATUM BLVD PHX 85028

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 accruing to said patient on his/her behalf by a legal representative, assignee or heirs on account of injuries giving rise to such cause of action, and which necessitated his/her medical care and treatment for which claimant rendered medical care at the rate customarily charged for such services which exceed \$250.00, as provided under A.R.S. 33-931(B), the sum of which is due and payable as indicated above.

STATE OF ARIZONA
COUNTY OF MARICOPA

I, ELVA M GAMINO-CHEAPE, being first duly sworn upon oath, depose and say:
(1) That I am the person herein named as claimant (or authorized agent of such claimant); (2) That I have made this Notice and Claim of Medical Lien in good faith; and (3) That the facts therein stated are true and correct to the best of my knowledge, information and belief.


Claimant or Agent

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 23 day of October, 2025, 2025,  Notary Public.

My Commission Expires: 05-01-2029

