

Unofficial 20. Document

Notice of Claims of Medical Lien

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When Recorded Please Mail To:

Davis Chiropractic
4904 S. Power Road Suite 105
Mesa, AZ 85212
Phone: (480) 634 7844
Fax: (480) 284 5464

Name of Claimant/Address:

Davis Chiropractic
4904 S. Power Road Suite 105
Mesa, AZ 85212

Name of Patient: Thomas Brown
Date of Accident: 10/8/2025
First Visit: 09/22/2025
Amount Due Claimant: Still Treating

State and County in which injuries occurred: Arizona/Maricopa County

To the best of the claimant's knowledge, the names and address of all persons, firms, corporations, and insurance carriers claimed by the above named patient, or by his legal representatives to liable for damages are as follows:

Name of 3rd Party
Breyer Law

Claim #: _____
Adjuster: _____

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, suites, claims, counterclaims or demands for damages 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. 33-391, (B), the sum if which is due and payable as indicated above.

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

Name:  Title: Owner Date: 11/03/2025