

Unofficial 20. Document

SO
HO:

WHEN RECORDED, MAIL TO:

DR. LAURIE DODIE
3920 E. Indian School Road Ste.#16
Phoenix, AZ 85018

NOTICE AND CLAIM OF MEDICAL LIEN:

Name & Address of Claimant/Licensed Health Care Provider:

Dr Laurie Dodie 3920 E. Indian School Road Ste.#16 Phoenix, AZ 85018

Name & Address of Patient: Jaucalywn Soto 1303 W. Pueblo Ave, Mesa

Date of Injury: 10/26/2025 AZ 85202

County & State where Injury Occurred: Maricopa County, Arizona State

Dates of services received by patient: 11/14/2025 - still treating

Amount due for care of patient: <\$5,000 to date and ongoing

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

NAME

ADDRESS

Farmers Insurance
CLM # 700954577312

Box-268994
Oklahoma, OK 73126

Pursuant to ARS 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any & 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 as provided under ARS 33-931 (B), the sum of which is due & payable as indicated above.

STATE OF ARIZONA
County of Maricopa

I, Laurie Dodie, D.C., being sworn upon oath, deposes & says:

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: Dr. Laurie Dodie

FOR:

Laurie Dodie
(Claimant)

SUBSCRIBED AND SWORN to before me the undersigned Notary Public, this 8th day of December, 20 25 by Laurie Dodie, D.C.

My Commission Expires:

07/15/2026

JB
Notary Public

