

Unofficial 20. Document

Notice of Claims of Medical Lien

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When Recorded Please Mail To:

AZ Chiropractic
3570 S. Val Vista Drive, Suite 110
Gilbert, AZ 85297
Phone: (480) 899-9923
Fax: (480) 899-0196

Name of Claimant/Address:

AZ Chiropractic
3570 S. Val Vista Drive, Suite 110
Gilbert, AZ 85297

Name of Patient: Tiffany Silberg Heim
Date of Accident: 8-23-25
First Visit: 8-27-25
Amount Due Claimant: _____
Patient Still Treating: Yes or No

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
Liberty Mutual

Claim #: 05999066001
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: Rebecca Salas Title: Billing Dept. Date: 10-23-25

10/23/25 11:16 AM DRTIMFIRST@YAHOO.COM
THIS SIGNATURE IS ELECTRONIC/DIGITAL