

Unofficial Document

We
To:

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:

Jacob Wells 1402 N. Oleander St. Tempe AZ

Date of Injury: 08/29/2025 85288

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

Dates of services received by patient: 10/27/2025 ~ Still treating

Amount due for care of patient: \$5,000 to date and on going

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
Geico Clm# 0810839440000001	Box 509119 San Diego, CA 92150
State Farm Clm# 0389R671M	Box 106171 Atlanta, GA 30348

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: Dr. Laurie Dodie
(Claimant)

SUBSCRIBED AND SWORN to before me the undersigned Notary Public, this 17 day of November, 2025 by Laurie Dodie, D.C.

My Commission Expires:

Vilma Alvarez Sequeira
Notary Public

