WHEN RECORDED MAIL TO:

AZ REGENERATIVE MEDICINE LLC

16620 N 40TH STREET SUITE G2

PHOENIX, AZ 85032

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dr

NOTICE AND CLAIM OF PHYSICIAN LIEN

CALIMANT INFORMATION:

Name of claimant licensed health care provider: **Jeffrey W. Frost D.C., P.M.M.T.P.**

Name of licensed health care provider, executive officer or agent of health care provider: **Jeffrey W. Frost D.C., P.M.M.T.P.**

Address of Licensed health care provider, executive officer or agent of health care provider: **16620 N 40TH Street Suite G2 Phoenix, AZ 85032**

Patient Information:

Name of Patient: Judy Kusserow

Address of Patient: 5648 E Dodge Street Mesa, AZ 85205

Date of patient's first treatment: 8-27-2025 Date of patient's last treatment: 11/3/2025

The date(s) of which medical care and treatment were provided are: 8/27/25 - 11/3/2025

Amount due to date for care of patient: $7257.00 County in which injuries were sustained: **Maricopa**

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

NAME	ADDRESS
Judy Kusserow	5648 E Dodge Street Mesa, AZ 85205
Travelers Insurance Claim # I5G8297	PO Box 650293 Dallas, TX 75265

The above named claimants pursuant to the laws of the state of Arizona do hereby claim a lien upon any and all causes of action, suits, claims, counter claims, or demands, accruing to the patient named herein, or to the legal representative of such patient, on account of injuries giving rise to such causes of action, and which necessitated his or her treatment, for the customary charges for health care and treatment of the above named injured patient in the sum herein above claimed to be due. The name and the address of the patient as herein before set forth are as the same appear on the records of the licensed health care provider.

LICENSED HEALTH CARE PROVIDER SIGNATURE

Notary:
Date: 11-13-2025

LES FRIEDLI
Notary Public - Arizona
Maricopa County
Commission # 658645
My Comm. Expires Dec 2, 2027