

# 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: Kassidy Olmos  
Date of Accident: 10/15/2025  
First Visit: 10/16/2025  
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 3<sup>rd</sup> Party  
Valley Forge Insurance Company  
Selective Insurance

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: Cody R. DC Title: Owner Date: 11/03/2025