

Unofficial Document

NOTICE OF CLAIMS OF MEDICAL LIEN

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NAME OF CLAIMANT/ADDRESS

Dr. Jessi Alexander-Hoch, D.C.
565 W. Chandler Blvd. Suite 210
Chandler, AZ 85225
480-482-1843

PATIENT INFORMATION

Name: Samantha Caballero DOB: 4/25/1991
Phone: (757) 383-3345 Address: 2607 S. Melvin St., Gilbert, AZ 85295
Date of Injury: 9/5/2025 Date of first treatment: 11/5/2025
Date of full release: pending, treatment is continuing
Estimated total to be due at the end of treatment: \$12,000.00
State & County in which injuries occurred: Maricopa County, AZ

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

RESPONSIBLE PARTY

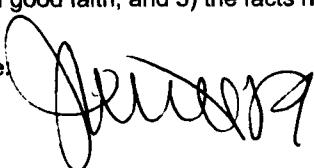
Name: Samantha Caballero DOB: 4/25/1991
Phone: (757) 383-3345 Address: 2607 S. Melvin St., Gilbert, AZ 85295

ATTORNEY INFORMATION

Bautista Law Group, PLLC
565 W. Chandler Blvd., Suite 215
Chandler, AZ 85225
(480) 399-6302

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 causes of action, suits, claims, counterclaims or demands for damages accruing to said patient, on his/her behalf by legal representatives, assigned or heirs, on account of injuries giving rise to such cause of actions, 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. 33-931, (B) the sum of which is due and payable to indicated above. I, being the first duly sworn upon oath, depose and say: (1) That I am the person herein name as claimant (or authorized agent of such claimant); (2) That I have made this Notice of Medical Lien in good faith; and 3) the facts herein are true and correct to the best of my knowledge, information and belief.

Representative:



Date: 11/21/2025