

Unofficial Document

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When recorded return to:

Ho:

*American Chiropractic Center, Inc.
8417 E. McDowell Road, Suite 102
Scottsdale, AZ. 85257*

NOTICE AND CLAIM OF MEDICAL CARE LIEN

Effective date:
09/10/2025

County and State
Maricopa County, Arizona

Licensed Health Care Provider

American Chiropractic Center, Inc.
Lynn Genet, D.C.
Vincent Amoia, D.C.
8417 E McDowell Rd., Ste. 102
Scottsdale, AZ 85257

Patient

Amy Cue
16529 W Euclid Ave
Goodyear, AZ 85228

First Treatment Date:
09/10/2025

Last Treatment Date:
Still treating

Amount Due for Patient Care:
\$1915.00 (still treating)

**County in which injuries
Were sustained:**
Maricopa County, Arizona

Date on which medical treatments were provided:
09/10/2025 (still treating)

To the best of Claimant's Knowledge, the names and addresses 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 damages are as follows:

(3rd Party)

Hallmark Group Ins
 ATTN: Claims Department
 5400 Lyndon B Johnson Freeway Ste 400
 Dallas, TX 75240
 Claim #: PAZ25-104983

(Patient)

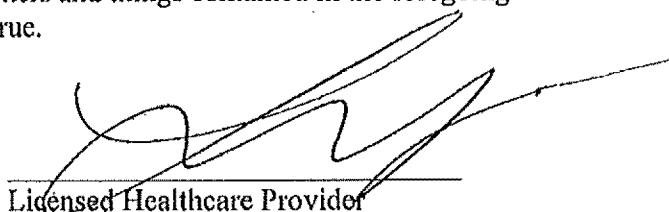
Amy Cue
 16529 W Euclid Ave
 Goodyear, AZ 85228

The above-named Claimants, pursuant to the laws of the State of Arizona, do hereby claim a lien upon any and all causes of actions, suits, claims, counterclaims, 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 address of the patient as herein before set forth are as the same appear on the records of the Licensed Health Care Provider.

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 WITNESSETH, I am the Licensed Health Care Provider, Executive Officer or Agent of the Health Care Provider named in the foregoing Notice and Claim of Medical Care Lien, and that I am the authorized person to act on behalf of said Health Care Provider, and makes this Notice Claim of Medical Lien for and on behalf of said Health Care Provider being there unto duly authorized; that the matters and things contained in the foregoing Notice and Claim of Medical Care Lien are true.

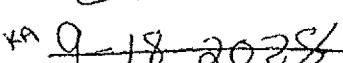
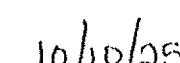
STATE OF ARIZONA)

: Ss



Licensed Healthcare Provider

COUNTY OF MARICOPA)

SUBSCRIBED AND SWORN this date:  

My Commission expires: 9-18-2028



Notary Public