When recorded mail to:
AZ Spine
1107 S. Gilbert Road, Suite #111
Mesa, AZ 85204

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Notice and Claim of Medical Lien

<u>Name and Address of Claimant:</u>
AZ Spine
1107 S. Gilbert Road, Suite #111
Mesa, AZ 85204

<u>Name and Address of Agent:</u>
Kris Davis
1107 S. Gilbert Road, Suite # 111, Mesa, AZ 85204

Name of Patient: Andrew Hernandez
Patient Address: 245 W. 10th place Mesa, AZ 85201
Date of Injury: 10/23/2025
Date(s) of Service: 10/24/2025- Ongoing
Current Amount Claimed: PENDING COMPLETION OF CARE *For FINAL lien balance call (480) 608-1331
Patient Legal Representative:
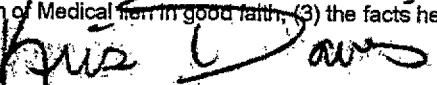
To the best of the claimant's knowledge, the names and addresses of all persons, firms, corporations and insurance carriers claimed by the above-named patient or by his/her legal representative to be liable for damages are as follows:

Name:	Address:
Progressive Insurance	P.O. Box 94670 Cleveland, OH 44104

Claim/Policy No.: 25-263982697

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, suits, claims, counterclaims or demands for damages accruing to said patient on his/her behalf by 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 such care at the rate customarily charged for such service which exceed $ 250.00, as provided under A.R.S. 33-391 (B), the sum of which is due and payable as indicated above.
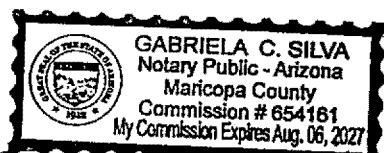
STATE OF ARIZONA)
) ss.
County of Maricopa)
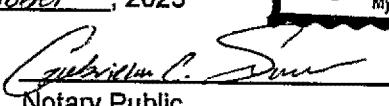
Kris Davis, upon his oath, deposes and states: (1) I am named as claimant or authorized agent of claimant, (2) I have made Notice & Claim of Medical lien in good faith, (3) the facts herein stated are true and correct to the best of my knowledge.

Kris L Davis

Kris Davis

Subscribed and sworn to before me this _27_ day of _October_ , 2025

My commission Expires: _August 6, 2027_

Gabriela C. Silva
Notary Public