When recorded mail to:
Bruce F. Lubitz
2504 S Rural Rd Tempe, Arizona 85282

NOTICE OF CLAIM AND MEDICAL LIEN

This Notice of Claim and Medical Lien is made in accordance with A.R.S. §§ 33-931 and 33-932.
HEALTH CARE PROVIDER: Bruce F. Lubitz
ADDRESS: 2504 S Rural Rd Tempe, Arizona 85282
PATIENT: Dino Mitchell
ADDRESS: 8625 E Thomas Rd Scottsdale, Arizona 85251
COUNTY OF PROVIDER: Maricopa
DATE(S) OF SERVICE: 11/20/2025 and continuing.
AMOUNT DUE FOR CARE AS OF THIS DATE OF FILING: $350.00 but not limited to amount listed as ongoing medical care with Bruce F. Lubitz, is to be included within said lien per A.R.S. § 33-932.
Call to confirm.
TO THE BEST of the health care provider's knowledge, the names and addresses of all persons, firms or corporations claimed by the above-named patient, or the patient's legal representative, to be liable for damages are as follows:

Progressive Ins P O Box 94670 Cleveland, Ohio 44101
Progressive Ins
N/A

Pursuant to the laws of the State of Arizona, specifically, A.R.S. §§ 33-931 and 33-932, et seq., the Healthcare Provider listed above does hereby claim a lien upon any and all causes of action, suits, claims, counter-claims or demands for damages 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 the patient receiving medical care and treatment for the charges for the medical care and treatment of the above-named injured patient for which party/parties the patient has claimed to be liable and responsible in the sum herein above but also including the amount for ongoing medical treatment claimed to be done. The name and address of the patient as set forth above are the same as they appear on the records of the Healthcare Provider aforementioned.
PAYMENT AND QUESTIONS ARE TO BE MADE TO THE FOLLOWING:
Bruce F. Lubitz
2504 S Rural Rd Tempe, Arizona 85282
(480) 968-7767

STATE OF ARIZONA) VERIFICATION OF AUTHORIZED AGENT

County of Maricopa)

A. Stewart, **aes@swmsinc.com** deposes and says:

1. That she is an authorized agent acting on behalf of the Healthcare Provider, named in the foregoing Notice and Claim of Medical Lien and makes this claim on their behalf.
2. That within five(5) days after the recording of said lien, a copy thereof, postage prepaid, was mailed, if the address is stated above, to the above-named patient, and to each person, firm, or corporation and the insurance carrier of each listed above as persons believed to be liable.
3. That I declare under the penalty of perjury that all of the forgoing is true and correct.

Ashley Stewart:0A01097B0000019AA34CEE590000040E

Ashley Stewart:0A01097B0000019AA34CEE590000040E
2025.11.25 18:59:40 -07'00'

Ashley Stewart, Agent
aes@swmsinc.com