

# Unofficial Document

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When recorded mail to:  
**Spooner Physical Therapy**  
**9097 E Desert Cove, #110**  
**Scottsdale, AZ 85260**

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## NOTICE AND CLAIM OF MEDICAL LIEN

Name and address of Claimant/Licensed Health Care Provider:

**Spooner Physical Therapy**  
**PO Box 4570**  
**Scottsdale, AZ 85261-4570**

Name of Patient: **Lorena Reyes—04/04/1974**

Date of Injury: **03/01/2024**

County & State where injury occurred: **Maricopa County, AZ**

Dates of services received by patient: **10/03/2025 through pending**

Amount due for care of patient: **pending**

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

**Lorena Reyes, 3042 West Grenadine Rd., Phoenix, AZ 85041**  
**Travelers Insurance, One Tower Square, Hartford, CT 06183, CL #: I565165**  
**The Monteilh Law Firm, PO Box 24111, Tempe, AZ 85285**

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Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any & all actions, suits, claims, counter claims or demands for damages accruing to said patient on his behalf by a legal representative, assignee or heirs on account of injuries giving rise to such cause of action, & which necessitated medical care & treatment for which claimant rendered such 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 & payable as indicated above.

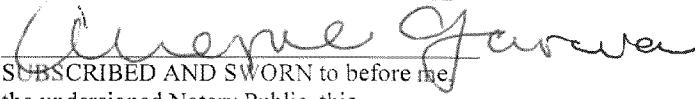
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STATE OF ARIZONA                )  
                                      ) SS.  
COUNTY OF MARICOPA            )

I, Angelica Garcia, being sworn upon oath, deposes' & says: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & Claim of Medical Lien in good faith, (3) the facts herein stated are true & correct to the best of my knowledge.

By: Angelica Garcia

For: Spooner Physical Therapy

  
SUBSCRIBED AND SWORN to before me  
the undersigned Notary Public, this  
**23<sup>rd</sup> day of October 2025.**

  
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Notary Public

