

Unofficial 20. Document

**BACKFIT HEALTH + SPINE
CORPORATE OFFICE**

**AK
Yo**

**P.O. Box 6610
Chandler, AZ 85246
Ph (480)926-7800 Fax (480)926-2260**

○ MEDICAL LIEN

Provider Information

Provider Name: Surprise Medical Group, LLC

Address: 2727 West Frye Rd. #120 Chandler AZ 85224

Phone: (480)926-7800 Fax: (480)926-2260 e-mail: karen@backfithealth.com

Patient Information:

Patient's name: Ashton Klippel

Address: 16108 W. Cinnabar Waddell AZ 85355

Date of loss: 10/17/2025 Date of 1st treatment: 10/24/2025 Released date: current patient

Liability Insurer: Progressive Insurance

Liability address: P.O. Box 94670 Cleveland OH 44101-9919

Phone: Fax:

Claim: 25-583381284 Policy:

Firm: Attorney:

Firm Address:

Phone: Fax:

Lien Information

Lien Recorded Date: 11/06/2025 Lien noticed sent to Attorney/Liability insurer:

Starting Charges: \$500 Total payments: **Final Lien Amount:** TBD

Date: 11/06/2025

Karen Guyer
Karen Guyer
Authorized Agent of BackFit Health + Spine