

# Unofficial Document

PARAGON CHIROPRACTIC, INC.  
R. DAVID WELCH, D.C.  
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ABIGAYLE WELCH, D.C.  
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PHOENIX, ARIZONA 85016  
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Date: December 3<sup>rd</sup>, 2025

TO: MARICOPA COUNTY RECORDER  
111 SOUTH 3<sup>RD</sup> AVE  
PHOENIX, ARIZONA 85003  
(602) 506-3628

## NOTICE AND CLAIM OF DOCTORS LIEN

NAME OF CLAIMANT'S MEDICAL PROVIDER: Paragon Chiropractic, Inc.  
ADDRESS OF MEDICAL PROVIDER: 1628 East Bethany Home Rd, Phx, AZ 85016  
NAME OF PHYSICIAN: Abigayle Welch, D.C.

NAME OF PATIENT: Mona Ziems      DATE OF BIRTH: 02/06/1986

DATE OF INJURY: 11/12/2025

DATE OF PATIENT'S FIRST TREATMENT: 11/19/2025

DATE OF PATIENT'S DISCHARGE: Pending

AMOUNT DUE FOR CARE OF PATIENT: (Not Total) \$922.00 Pending Discharge

COUNTY IN WHICH INJURIES WERE SUSTAINED: Maricopa

To the best of the claimant's knowledge the names and addresses of all persons, firms or corporations and the insurance carriers of the 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:

### INSURANCE COMPANY:

Allstate Auto Insurance  
Claim#: 0811369875

Abigayle Welch, D.C.

Signature: Abigayle Welch, D.C.