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MAILTO:
PERFORMANCE PLUS CHIROPRACTIC
3710 W. GREENWAY RD, SUITE 160
PHOENIX, AZ 85053
602-765-9736
STATE: ARIZONA
COUNTY: MARICOPA

NOTICE AND CLAIM OF HEALTHCARE PROVIDER LIEN

CLAIMANT LICENCED HEALTH CARE PROVIDER: PERFORMANCE PLUS CHIROPRACTIC
DAVID C. JOHNSON, D.C.
3710 W. GREENWAY RD, SUITE 160
PHOENIX, AZ 85053

PATIENT NAME AND ADDRESS: KARLA MARTINEZ-BELTRAN
3349 W MAUNA LOA LN
PHOENIX, AZ 85053

DATE OF INJURY: 10/07/2025 COUNTY/STATE IN WHICH INJURIES WERE SUSTAINED: MARICOPA, AZ
TREATMENT START DATE: 11/04/2025
TREATMENT END DATE: (STILL UNDER TREATMENT)
AMOUNT DUE: (UNDETERMINED, STILL UNDER TREATMENT)

TO THE BEST OF THE CLAIMANT'S KNOWLEDGE, THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS OR CORPORATIONS AND INSURANCE CARRIERS CLAIMED BY THE ABOVE NAMED PATIENT, OR BY HIS/HER LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE AS FOLLOWS:

ATTORNEY: AMARA W EDBLAD
AMARA & ASSOCIATES
ADDRESS: 2 N. CENTRAL AVE., STE 1936
PHOENIX, AZ 85004

IN ACCORDANCE WITH A.R.S. 33-931 THROUGH 33-934, THE ABOVE NAMED CLAIMANT, PERSONALLY OR THROUGH IT'S AUTHORIZED AGENT, HEREBY CLAIM A LIEN UPON ANY AND ALL ACTIONS, SUITS, CLAIMS, COUNTER CLAIMS, 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 CAUSES OF ACTION, AND WHICH NECESSITATED HIS/HER MEDICAL CARE AND TREATMENT FOR WHICH CLAIMANT RENDERED MEDICAL CARE AT THE RATE CUSTOMARILY CHARGED FOR SUCH SERVICES WHICH EXCEED $250.00, AS PROVIDED UNDER A.R.S. 33-391 (B) THE SUM OF WHICH IS DUE AND PAYABLE AS INDICATED ABOVE.

I, DAVID C. JOHNSON D.C., BEING DULY SWORN UPON OATH, DESPOSE AND SAY: 1. THAT I AM THE PERSON HEREIN NAMED AS CLAIMANT (OR AUTHORIZED AGENT OF SUCH CLAIMANT) 2. THAT I HAVE MADE THIS NOTICE AND CLAIM OF HEALTH CARE PROVIDER LIEN IN GOOD FAITH 3. THAT THE FACTS THEREIN STATED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

BY: _____ (LICENSED HEALTH CARE PROVIDER)

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC ON THIS 24 DAY OF NOV, 2025

BY: _____ (NOTARY PUBLIC)

SARAH ROBLES
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 652310
Expires June 19, 2027