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RECORDED INFORMATION

NOTICE AND CLAIM OF MEDICAL LIEN

Date lien prepared: November 13, 2025

NAME & ADDRESS OF CLAIMANT / LICENSED HEALTH CARE PROVIDER: Bone and Joint Wellness Center / Dr. Michael C Staub, DC, 10752 N 89th Place, Suite A-101 Scottsdale, AZ 85260.

NAME & ADDRESS OF PATIENT: Diane Toscano, 8625 E Vernon Ave, Scottsdale, AZ 85257

Date of Injury: October 22, 2025
County & State where injury occurred: Maricopa County, Arizona

Dates of services received by patient: November 12, 2025 **through**: patient still treating.
Amount due for care of patient: $1000.00 to date.

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

NAME	ADDRESS
Diane Toscano	8625 E Vernon Ave, Scottsdale, AZ 85257
American Family Insurance Claim #01-009-3588-32	6000 American Parkway, Madison, WI 53783 USA
Farmers Insurance Claim #7009536293-1	PO Box 268994, Oklahoma City, OK 73126-8994

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, counterclaims or demands for damages accruing to said patient on his behalf 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.

STATE OF ARIZONA)
) SS.
COUNTY OF MARICOPA)

I, Dr. Michael C Staub, DC, 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, a (3) the facts herein stated are true & correct to the best of my knowledge.

By: _____ For: Bone and Joint Wellness Center / Dr. Michael C Staub, DC
(Claimant)

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 17 day of November 2025. By Rachael Handley.

MY COMMISSION EXPIRES: 6/23/2028 _____
Notary Public

RACHAEL HANDLEY
Notary Public, State of Arizona
Maricopa County
Commission # 6698[illegible]
My Commission Expires
June 23, 2028