

WHEN RECORDED, RETURN TO:

CHIROPRACTIC SOLUTIONS

MICHAEL DAVIS,DC

1616 N. LITCHFIELD ROAD, SUITE 250

GOODYEAR, AZ 85395

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dr.

NOTICE AND CLAIM OF HEALTHCARE PROVIDER LIEN

Name of Claimant: Michael Davis, DC
Chiropractic Solutions

Address of Claimant: 1616 N. Litchfield Road, Suite 250
Goodyear, AZ 85395

Name of Patient: Rylan Miranda

Address of Patient: 2433 N 156th Dr
Goodyear, AZ 85395

Patient's Date of Birth: 12/27/2011

Patient's Phone Number: 619-822-7709

Initial Exam Date: 11/03/2025

Date of Discharge: Still Under Care

Amount Due for Care: \$1430.00 Still under Care

County in which the
Injury was sustained: Maricopa

Pursuant to A.R.S. 33-932 =, this lien is being recorded with the Maricopa County Recorder's Office within thirty days after the patient has received any services relating to the injuries.

(Providers and totals are to be supplemented at close of treatment)

LIEN RE: Rylan Miranda

To the best of the claimant's knowledge the names and address 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/her legal representative, to be liable for damages are as follows:

Insurance company: State Farm

Address: _____

Phone No.: 480-856-1937

Adjuster: Marlynd Hunt

Claim # : 0392K168V

Policy # : _____

Insured: _____

Insurance company: _____

Address: _____

Unofficial Document

Phone No.: _____

Adjuster: _____

Claim # : _____

Policy # : _____

Insured: _____

Attorney: _____

Address: _____

Phone No.: _____

Contact: _____

Pursuant to A.R.S. 33-932, copies of the foregoing were sent via first class mail within five days after recording the foregoing claim of lien to the patient, as well as all persons, firms or corporations and their insurance carriers claimed by the patient or their representative to be liable for damages arising from the injuries for which the patient received health care. This is an attempt to collect a debt. Any information gathered shall be used for such purpose.

LIEN RE: Rylan Miranda

The above named provider pursuant to the laws of the laws of the State of Arizona in such cases made and provided, does hereby claim a lien upon any and all causes of action, suits, claims, counterclaims, or demands for damages accruing to the patient named herein, or the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated his or her hospitalization, for its customary charges for hospital are and treatment of the above named injured patient in the sum hereinabove claimed to be due. The name and address of the patient hereinabove set forth are as the same appearing on the records of the provider.

(STATE OF ARIZONA)

County of Maricopa)

MICHAEL DAVIS, DC, being first duly sworn, upon oath deposes and says:

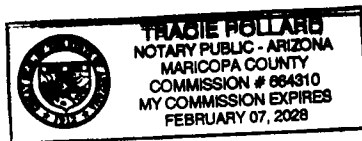
That he is the Agent of Chiropractic Solutions and makes this Notice and Claim of Lien for and on behalf of said hospital, being thereunto duly authorized; that the matters and things contained in the foregoing notice and claim of lien are true.

Unofficial Document

Michael Davis, DC.

Subscribed and sworn to before me this day

24th November 2025



Notary Public

My Commission Expires:

Feb. 07, 2028