

# Unofficial Document

Send completed lien to:  
Kuty Chiropractic, LLC  
6634 E. Aster Dr.  
Scottsdale, AZ 85254  
480-945-7800

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## NOTICE AND CLAIM OF MEDICAL LIEN

Name of claimant: Jolene Kuty, D.C.  
Address of Claimant: 6634 E. Aster Dr., Scottsdale, AZ 85254  
Authorized Agent: Kuty Chiropractic, LLC  
Jolene Kuty, D.C.

Patient Name and Address:  
JONATHAN BERSHOK  
6301 E GELDING, SCOTTSDALE, AZ 85254  
Date of Injury: MARCH 20, 2025  
First Date of Treatment: MARCH 21, 2025  
Date of Patient's Balances: NOVEMEBER 21, 2025  
Date of Patient's Release: UNKNOWN, STILL TREATING  
Amount Due: \$6213.50 plus continued charges

STATE AND COUNTY OF WHICH INJURIES OCCURRED:  
State ARIZONA County MARICOPA

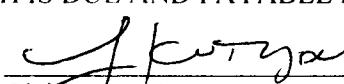
NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, CORPORATION, AND INSURANCE CARRIERS CLAIMED BY THE ABOVE PATIENT, OR BY HIS LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE AS FOLLOWS:

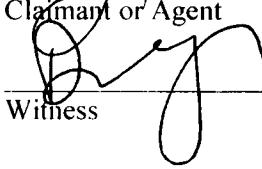
PROGRESSIVE  
PO BOX 94670  
CLEVELAND, OHIO 44101

Claim # 25391665432

PURSUANT A.R.S. 33-931, THE ABOVE NAMED CLAIMANT, PERSONALLY OR THROUGH ITS AUTHORIZED AGENT, DOES HEREBY CLAIM LIEN UPON ANY AND ALL ACTIONS, SUITS, CLAIMS, COUNTERCLAIMS, OR DEMANDS FOR DAMAGES OCCURRING TO SAID PATIENT IN HIS (HER) BEHALF BY A LEGAL REPRESENTATIVE, ASSIGNEE OF HEIRS, ON ACCOUNT OF INJURIES GIVING RISE TO SUCH CAUSE OF ACTION, AND WHICH NECESSITATED HIS OR HER MEDICAL CARE AND TREATMENT FOR WHICH CLAIMANT RENDERED MEDICAL CARE AT THE RATE CUSTOMARILY CHARGED FOR SUCH SERVICES WHICH EXCEEDS \$250.00, AS PROVIDED UNDER 33-931 (B), THE SUM OF WHICH IS DUE AND PAYABLE AS INDICATED ABOVE.

DATED: November 21, 2025

  
Claimant or Agent

  
Witness