

Unofficial Document

BACKFIT HEALTH + SPINE
CORPORATE OFFICE

JW
HO

P.O. Box 6610
Chandler, AZ 85246
Ph (480) 926-7800 Fax (480) 926-2260

MEDICAL LIEN

Provider Information

Provider Name: First Chandler Medical Group
Address: 2727 W Frye Rd Ste 120 ,Chandler, AZ 85286
Phone: (480) 926-7800 Fax: (480) 926-2260 Email: pi@backfithealth.com

Patient Information

Patient's Name: Joshua Winterstein
Address: 2450 W Pecos Rd Apt # 3082 ,Chandler, AZ 85224
Date of loss: 3/22/2025 Date of 1st treatment: 11/7/2025 Released date:
Liability Insurer: Progressive
Liability Address: PO BOX 2930 ,Clinton , IA 52733
Phone: (480) 448-3063 Fax:
Claim: 25-870765902 Policy:
Firm: Attorney:
Firm Address: , ,
Phone: Fax:

Lien Information

Lien Recorded Date: 11/21/2025 Lien notice sent to Attorney/Liability Insurer:
Starting Charges: \$ 500.00 Total Payments: \$ Final Lien Amount: \$ TBD

DATED: 11/21/2025

Nancy Ramirez

Nancy Ramirez
Authorized Agent of BackFit Health + Spine