

Unofficial Document

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dr.

**ARIZONA SPORTS
& SPINE PHYSICIANS**
JOHN S. CHAROCHAK, D.O.
3033 W. Bell Rd., Suite 101A
Phoenix, Arizona 85053
(602) 375-3333

When recorded mail to:

This space reserved for recording information

NOTICE AND CLAIM OF MEDICAL CARE LIEN

CLAIMANT INFORMATION

1. Name of claimant Licensed Health Care Provider Arizona Sports and Spine Physicians, P.C.
2. Name of Licensed Health Care Provider, Executive Officer, or Agent of Health Care Provider John S. Charochak, D.O.
3. Address of Licensed Health Care Provider, Executive Officer, or Agent of Health Care Provider 3033 W. Bell Road, #101A • Phoenix, Arizona 85053

PATIENT INFORMATION:

Name of Patient: Cassie Hepler
Address of Patient: 2944 Port Royale Lane Phoenix, Az 85053
Date of Patient's first treatment: 7/29/25
Date of Patient's last treatment: 11/11/25 and future treatment
The date(s) of which medical care and treatment were provided are: 7/29/25 to 11/11/25 and future treatment
Amount due for care of Patient: \$5619.00 and future medical expenses
County in which injuries were sustained: Maricopa

To the best of claimant's knowledge the names and addresses of all persons, firms, or corporations and the insurance carriers of said persons, firms, or corporations claimed by the above-named patient, or by his or her legal representative, to be liable for damage are as follows:

NAME	ADDRESS
<u>Travelers</u> <u>clm # FNW 4924</u>	<u>P.O. Box 173798</u> <u>Denver CO 80217</u>

The above-named claimants pursuant to the laws of the State of Arizona do hereby claim a lien upon any and all causes of action suits, claims, counterclaims, or demands accruing to the patient named herein, or to the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated his or her treatment, for the customary charges for healthcare and treatment of the above-named injured patient in the sum herein above claimed to be due. The name and address of the patient as herein before set forth are as the same appear on the records of the Licensed Health Care Provider.

Meisha Cutler
Licensed Health Care Provider, Executive Officer or Agent thereof

STATE OF ARIZONA)
) ss. VERIFICATION OF AUTHORIZED AGENT
 County of)
Maricopa)
Musha Coulter, being first duly sworn, upon oath deposes and says:

That s/he is the Licensed Health Care Provider, Executive Officer or Agent of the Health Care Provider named in the foregoing Notice and Claim of Medical Care Lien and that s/he is authorized to act on behalf of said Health Care Provider and makes this Notice and Claim of Medical Care Lien for and on behalf of said Health Care Provider being thereunto duly authorized; that the matters and things contained in the foregoing Notice and Claim of Medical Care Lien are true.

Musha Coulter

Licensed Health Care Provider, Executive Officer or Agent thereof

Subscribe and sworn to before me this 11 day of November, 20 25

Tawana Marie Pierce

Notary Public

My Commission Expires: 7/24/2029
 Date of Recording: _____
 Hour of Recording: _____
 No. _____
 County Where Recorded: Maricopa



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STATE OF ARIZONA)
) ss. AFFIDAVIT OF MAILING

County of)
Maricopa)
Musha Coulter, being first duly sworn, upon oath deposes and says:

That s/he is the Licensed Health Care Provider, Executive Officer or Agent of the Health Care Provider named in the foregoing Notice and Claim of Medical Care Lien and that s/he is authorized to act on behalf of said Health Care Provider; that s/he did within five (5) days after the recording of said Notice and Claim of Uniform Medical Care Lien, and on the 11 day of November, 20 25, mail a copy thereof, postage prepaid, to each person, firm, or corporation and the insurance carrier of such person, firm or corporation claimed in said Notice and Claim of Medical Care lien to be liable for damages, at the address given in the forgoing statement.

Musha Coulter

Licensed Health Care Provider, Executive Officer or Agent thereof

Subscribe and sworn to before me this 11 day of November, 20 25

Tawana Marie Pierce

Notary Public

My Commission Expires: 7/24/2029

