

Unofficial 20 Document

When recorded mail to:

Rr
Cr

Name: _____

Address: _____

City/State/Zip: _____

this area reserved for county recorder

CAPTION HEADING:

DO NOT REMOVE

This is part of the official document.

Arcadia Chiropractic
3520 E Indian School Rd., Ste C Phoenix, AZ 85018
Phone: (602) 954-9444

NOTICE OF DOCTOR'S LIEN

PATIENT: *CHRIS MASCORELLI*
DATE OF ACCIDENT: *AUG 8, 2025*

I do hereby authorize Arcadia Health and Wellness Chiropractic to furnish you, my attorney, with a full report of my examination, diagnosis, treatment, prognosis, etc., of myself in regard to the accident in which I was recently involved.

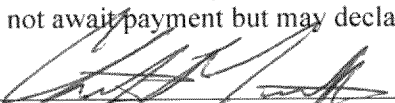
I hereby authorize and direct you, my attorney, to pay directly to Arcadia Health and Wellness Chiropractic such sums as may be due and owing it for medical services rendered me by reason of this accident and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect and fully compensate Arcadia Health and Wellness Chiropractic I hereby further give a lien on my case to Arcadia Health and Wellness Chiropractic against any and all proceeds of my settlement, judgment or verdict which may be paid to you, my attorney, and/or to myself as the result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directly and fully responsible to Arcadia Health and Wellness Chiropractic for all medical bills submitted by them for services rendered me and that this agreement is made solely for Arcadia Health and Wellness Chiropractic additional protection and in consideration of it awaiting payment. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

I agree to promptly notify the staff at Arcadia Health and Wellness Chiropractic of any change or addition of attorney(s) used by me in connection with this accident and I instruct my attorney to do the same and to promptly deliver a copy of this lien to any such substituted or added attorney(s).

Please acknowledge this letter by signing below and returning to Arcadia Health and Wellness Chiropractic.

I have been advised that if my attorney does not wish to cooperate in protecting the doctor's interest, the doctor will not await payment but may declare the entire balance due and payable by me.



Patient's Signature

10-18-2025

Date

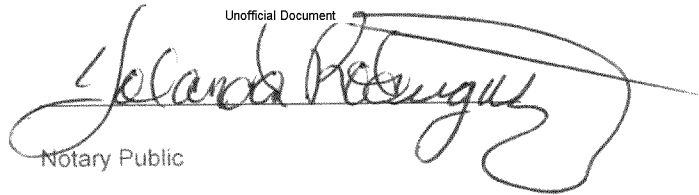
Arcadia Chiropractic
3520 E Indian School Rd., Ste C Phoenix, AZ 85018
Phone: (602) 954-9444

State of Arizona

County of Maricopa

On this 18 day of oct, 2025, before me personally
Appeared Chris Mascarelli (name of signer), whose
identity was proved to me on the basis of satisfactory evidence to be the person
whose name is subscribed to this document, and who acknowledged that he/she
signed the above/attached document.

Unofficial Document


Notary Public

