

Unofficial Document

RYNO FAMILY CHIROPRACTIC
RYAN WILK, D.C.
10200 W HAPPY VALLEY PKWY #135
PEORIA, ARIZONA 85383
(623) 432-2543

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DM
MO.

NOTICE OF CLAIM OF LIEN FOR MEDICAL SERVICES

DATE LIEN PREPARED: 11/26/2025

COUNTY: MARICOPA STATE: ARIZONA

CLAIMANT LICENSED HEALTH CARE PROVIDER:

RYNO FAMILY CHIROPRACTIC
RYAN WILK, D.C.
10200 W. HAPPY VALLEY PKWY #135
PEORIA, ARIZONA 85383

PATIENT INFORMATION - NAME, ADDRESS AND ZIP CODE AS SAME APPEAR ON THE RECORDS OF THE CLAIMANT HEALTH CARE PROVIDER

DREW MILLER
10750 W YEARLING RD
PEORIA, AZ 85383

DATE OF PATIENT'S FIRST CARE/TREATMENT: NOVEMBER 25, 2025

DATE OF PATIENT'S LAST CARE/TREATMENT (IF COMPLETE): NOT YET COMPLETE

DATES ON WHICH ON-GOING MEDICAL CARE/
TREATMENT WERE PROVIDED (MONTH AND DAY): (STILL TREATING)

AMOUNT CLAIMED DUE FOR CARE/ TREATMENT OF PATIENT <u>\$ 250.00</u>	COUNTY IN WHICH INJURIES WERE SUSTAINED <u>MARICOPA</u>
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TO THE BEST OF THE CLAIMANT'S KNOWLEDGE, THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS OR
CORPORATIONS AND THE INSURANCE CARRIERS FOR SUCH PERSONS, FIRMS OR CORPORATIONS CLAIMED
BY THE ABOVE NAMED PATIENT, OR HIS/HER LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE:

NAME PROGRESSIVE ADJUSTER: DEANNA VERRIER CLAIM NUMBER: 25759057863 (ph) 1-440-566-6447	ADDRESS PROGRESSIVE P.O. BOX 2930 CLINTON, IOWA 52733
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THE ABOVE NAMED CLAIMANTS, IN ACCORDANCE WITH ARIZONA REVISED STATUTES 33-931 THROUGH 33-934, DO HEAR BY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION, SUITS, CLAIMS, COUNTERCLAIMS OR DEMANDS ACCRUING TO THE ABOVE NAMED PATIENT OR TO THE LEGAL REPRESENTATIVE OF SUCH PATIENT, AS A RESULT OF INJURIES GIVING RISE TO SUCH CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTH CARE TREATMENT OF THE ABOVE NAMED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

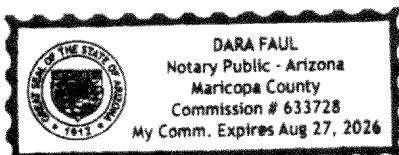
STATE OF: ARIZONA

COUNTY OF: MARICOPA

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LICENSED HEALTH CARE PROVIDER, RYAN WILK, D.C.

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC
ON THIS 26th DAY OF November, 2025.



Dara Faul
NOTARY PUBLIC