

Unofficial 20 Document

WHEN RECORDED, MAIL TO:

Kairos Spine, LLC
3341 E. Queen Creek Road, Suite 109
Gilbert, AZ 85297

20.
Ho:

NOTICE AND CLAIM OF MEDICAL LIEN

Name and address of Claimant/Licensed Health Care Provider: **Kairos Spine, LLC**
3341 E. Queen Creek Road, Suite 109
Gilbert, AZ 85296

Name and address of patient: **Jared Totolo**
4291 S. Danielson Way
Chandler, AZ 85249

Date of injury: **October 9, 2025**
County & State where injury occurred: **Maricopa County, Arizona**
Dates of service received by patient: **October 13, 2025 - PENDING**
Amount due for care of patient: **\$1,100.00 - PENDING**

To the best of my claimant's knowledge, the names & address of all persons firm or corporations & insurance carriers of said persons, firm or corporations claimed by the above patient, or by his legal representative, to be liable for damages are as follow:

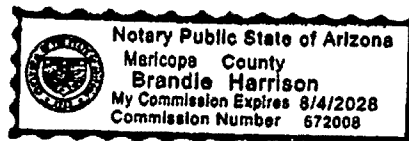
NAME	ADDRESS
Jared Totolo	4291 S. Danielson Way, Chandler, AZ 85249
Vrana Law Firm	2147 E Baseline Rd, Tempe, AZ 85283
Progressive	300 North Commons Blvd. Mayfield Village, Ohio 44143
Statefarm	One State Farm Plaza. Bloomington, IL 61710

Pursuant to A.R.S 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any & all actions, suits, claims, counterclaims or demands for damages accruing to said patient on his behalf by a legal representative, assignee or heirs on account of injuries giving rise to such a cause of action, & which necessitated medical care & treatment for which claimant rendered such care at the rate customarily charged for such services which exceed \$250.00 as provided under A.R.S. 33-931 (B), the sum of which is due & payable as indicated above.

STATE OF ARIZONA)

) SS.

COUNTY OF MARICOPA)



I, Sandra Cuevas, being sworn upon oath, deposes & says: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & claim of Medical lien in good faith, (3) the facts herein stated are true & correct to the best of my knowledge.

By: [Signature] For Kairos Spine, LLC.

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 23 day of October
20 25 by, [Signature].

MY COMMISSION EXPIRES 8/4/2028

NOTARY PUBLIC