

# Unofficial 20 Document

Goodyear Chiropractic  
11 W. Van Buren St, Ste. #28  
Avondale, AZ 85323  
623-932-4060

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## Notice of Claim of Medical Lien

NAME OF CLAIMANT/ADDRESS:  
Goodyear Chiropractic  
11 W. Van Buren Street  
Avondale, AZ 85323

NAME OF PATIENT: Manuel Adrian Tena

ADDRESS: 2919 S 334th Ave  
Tonopah, AZ 85354

DATE OF LOSS: 09/16/2025

FIRST VISIT: 10/22/2025

Estimated at the end of treatment: \$15,000.00

\$4,155.00 as of 11/12/2025

PATIENT IS STILL TREATING: YES

State and county in which illnesses or injuries occurred: Arizona/Maricopa County to the best of the claimants' knowledge, the names and addresses of all persons, firms, corporations, and insurance carriers claimed by the above-named patient, or by his/her legal representatives to liable damages are as follows:

### Patient

Manuel Adrian Tena  
2919 S 334th Ave  
Tonopah, AZ 85354

### Attorney

Rep Law  
15331 W Bell Rd Ste 302  
Surprise, AZ 85374

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby Claim A Lien upon any and all actions, suits, claims, counterclaims, or demands for damages accruing to said patient on his/her behalf by legal representative, assigned on heirs on account of injuries giving rise to such cause of actions, and which necessitated his/her medical care and treatment for which claimant rendered medical 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 and payable to indicated above. I, being the first duly sworn upon oath, depose and say: (1) That I am the person herein named as claimant (or the authorized agent of such claimant); (2) That I have made this Notice of claim of Medical Lien in good faith; and (3) the facts herein are true and correct to the best of my knowledge, information and belief.

"I declare under penalty of perjury that the foregoing is true and correct." Signed on the 21st day of November, 2025

  
\_\_\_\_\_  
Executive Officer or Agent of Facility

11/21/25  
\_\_\_\_\_  
Date