

Unofficial Document

When recorded mail to:
Advanced Spine & Rehab PC
4540 E. Baseline Rd. Ste. 111
Mesa, AZ. 85206

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NOTICE AND CLAIM OF MEDICAL CARE LIEN

CLAIMANT INFORMATION

Name of Claimant(s): Advanced Spine & Rehab PC, Executive Officers, or Agents thereof
4540 E. Baseline Rd., Suite # 110, Mesa, AZ. 85206

Licensed Health Care Provider(s): Michael D. Crismon, DC , Annette Lopez FNP-C

Patient Name: Brett Sherwood
Patient Address: 2933 E. Fountain St. Mesa, AZ 85213
First Treatment: 10/20/25
Amount Due for Care: **To be provided at end of treatment.**
Amounts incurred during the continued period are subject to this lien.
Final Treatment: Patient's treatment is continuing.
Patient still treating, for final lien balance please call: 480-892-1122
Date of Accident: 10/17/25
County which injuries were sustained: Maricopa

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

Name: Bristol West
Address: PO Box 258806 Oklahoma City, OK 73125-8806
Claim #: 7009536461-1
Name: Justice on Demand
Address: 1525 S. Higley Rd. #104 Gilbert AZ 85296
Claim #: N/A

The above named claimants pursuant to the laws of the State of Arizona do hereby claim a lien upon any and all causes of actions suits claims, counterclaims, or demands occurring 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 health care and treatment of the patient herein before set forth are as the same appear on the records of the licensed Health Care Provider.

Executive Officer, Provider, or Agent's

Date

11/25/25