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WHEN RECORDED RETURN TO:
T & C WELLNESS INC, DBA
MOUNTAINSIDE CHIROPRACTIC
1170 N. ESTRELLA PKWY #A106
GOODYEAR, AZ 85338

NOTICE AND CLAIM OF HEALTHCARE PROVIDER LIEN

NAME OF CLAIMANT:	T & C WELLNESS, DBA MOUNTAINSIDE CHIROPRACTIC, INC.
ADDRESS OF CLAIMANT:	JOHN GARFIELD, DC 1170 N. ESTRELLA PKWY #A106 GOODYEAR, AZ 85338
FULL NAME OF PATIENT:	Baltazar Andrade
ADDRESS OF PATIENT:	19342 W San Juan Ave Litchfield Park, AZ 85340
PATIENT'S DATE OF BIRTH	12/15/1964
PATIENT'S PHONE NO.:	623-221-7646
DATE OF LOSS:	11/04/2025
INITITAL EXAM DATE:	11/24/2025
DATE OF DISCHARGE:	(still treating)
AMOUNT DUE FOR CARE:	(total dollar amount unknown until discharge)
COUNTY IN WHICH THE INJURY WAS SUSTAINED:	Maricopa

Pursuant to A.R.S. §33-932, this lien is being recorded with the Maricopa County Recorder's Office within thirty days after the patient has received any services relating to the injuries.

(PROVIDERS AND TOTALS ARE SUPPLEMENTED AT CLOSE OF TREATMENT)

Baltazar Andrade

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

	NAME	ADDRESS
Insurance:	State Farm Insurance	P.O. Box 106171
Adjuster's Name:	Derek 480-856-1860	Atlanta, GA. 30348
Claim#	03-92P0-06B	Phone # 844-292-8615
Policy No.:		
Insurance Company:		
Adjuster's Name:		
Claim No:		Phone #
Policy No:		
Insurance Company:		
Adjuster's Name:		
Claim No.:		Phone No.:
Policy No.:		Insured:
Attorney Name		
Phone No		
Fax No:		
Email:		

Pursuant to A.R.S. §33-932, copies of the foregoing were sent via first class mail within five days after recording the forgoing claim of lien to the patient, as well as all persons, firms or corporations and their insurance carriers claimed by the patient or their representative to be liable

for damages arising from the injuries for which the patient received health care. This is an attempt to collect a debt. Any information gathered shall be used for such purpose.

LIEN RE: Baltazar Andrade

The provider, JOHN GARFIELD, DC, pursuant to the laws of the State of Arizona in such cases made and provided, does hereby claim a lien upon any and all causes of action, suits, claims, counterclaims, or demands for damages accruing to the patient named herein, or 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 its customary charges for chiropractic care and treatment of the named injured patient in the sum hereinabove claimed to be due. The name and address of the patient hereinabove set forth are as the same appearing on the records of the provider.

STATE OF ARIZONA)
)ss.
County of Maricopa)

JOHN GARFIELD, DC, being first duly sworn, upon oath and says:

That he is the Provider of T & C WELLNESS, DBA MOUNTAINSIDE CHIROPRACTIC, INC., and makes this Notice and Claim of Lien for and on behalf of the said facility, being thereunto duly authorized; that the matters and things contained in the foregoing notice and claim of lien are true.

John Garfield, DC

Subscribed and sworn to me this 24th day of November 2025

RYAN MICHELLE CLARK
Notary Public, State of Arizona
Maricopa County
Commission # 641361
My Commission Expires
December 20, 2026

Notary Public

My Commission Expires: 12/20/26