

Unofficial Document

Send completed lien to:
Kuty Chiropractic, LLC
6634 E. Aster Dr.
Scottsdale, AZ 85254

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NOTICE AND CLAIM OF MEDICAL LIEN

Name of claimant: Jolene Kuty, D.C.
Address of Claimant: 6634 E. Aster Dr., Scottsdale, AZ 85254
Authorized Agent: Kuty Chiropractic, LLC
Jolene Kuty, D.C.
Patient Name and Address: CATHY SARANIERO
Date of Injury: SEPTEMBER 19, 2025
First Date of Treatment: OCTOBER 15, 2025
Date of Patient's Balances: NOVEMBER 6, 2025
Date of Patient's Release: UNKNOWN, STILL TREATING
Amount Due: \$2,532.32 plus continued charges

STATE AND COUNTY OF WHICH INJURIES OCCURRED:
State ARIZONA County MARICOPA

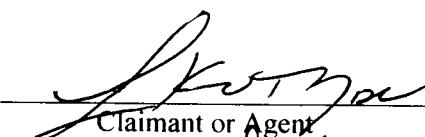
NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, CORPORATION, AND INSURANCE CARRIERS CLAIMED BY THE ABOVE PATIENT, OR BY HIS LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE AS FOLLOWS:

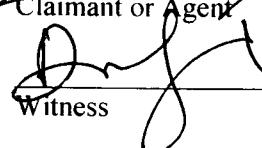
GEICO
PO BOX 9111
MACON, GA 31208

Claim # 8849881170000001

PURSUANT A.R.S. 33-931, THE ABOVE NAMED CLAIMANT, PERSONALLY OR THROUGH ITS AUTHORIZED AGENT, DOES HEREBY CLAIM LIEN UPON ANY AND ALL ACTIONS, SUITS, CLAIMS, COUNTERCLAIMS, OR DEMANDS FOR DAMAGES OCCURRING TO SAID PATIENT IN HIS (HER) BEHALF BY A LEGAL REPRESENTATIVE, ASSIGNEE OF HEIRS, ON ACCOUNT OF INJURIES GIVING RISE TO SUCH CAUSE OF ACTION, AND WHICH NECESSITATED HIS OR HER MEDICAL CARE AND TREATMENT FOR WHICH CLAIMANT RENDERED MEDICAL CARE AT THE RATE CUSTOMARILY CHARGED FOR SUCH SERVICES WHICH EXCEEDS \$250.00, AS PROVIDED UNDER 33-931 (B), THE SUM OF WHICH IS DUE AND PAYABLE AS INDICATED ABOVE.

DATED: NOVEMBER 7, 2025

 11/7/25
Claimant or Agent

 11/7/25
Witness