NOTICE AND CLAIM OF HEALTHCARE LIEN

Effective Date:
12/8/2025

County and State:
Maricopa County, Arizona

Licensed Health Care Provider:

Arizona Pain
875 N Greenfield Road
Ste 110
Gilbert, AZ 85234

Patient Name/Address:
Joan Dibble
520 E 2ND ST,APT A20W
MESA,AZ-85203

First Date Treatment:
11/11/2025

Last Date Treatment:
(undetermined at this time)

Amount Claimed due for Health Care:
(undetermined at this time)

County where Injuries were sustained:
MARICOPA

Dates(s) on which medical and treatment were provided:

Date 11/11/2025 **through present (patient still treating)**

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

Attorney Name/Address:
Schenk Podolsky Attorneys at Law
4140 E Baseline Rd Ste 101
Mesa AZ 85206

The above-named Claimants, pursuant to the laws of the State of Arizona, do hereby claim a lien upon any and all causes of action, suits, claims, counterclaims, or demands accruing 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 of the above-named injured patient in the sum hereinabove claimed to be due. The name and address of the patient as herein before set forth are as the same appear on the records of the Licensed Health Care Provider.

WITNESSETH, I am the Licensed Health Care Provider, Executive Officer or Agent of the Health Care Provider named in the fore-going Notice and Claim of Medical Care Lien, and that I am the authorized person to act on behalf of said Health Provider being thereunto duly authorized; that the matters and things contained in the foregoing Notice and Claim of Medical Care Lien are true.

STATE OF ARIZONA)

:SS:

Authorized Representative

:Date: 12/8/2025