

Unofficial 20. Document

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Greenway Cotton Chiropractic

16995 W Greenway Rd, Ste 102
Surprise, AZ 85388
Office of Services Rendered

State of Arizona

County of Maricopa

Notice and Claim of Healthcare Provider Lien

Date Prepared: 11/04/2025

Claimant Licensed Healthcare Provider

Greenway Cotton Chiropractic
16995 W Greenway Rd, Ste 102
Surprise, AZ 85388

Limited Agent of Licensed Healthcare Provider



Name: **Darla Linebarger** Authorized Agent
Greenway Cotton Chiropractic
16995 W. Greenway Rd. #102
Surprise, AZ 85388

Patient Information

Suzanne Coppola

Date of Patient's Injury/Illness: 07/23/2025

17946 W North Ln

Date of Patient's First Care/Treatment: 10/16/2025

Waddell, AZ 85355

Date of Patient's Last Care/Treatment (if completed): Care Ongoing

Amount Claimed Due for Care and Treatment: \$ 12000.00

State and County where the Injuries or Illness were sustained:

State of Arizona, County of Maricopa

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

Name

Address

State Farm
Claim # 03-88B2-03T

P.O. Box 3199
Winston Salem, NC 27102-3199

The above named claimants, in accordance with the Arizona Revised Statutes 33-931 through 33-934, do hereby CLAIM A LIEN upon any and all causes of actions, suits, claims, counter claims or demands accruing to the above named patient or to the legal representative of such patient, assignee of heirs, as a result of injuries giving rise to such causes of action and which made necessary his/her treatment for the customary charges for health care treatment of the above named patient in the sum herein above claimed to be due.

Darla Linebarger (Authorized Agent)

Being first duly sworn upon oath, dispose and says that he/she is the licensed health care provider, executive officer or agent of the health care provider named in the preceding Notice and Claim of Health Care Provider Lien, that he/she did within five (5) days after the recording of said Notice and Claim of Health Care Provider Lien send by first class mail certificate of mailing, copies thereof to each person, firm or corporation and the insurance carrier of such person, firm or corporation claimed in the said Notice and Claim of Health Care Provider Lien to be liable for damages, at the addresses given in the preceding statement.

State of: Arizona

County of: Maricopa

**Verification of Authorized Agent
and Affidavit of Proof of Service**

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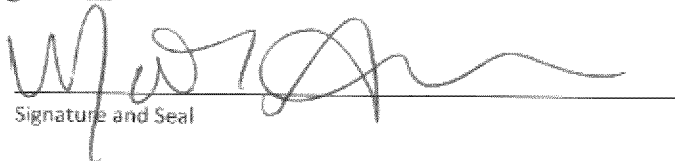
Darla Linebarger

Licensed Health Care Provider, Executive Officer or Agent Thereof.



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Subscribed and sworn to before a notary public on
this 5 day of November, 2025.



Signature and Seal