

# Unofficial Document

When recorded mail to:

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YO

ARIZONA CHIROPRACTIC GROUP  
PREVENTION, WELLNESS, AND INJURY CARE  
Dr. Alejandro A. Mioni D.C.  
Dr. Samantha Befidi D.C.  
422 E. Southern Ave,  
Tempe, AZ 85282  
Phone: 480-497-9399  
Fax: 480-497-9229

## Medical Lien

PATIENTS NAME: Lindsay Valentine DATE OF BIRTH 04/24/1985

HOME ADDRESS: 1034 S. Stormont Ln. CITY Gilbert

STATE: AZ ZIP 85296 DATE OF ACCIDENT: 10/27/2025

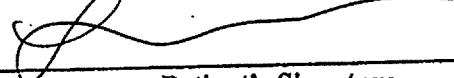
FIRST D.O.S/AMOUNT 11/05/2025/\$715.00 TREATING BEYOND 30 DAYS: Y/N

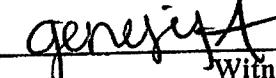
I hereby acknowledge that I am receiving or are about to receive health care at Arizona Chiropractic Group. I understand that payment is expected upon rendering of service. However, since I have third party insurance and/or first party insurance (uninsured motorist coverage, non-insured motorist coverage, or medical payments coverage), and/or general liability insurance, I agree to assign the benefits payable for my medical bills to Arizona Chiropractic Group.

In turn, Arizona Chiropractic Group agrees to extend credit to me and wait for its payment until proceeds are mailed upon settlement. If benefits are not assignable, I agree to pay for these services in full within ten days of receipt of the settlement proceeds of the claim. I further understand that each day after the tenth day Arizona Chiropractic Group does not receive its balance in full, an interest of 1.8% compounded monthly interest will be assessed to my balance.

Furthermore, if Arizona Chiropractic Group should have to retain an attorney to collect said sums, I understand that I am going to be held responsible for any and all of the attorney fees incurred in the collection of this account.

SIGNED AND DATED THIS MONTH NOV DAY OF 19 2025, AT TEMPE, ARIZONA

  
Patient's Signature

  
Witness Signature

Med-pay Insurance Company: \_\_\_\_\_ Claim #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Third Party Insurance Company: \_\_\_\_\_ Claim #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Firm Name: Eric Shapiro Law Group

Phone: 602-274-7400 City: Phoenix State: AZ Zip: 85014