

# Unofficial 20. Document

Ne  
Ho:

---

**When recorded mail to:**

*Spooner Physical Therapy*  
9097 E Desert Cove, #110  
Scottsdale, AZ 85260

---

## NOTICE AND CLAIM OF MEDICAL LIEN

Name and address of Claimant/Licensed Health Care Provider:

**Spooner Physical Therapy**  
**PO Box 4570**  
**Scottsdale, AZ 85261-4570**

Name of Patient: **Cynthia Nelson—09/06/1956**

Date of Injury: **09/08/2025**

County & State where injury occurred: **Maricopa County, AZ**

Dates of services received by patient: **12/05/2025 through pending**

Amount due for care of patient: **pending**

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

**Cynthia Nelson, 4980 South Alma School Rd., Suite A2 #502, Chandler, AZ 85248**  
**Geico, PO Box 509119, San Diego, CA, CL #: 0567848850101034**  
**Breyer Law Office, 3840 E Ray Rd., Phoenix, AZ 85044**

---

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any & all actions, suits, claims, counter claims or demands for damages accruing to said patient on his behalf by a legal representative, assignee or heirs on account of injuries giving rise to such cause of action, & which necessitated medical care & treatment for which claimant rendered such care at the rate customarily charged for such services which exceed \$250.00 as provided under A.R.S. 33-931(B), the sum of which is due & payable as indicated above.

---

STATE OF ARIZONA                     )  
   ) SS.  
COUNTY OF MARICOPA            )

I, Angelica Garcia, being sworn upon oath, deposes' & says: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & Claim of Medical Lien in good faith, (3) the facts herein stated are true & correct to the best of my knowledge.

By: Angelica Garcia

For: **Spooner Physical Therapy**

*Angelica Garcia*

SUBSCRIBED AND SWORN to before me,  
the undersigned Notary Public, this  
**9<sup>th</sup> day of December, 2025.**

*Katherine Gower*  
\_\_\_\_\_  
Notary Public

My Commission Expires: 07/10/2026

