

# Unofficial 20. Document

WHEN RECORDED MAIL TO:

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SOUTHWEST SPINE AND REHAB  
2919 S ELLSWORTH ROAD, STE 102  
MESA, AZ 85212

## NOTICE OF MEDICAL LIEN

CLAIMANT LICENSED HEALTHCARE PROVIDER:  
SOUTHWEST SPINE AND REHAB  
SCOTT TAYLOR, DC  
2919 S ELLSWORTH ROAD, STE 102  
MESA, AZ 85212

EXECUTIVE OFFICER OR AGENT OF HEALTHCARE PROVIDER: Dr. Scott Taylor, DC (LIMITED AGENT)

NAME OF PATIENT: Alyssa Thistlewood  
ADDRESS OF PATIENT: 10708 E. Knowles Ave. Mesa, AZ 85209  
DATE OF PATIENT'S FIRST CARE/TREATMENT: 10/31/25  
DATE OF PATIENT'S LAST CARE/TREATMENT: TBD (☒ STILL TREATING/ ☐ TREATMENT COMPLETE)

AMOUNT DUE TO DATE FOR MEDICAL CARE: \$ TBD  
COUNTY WHICH MEDICAL CARE PERFORMED: \_\_\_\_\_

TO THE BEST OF CLAIMANT'S KNOWLEDGE THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, OR CORPORATIONS AND THE INSURANCE CARRIERS FOR SUCH PERSON, FIRMS OR CORPORATIONS CLAIMED BY THE ABOVE-NAMED PATIENT, OR HIS/HER LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE:

Alyssa Thistlewood  
10708 E. Knowles Ave  
Mesa, AZ 85209

East valley law / wess  
1525 S. Greenfield Rd #2  
Mesa, AZ 85206

AARP  
P.O. Box 8082  
Royal Oak, MI 48068-9823

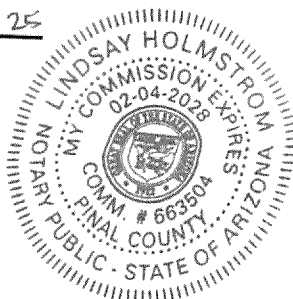
THE ABOVE NAMED CLAIMANTS, IN ACCORDANCE WITH ARIZONA REVISED STATUTES 33-931 THROUGH 33-934, DO HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION, SUITS, CLAIMS, COUNTERCLAIMS, OR DEMANDS ACCRUING TO THE PATIENT NAMED ABOVE OR TO THE LEGAL REPRESENTATIVE OF SUCH A PATIENT, AS A RESULT OF INJURIES GIVING RISE TO CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTHCARE TREATMENT OF THE ABOVE NAMED INJURED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

STATE OF ARIZONA )  
 ) ss. VERIFICATION OF AUTHORIZED AGENT  
COUNTY OF MARICOPA )

SIGNATURE OF LICENSED HEALTHCARE PROVIDER EXECUTIVE OFFICER OR AGENT THEREOF: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC  
ON THIS 18 DAY OF November, 2025

[Signature]  
NOTARY PUBLIC



MY COMMISSION EXPIRES: 2/4/28