

# Unofficial Document

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When recorded mail to:

Rr

Cr

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_  
\_\_\_\_\_

this area reserved for county recorder  
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## CAPTION HEADING:

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DO NOT REMOVE

This is part of the official document.

Arcadia Chiropractic  
3520 E Indian School Rd., Ste C Phoenix, AZ 85018  
Phone: (602) 954-9444

## NOTICE OF DOCTOR'S LIEN

PATIENT: *CHRIS MASCALELLI*  
DATE OF ACCIDENT: *Aug 8, 2025*

I do hereby authorize Arcadia Health and Wellness Chiropractic to furnish you, my attorney, with a full report of my examination, diagnosis, treatment, prognosis, etc., of myself in regard to the accident in which I was recently involved.

I hereby authorize and direct you, my attorney, to pay directly to Arcadia Health and Wellness Chiropractic such sums as may be due and owing it for medical services rendered me by reason of this accident and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect and fully compensate Arcadia Health and Wellness Chiropractic I hereby further give a lien on my case to Arcadia Health and Wellness Chiropractic against any and all proceeds of my settlement, judgment or verdict which may be paid to you, my attorney, and/or to myself as the result of the injuries for which I have been treated or injuries in connection therewith.

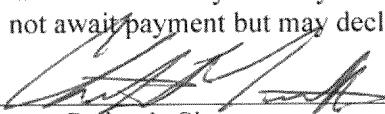
I fully understand that I am directly and fully responsible to Arcadia Health and Wellness Chiropractic for all medical bills submitted by them for services rendered me and that this agreement is made solely for Arcadia Health and Wellness Chiropractic additional protection and in consideration of it awaiting payment. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

I agree to promptly notify the staff at Arcadia Health and Wellness Chiropractic of any change or addition of attorney(s) used by me in connection with this accident and I instruct my attorney to do the same and to promptly deliver a copy of this lien to any such substituted or added attorney(s).

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Please acknowledge this letter by signing below and returning to Arcadia Health and Wellness Chiropractic.

I have been advised that if my attorney does not wish to cooperate in protecting the doctor's interest, the doctor will not await payment but may declare the entire balance due and payable by me.



Patient's Signature

*10-18-2025*

Date

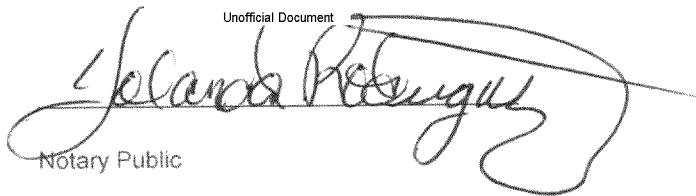
Arcadia Chiropractic  
3520 E Indian School Rd., Ste C Phoenix, AZ 85018  
Phone: (602) 954-9444

State of Arizona

County of Maricopa

On this 18 day of oct, 2025, before me personally  
Appeared Chris Mascarelli (name of signer), whose  
identity was proved to me on the basis of satisfactory evidence to be the person  
whose name is subscribed to this document, and who acknowledged that he/she  
signed the above/attached document.

Unofficial Document



Notary Public

