

# Unofficial Document

WHEN RECORDED MAIL TO:

ARIZONAS PREMIER CHIROPRACTIC AND REHAB  
21321 E Ocotillo Road Suite C108  
Queen Creek Az 85142

An  
Bu

## NOTICE OF MEDICAL LIEN

CLAIMANT LICENSED HEALTH CARE PROVIDER:

ARIZONA'S PREMIER CHIROPRACTIC AND REHAB  
AND COOPER ANDERSON  
21321 E OCOTILLO RD STE C-108  
QUEEN CREEK, AZ 85142

EXECUTIVE OFFICER OR AGENT OF HEALTH CARE PROVIDER: Cooper Anderson, DC

NAME OF PATIENT: Anthony Bejarano

ADDRESS OF PATIENT: 16305 E Fairview St. Gilbert, AZ 85295

DATE OF PATIENT'S FIRST CARE/TREATMENT: 10/29/2025

STILL TREATING

DATE OF PATIENT'S LAST CARE/TREATMENT: 10/29/2025

TREATMENT COMPLETE

AMOUNT DUE TO DATE FOR MEDICAL CARE: \$ 343.45

COUNTY WHICH MEDICAL CARE PERFORMED: 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 DAMAGES ARE:

PATIENT NAME	INSURANCE NAME	ATTORNEY NAME
Anthony Bejarano	Allstate	
16305 E Fairview St.	Claim #: 0809249873	
Gilbert, AZ 85295		

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 PATIENT, AS A RESULT OF INJURIES GIVING RISE TO CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTH CARE TREATMENT OF THE ABOVE NAMED INJURED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

STATE OF ARIZONA )

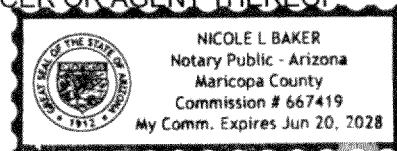
) ss. VERIFICATION OF AUTHORIZED AGENT

COUNTY OF MARICOPA )

Nicole L. Baker

SIGNATURE OF LICENSED HEALTH CARE PROVIDER, EXECUTIVE OFFICER OR AGENT THEREOF

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC  
ON THIS 30 DAY OF Oct, 2025.



NOTARY PUBLIC Nicole L. Baker MY COMMISSION EXPIRES: June 20, 2028