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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: Stephanie Perez DATE OF BIRTH 12/02/1992
HOME ADDRESS: 3307 S Los Feliz Dr CITY Tempe
STATE: AZ ZIP 85282 DATE OF ACCIDENT: 11/05/2025
FIRST D.O.S/AMOUNT 11/17/2025 / \$ 715.00 TREATING BEYOND 30 DAYS: Y/N

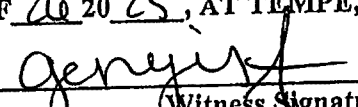
I hereby acknowledge that I am receiving or are about to receive health care at Arizona Chiropractic Group. I understand that payment is expected upon rendering of service. However, since I have third party insurance and/or first party insurance (uninsured motorist coverage, non-insured motorist coverage, 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 26 25, 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: Amara and Associates

Phone: (623) 471-8881 City: Phoenix State: AZ Zip: 85004