

# Unofficial Document

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## NOTICE AND CLAIM OF MEDICAL CARE LIEN

### CLAIMANT INFORMATION

1. Name of claimant Licensed Health Care Provider  
Larry Blattner, D.O.
2. Name of Licensed Health Care Provider, Executive Office or Agent of Health Care Provider  
Larry Blattner, D.O.
3. Address of Licensed Health Care Provider, Executive Office, or Agent of Health Care Provider  
P.O. Box 56116, Phoenix, Arizona 85079

### PATIENT INFORMATION

Name of Patient: MARYAM SAEDI

Address of Patient: 5464 W. MOHAWK LANE, GLENDALE, AZ. 85308

Date of Patient's first treatment: 12-2-25

Date of Patient's last treatment: 12-2-25

AND FUTURE TREATMENT

The date(s) of which medical care and treatment were provided are: 12-2-25 AND FUTURE TREATMENT

Amount due for care of Patient: \$ 6275.00

AND FUTURE EXPENSES

County and state in which injuries were sustained: MARICOPA, ARIZONA Date of Accident 9-11-25  
ON OR ABOUT

To the best of claimant's knowledge the names and addresses of all persons, firms, or corporations and the insurance carriers of said persons, firms, or corporations claimed by the above-named patient, or by his or her legal representative, to be liable for damage are as follows:

#### NAME

#### ADDRESS

- 1) GEICO  
P.O. Box 509119  
CLAIM # 0420334580101076  
SAN DIEGO, CA. 92150
  - 2) MARYAM SAEDI, 5464 W. MOHAWK LANE, GLENDALE, AZ. 85308
- COPY TO: JOSH NUNEZ, 3030 N. CENTRAL AVE., #1400, PHOENIX, AZ. 85012

The above-named claimants pursuant to the laws of the State of Arizona do hereby claim a lien upon any all causes of action suits, claims, counterclaims, or demands accruing to the patient named herein, or to the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated by his or her treatment, for the customary charges for healthcare and treatment of the above-named injured patient in the sum herein above claimed to be due. The name and address of the patient as herein before set forth are as the same appear on the records of the Licensed Health Care Provider.

*Larry Blattner, D.O.*

Licensed Health Care Provider, Executive Officer or Agent thereof