

# Unofficial Document

WHEN RECORDED MAIL TO:  
**PURA VIDA CHIROPRACTIC, PLC**  
**574 N ARIZONA AVE**  
**CHANDLER, AZ 85225**

ON:  
YO

## **NOTICE AND CLAIM OF MEDICAL PROVIDER LIEN**

**CLAIMANT LICENSED HEALTH CARE PROVIDER AND ADDRESS**  
**OF LICENSED HEALTH CARE PROVIDER EXECUTIVE OFFICER:**

**PURA VIDA CHIROPRACTIC, PLC**  
**TIMOTHY R. BRADFORD, D.C.**  
**574 N ARIZONA AVE**  
**CHANDLER, AZ 85225**

EXECUTIVE OFFICER OR AGENT OF HEALTH CARE PROVIDER: Timothy R. Bradford

NAME OF PATIENT: Ruth Rodriguez

DATE OF FIRST CARE/TREATMENT: 11/24/2025

DATE OF PATIENT'S DISCHARGE: STILL TREATING

CURRENT BALANCE TO DATE FOR CARE/TREATMENT: \$ 1,080

COUNTY IN WHICH INJURIES WERE SUSTAINED: 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:

Ruth Rodriguez  
1822 E Pueblo Ave  
Phoenix, AZ 85040

Patient has legal representation

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

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) SS. VERIFICATION OF AUTHORIZED AGENT

COUNTY OF MARICOPA

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LICENSED HEALTH CARE PROVIDER, EXECUTIVE OFFICER OR AGENT THEREOF.

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC.

ON THIS 3rd DAY OF December 2025.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

