

Unofficial Document

Rambod Derakhshani DC FIAMA
The Healing Joint
3226 N Miller Rd. Ste 5.
Scottsdale, AZ 85251
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Pr.

Name of Claimant:

Rambod Derakhshani

Address of Claimant:

3226 N Miller Rd. Ste 5., Scottsdale AZ 85251

Authorized Agent:

The Healing Joint, LLC

Rambod Derakhshani, DC FIAMA

NOTICE AND CLAIM OF MEDICAL LIEN

Patient Name and Address: Rachelle Faas
2927 N. 83rd St, Scottsdale AZ 85257
Date of Injury: 9/16/25
First Date of Treatment: 10/6/25
Date of Patient's Balances: _____
Date of Patient's Release: _____
Amount Due: \$ plus continued charges

STATE AND COUNTY OF WHICH INJURIES OCCURRED:

State Arizona County Mesa Co

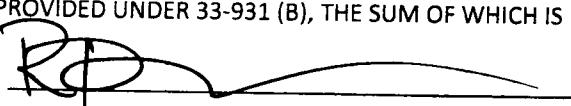
NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, CORPORATIONS, AND INSURANCE CARRIERS CLAIMED BY THE ABOVE PATIENT, OR BY HIS LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE AS FOLLOWS:

Bitzo Lerner + Powe
3700 Market Square Circle 2701 E Camelback Rd Ste 140
Davenport IA 52807 Phoenix AZ 85016

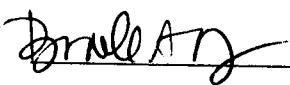
Claim #

PURSUANT A.R.S. 33-931, THE ABOVE NAMED CLAIMANT, PERSONALLY OR THROUGHT ITS AUTHORIZED AGENT, DOES HEREBY CLAIM LIEN UPON ANY AND ALL ACTIONS, SUITS, CLAIMS, COUNTERCLAIMS, OR DEMANDS FOR DAMAGES OCCURRING TO SAID PATIENT IN HIS (HER) BEHALF BY A LEGAL REPRESENTATIVE, ASSIGNEE OF HEIRS, ON ACCOUNT OF INJURIES GIVING RISE TO SUCH CAUSE OF ACTION, AND WHICH NECESSITATED HIS OR HER MEDICAL CARE AND TREATMENT FOR WHICH CLAIMANT RENDERED MEDICAL CARE AT THE RATE CUSTOMARILY CHARGED FOR SUCH SERVICES WHICH EXCEEDS \$250.00, AS PROVIDED UNDER 33-931 (B), THE SUM OF WHICH IS DUE AND PAYABLE AS INDICATED ABOVE.

DATED: 10/24/25



Claimant or Agent



Witness