

# Unofficial Document

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MATTHEW COLBY, DC, PLLC  
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TEMPE, AZ 85284

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## MEDICAL LIEN (PAGE 1 OF 2)

PATIENTS INFORMATION AS IT APPEARS ON THE DOCTOR'S RECORDS

NAME: Selina Sagurnaga  
ADDRESS: 16433 S. 416 St  
phx 85048

FIRST DATE OF SERVICE: Nov 16-25

AMOUNT DUE: \$210 (plus additional charges as they accumulate from the first date of service)

I Selina hereby authorize and direct you, my insurance company and/or attorney, to pay directly to Matthew Colby, DC, PLLC such sums as may be due to this office for services rendered to me, that are due to this office. I also give a lien to this office against any and all insurance benefits named herein, and any and all proceeds of any settlement, judgment or verdict which may be paid to me as a result of the injuries or illness for which I have been and will be treated by this office. This is an assignment of my rights and benefits to the extent of the office's services provided and determined on each date of service.

In the event that an insurance company obligated to make payment to me upon the charges made by this office for their services refuses to make such payments, upon demand by myself or this office, I hereby assign and transfer to this office any and all causes of action that I might have or that may exist in my favor against such company and authorize this office to prosecute said cause of action either in my name or in the office's name. I further authorize this office to compromise, settle or otherwise resolve said claim or other course of action they see appropriate.

I give the responsible insurance companies the authority to pay this practice for the services they have performed directly. I understand that this is called "assigning" or "making an assignment." and that I have the right to make that assignment in reference to Section 47-9408 of the Arizona Revised Statutes.

I direct and require the insurer to pay this practice for those services directly, instead of paying me or any other party. I authorize this practice to submit bills for the services directly to the insurer, which must then pay this practice directly, instead of paying me or anyone else other than the doctor. To be clear, the insurer is to pay this doctor for the services, not me or anyone else.

In the event that the insurer does not pay for this practice directly, I agree to cooperate fully with this practice if the doctor must take administrative, legal, or other action to force the insurer to honor the terms of this assignment. I give this practice my full permission and legal right to enforce this assignment against the insurer and to enforce the terms of my health-care insurance contract and health-care insurance policy as needed to receive payment timely and directly.

I understand that this assignment is a "lien," that is, a legal and enforceable right for my doctor to obtain health-care insurance money for the services he performs from the insurer, my attorney, or any appropriate party, including myself, who may receive health-care insurance money paid for his services

Initial SS

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## **MEDICAL LIEN (PAGE 2 OF 2)**

NAME: Selina Sagarnaga  
 ADDRESS: 16433 S 46th  
px ac 85048

If I choose to use an attorney's services, I order my attorney to give any health-insurance money to the doctor with no deductions or reductions of any kind, unless the doctor agrees to them in advance.

If a court, judge, arbitrator, or official ever rules that any part of this assignment is invalid, illegal, or unenforceable, only the specific item will be affected. The rest of the assignment will remain valid, legal, and enforceable.

The laws of the State of Arizona control this assignment and its interpretation. If there is ever any dispute over this assignment, I agree to personal jurisdiction and venue over the dispute in Maricopa County Superior Court. I understand that legal disputes can have time limits called "statutes of limitations." I waive any statute of limitations that might apply to this assignment.

I am making this assignment to make it possible to obtain services from the doctor. I have had the opportunity to obtain legal advice about this assignment. I have read it fully and carefully, understand its terms, and am signing it knowingly and voluntarily.

I understand and agree that I remain personally responsible for the total amounts due to this office for their services. I further understand and agree that this Assignment, Lien and Authorization does not constitute any consideration for the office to await the payments and they may demand payments from me immediately upon rendering services at their option. I understand and agree with this office's policy to collect payment of any amounts in relation to this course of treatment upon the 1 year anniversary of the signing of this document. I understand that treating my condition on a lien basis is a temporary concession made by this office in an attempt to help me attain the treatment I require within an acceptable time period. Additionally, I agree that the charges that correspond to this lien are due immediately after 2 years of the date(s) of service. I understand and agree that these charges are due after 1 year of the first date of service, regardless of the status of any litigation with third parties. I understand and agree to pay court costs, attorney fees and a 50% (fifty percent) collection fee on any outstanding balances over (60) sixty days past due. I also agree to pay 2% interest per month on any outstanding balances over (60) days past due.

I authorize the office to release any information and medical records pertinent to my case to any applicable insurance company, adjustor or attorney to facilitate collection under this assignment, lien and authorization. I agree that the above mentioned office is given authorization to endorse any payment in check form for payment of the charges that I accumulate at this office.

PATIENT SIGNATURE

DATE 11-15-25