

Unofficial 20 Document

Send completed lien to:
Kuty Chiropractic, LLC
6634 E. Aster Dr.
Scottsdale, AZ 85254

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NOTICE AND CLAIM OF MEDICAL LIEN

Name of claimant: Jolene Kuty, D.C.
Address of Claimant: 6634 E. Aster Dr., Scottsdale, AZ 85254
Authorized Agent: Kuty Chiropractic, LLC
Jolene Kuty, D.C.

Patient Name and Address: CATHY SARANIERO

Date of Injury: SEPTEMBER 19, 2025

First Date of Treatment: OCTOBER 15, 2025

Date of Patient's Balances: NOVEMBER 6, 2025

Date of Patient's Release: UNKNOWN, STILL TREATING

Amount Due: \$2,532.32 plus continued charges

STATE AND COUNTY OF WHICH INJURIES OCCURRED:
State ARIZONA County MARICOPA

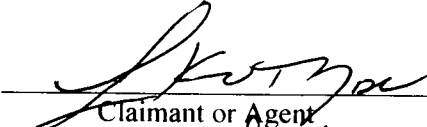
NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, CORPORATION, AND
INSURANCE CARRIERS CLAIMED BY THE ABOVE PATIENT, OR BY HIS LEGAL
REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE AS FOLLOWS:

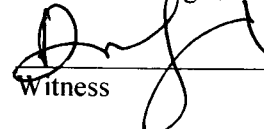
GEICO
PO BOX 9111
MACON, GA 31208

Claim # 8849881170000001

PURSUANT A.R.S. 33-931, THE ABOVE NAMED CLAIMANT, PERSONALLY OR
THROUGH 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: NOVEMBER 7, 2025



Claimant or Agent 11/7/25


Witness 11/7/25