

# Unofficial 20. Document

**HANSEN CHIROPRACTIC, LLC  
PRACTICE OF CHIROPRACTIC**

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## NOTICE AND CLAIM OF MEDICAL LIEN

Name and address of claimant physician's office:

Hansen Chiropractic, 3220 E. Baseline Road, Suite 112, Phoenix, AZ 85042

Name of executive office or agent of physician's office:

Hansen Chiropractic, 3220 E. Baseline Road, Suite 112, Phoenix, AZ 85042

Name of patient & address:

Artaisha Waters: 6619 S 21st Phoenix, AZ 85042

Date of initial treatment: **08/12/2025**

Date of final treatment: **Still treating**

Current amount due for care of the patient as of 12/5/2025 : **\$4,114.00**

County and State in which injuries were sustained: **Maricopa, Arizona**

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

### NAME

### ADDRESS

Patient: Artaisha Waters: 6619 S 21st Phoenix, AZ 85042

Insurance Company: Cincinnati insurance

Claim # 4573521

Attorney: n/a

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any and all actions, suits, claims, counterclaims, or demands for damages accruing to said patient on his behalf by a legal representative, assignee, or heirs on account of injuries giving rise to such cause of action, & which necessitated medical care & treatment for which claimant rendered such care at the rate customarily charged for such services which exceed \$250.00 as provided under the A.R.S. 33-931 (B), the sum of which is due and payable as indicated above.

State of Arizona       )  
                                  )       SS.  
County of Maricopa    )

I, Esmeralda Valencia, being sworn upon oath, deposes & says:  
That (1) I am named as claimant of authorized agent of claimant; (2) I have made this notice & claim of medical lien in good faith; (3) the facts herein stated are true & correct to the best of my knowledge.

By: Esmeralda Valencia                      for: Hansen Chiropractic, LLC

Subscribed and sworn to before me, the undersigned notary public, this 8<sup>th</sup> day  
of December, 2025.

Unofficial Document

My Commission Expires: 12/25/28

Rosalia Sillas Jaquez

Notary Public

Reference information only:  
**Patient name:** Artaisha Waters

