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When recorded, please return this document to:
Kearny Chiropractic, LLC.
DBA Bell West Chiropractic
16846 W Bell Rd. Suite 112
Phone: (623) 556-2335 Fax: (623) 556-9382

NOTICE OF CLAIM OF MEDICAL HEALTHCARE PROVIDER LIEN PURSUANT TO A.R.S. 33-931 ET SEO

Name / Address of claimant: **Kearny Chiropractic, LLC.**
DBA Bell West Chiropractic
16846 W. Bell Rd, Suite 112, Surprise, AZ 85374

Patient Name and Address: Richard Mortensen
P.O. Box 515
Wittman, AZ 85361

Date of Injury: 10/24/2025 County where injuries were sustained: Maricopa

Date of Initial Treatment: 10/24/2025 Date of Final Treatment: Still Treating

Amount due for care of patient: $435.00 Partial to Date **(Contact claimant above for final balance at settlement)**

To the best of the claimant's knowledge, the names and address of all persons, firms or corporations, claimed by the above patient, by his/her legal representative, to be liable for damages are as follows:

Insurance Company (s): Southwest Risk Management
City of Wickenburg
Claim No. CA-474589

Pursuant to A.R.S. 33-931 the above named Claimant, personally or through its authorized agent, hereby claims a lien upon any and all claims of liability or indemnity, except health insurance, for damages to said patient on account of injuries giving rise to such claim and which necessitated the health care services provided by the Claimant. Claimant hereby claims a lien in an amount to its customary charges for all health care services rendered to each patient in excess of $250.00 as provided under A.R.S. 33-931. Claimant hereby demands that its name be placed on any and all settlement checks issued by the person, firm, corporation or insurance carrier liable for the patient's damages. Any hold harmless agreement that the attorney for the patient may provide does not release such person, form, corporation or insurance carrier from their financial responsibility for all amounts due under this lien.

I, Kimberly Bartlema, being sworn upon my oath deposed and that (1) I am an authorized agent of the Claimant; (2) I have made this Notice of Claim of Medical Healthcare Provider Lien in good faith; and (3) The facts herein stated are true and correct to the best of my knowledge.

By: _____ 11/20/25 for Kearny Chiropractic, LLC – DBA Bell West Chiropractic
Kimberly Bartlema Date

Subscribed and sworn to before me, the undersigned notary public,

This 10th Day of November, 2025.

Notary Public: FFaigal
My Commission Expires: 1-12-2026

FE FAIGAL
NOTARY PUBLIC ARIZONA
Maricopa County
Commission # 618912
My Commission Expires
January 12, 2026