

# Unofficial Document

07  
dr.

Secrest Family Chiropractic, PC  
3350 North Hayden Road, Suite 112  
Scottsdale, Arizona 85251  
Phone: 480-994-4411, Fax: 480-994-4421

## NOTICE AND CLAIM OF MEDICAL LIEN

NAME OF CLAIMANT: Secrest Family Chiropractic, P.C.

ADDRESS OF CLAIMANT: 3350 North Hayden Road, Suite 112  
Scottsdale, AZ 85251

NAME OF OFFICER: Dr. Daniel P. Secrest, DC

NAME OF PATIENT: Hannah Bentley

DATE OF PATIENT'S INJURY: October 17, 2025

DATE OF PATIENT'S 1ST TREATMENT: October 23, 2025

DATE OF PATIENT'S FULL RELEASE: On Going Treatment

Amount Due Claimant for care & treatment of patient: \$450.00 & all future sums

State & County in Which Injuries or Illness Occurred: Maricopa

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

NAME: ADDRESS:

GEICO Insurance PO Box 509090

Adjuster: Noland Raymudo San Diego, CA 92150-9090

Phone Nr: 858-513 5646 FAX: 619 819-4004

Claim Nr: 8861059890000002

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/her behalf by a legal representative, assignee or 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 exceed \$250.00, as provided under A.R.S. 33-931(B), the sum of which is due and payable as indicated above.

  
Lee Secrest, Office Manager & Authorized Agent

State of ARIZONA )

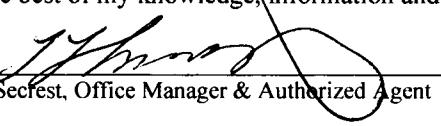
) ss.

CLAIMANT'S

ACKNOWLEDGEMENT

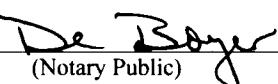
County of MARICOPA )

I, Lee Secrest, Office Manager of Secrest Family Chiropractic, PC, being first duly sworn upon oath, depose and say: (1) That I am the person herein named as claimant (or the authorized agent of such claimant); (2) That I have made this Notice and Claim of Medical Lien in good faith; and (3) That the facts therein stated are true and correct to the best of my knowledge, information and belief.

  
Lee Secrest, Office Manager & Authorized Agent

Subscribed and Sworn To before me, the undersigned Notary Public, this 30 day of  
October, 2025, by Lynn T. Secrest

My Commission Expires: 02-18-2029

  
(Notary Public)

