

# Unofficial 20 Document

When recorded mail to:

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**CHIROPRACTIC SOLUTIONS  
1616 N LITCHFIELD RD  
SUITE 250  
GOODYEAR, AZ 85338**

this area reserved for county recorder

*CAPTION HEADING:*

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DO NOT REMOVE

This is part of the official document.

**WHEN RECORDED, RETURN TO:****CHIROPRACTIC SOLUTIONS****MICHAEL DAVIS,DC****1616 N. LITCHFIELD ROAD, SUITE 250****GOODYEAR, AZ 85395****NOTICE AND CLAIM OF HEALTHCARE PROVIDER LIEN**Name of Claimant: Michael Davis, DCChiropractic SolutionsAddress of Claimant: 1616 N. Litchfield Road, Suite 250Goodyear, AZ 85395Name of Patient: Kyung jung LeeAddress of Patient: 14300 W Wilshire DrGoodyear, AZ 85395Patient's Date of Birth: 10/04/1969

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Patient's Phone Number: 928-323-2991Initial Exam Date: 10/09/2025Date of Discharge: Still Under CareAmount Due for Care: \$1090.00 Still under Care

County in which the

Injury was sustained: Maricopa

Pursuant to A.R.S. 33-932 =, this lien is being recorded with the Maricopa County Recorder's Office within thirty days after the patient has received any services relating to the injuries.

**(Providers and totals are to be supplemented at close of treatment)**

LIEN RE: Kyung jung Lee

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

Insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Adjuster: \_\_\_\_\_

Claim # : \_\_\_\_\_

Policy # : \_\_\_\_\_

Insured: \_\_\_\_\_

Insurance company: State Farm

Address: \_\_\_\_\_

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Phone No.: 480-777-1100

Adjuster: \_\_\_\_\_

Claim # : \_\_\_\_\_

Policy # : 0719769-5hp-03

Insured: Kyung jung Lee

Attorney: Choi Law Office PLC

Address: 90 S Kyrene, Suite 5

Chandler, AZ

Phone No.: 80-517-1400

Contact: Hyung Choi

Pursuant to A.R.S. 33-932, copies of the foregoing were sent via first class mail within five days after recording the foregoing claim of lien to the patient, as well as all persons, firms or corporations and their insurance carriers claimed by the patient or their representative to be liable for damages arising from the injuries for which the patient received health care. This is an attempt to collect a debt. Any information gathered shall be used for such purpose.

LIEN RE: Kyung jung Lee


The above named provider pursuant to the laws of the laws of the State of Arizona in such cases made and provided, does hereby claim a lien upon any and all causes of action, suits, claims, counterclaims, or demands for damages accruing to the patient named herein, or the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated his or her hospitalization, for its customary charges for hospital are and treatment of the above named injured patient in the sum hereinabove claimed to be due. The name and address of the patient hereinabove set forth are as the same appearing on the records of the provider.

(STATE OF ARIZONA)  
County of Maricopa)

**MICHAEL DAVIS, DC**, being first duly sworn, upon oath deposes and says:

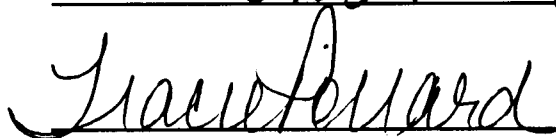
That he is the Agent of Chiropractic Solutions and makes this Notice and Claim of Lien for and on behalf of said hospital, being thereunto duly authorized; that the matters and things contained in the foregoing notice and claim of lien are true.

Unofficial Document

  
\_\_\_\_\_  
Michael Davis, DC.

Subscribed and sworn to before me this day October 15, 2025



  
\_\_\_\_\_  
Notary Public

My Commission Expires: Feb. 07, 2028