

Unofficial 20. Document

BACKFIT HEALTH + SPINE
CORPORATE OFFICE

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P.O. Box 6610
Chandler, AZ 85246
Ph (480) 926-7800 Fax (480) 926-2260

○ **MEDICAL LIEN**

Provider Information

Provider Name: First Chandler Medical Group
Address: 2727 W Frye Rd Ste 120 ,Chandler, AZ 85286
Phone: (480) 926-7800 Fax: (480) 926-2260 Email: pi@backfithealth.com

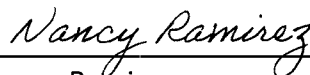
Patient Information

Patient's Name: Rickey Ussery
Address: 2709 E. Rockledge Rd. ,Phoenix, AZ 85048
Date of loss: 10/16/2025 Date of 1st treatment: 10/16/2025 Released date:
Liability Insurer: Liberty Mutual Insurance
Liability Address: PO BOX 5014 ,Scranton, PA 18505
Phone: (813) 981-6939 Fax:
Claim: 490026850 Policy:
Firm: Attorney:
Firm Address: , ,
Phone: Fax:

Lien Information

Lien Recorded Date: 11/21/2025 Lien notice sent to Attorney/Liability Insurer:
Starting Charges: \$ 500.00 Total Payments: \$ **Final Lien Amount:** \$ TBD

DATED: 11/21/2025



Nancy Ramirez
Authorized Agent of BackFit Health + Spine