

# Unofficial Document

07  
dr.

CASALINO CHIROPRACTIC  
JOHN D CASALINO, DC  
1000 E CAMELBACK ROAD  
PHOENIX, AZ 85014  
602-279-7376  
FAX 602-279-2558

November 11, 2025

TO: MARICOPA COUNTY RECORDER  
111 SOUTH 3RD AVENUE  
PHOENIX, AZ 85003  
602-506-3628

## NOTICE AND CLAIM OF DOCTORS LIEN

NAME OF CLAIMANT'S MEDICAL PROVIDER: Casalino Chiropractic  
ADDRESS OF MEDICAL PROVIDER: 1000 E Camelback Rd, Phx AZ 85014

NAME OF PHYSICIAN: John D Casalino, D.C.

NAME OF PATIENT: Wendy Bolt  
ADDRESS OF PATIENT: 10411 N. 11th Ave Apt 22 Phoenix AZ 85021

DATE OF PATIENT'S FIRST TREATMENT: 11/06/2025

DATE OF PATIENT'S DISCHARGE: Patient is still treating.

AMOUNT DUE FOR CARE OF PATIENT: Fees to date. Patient still treating.

### COUNTY IN WHICH INJURIES WERE SUSTAINED:

To the best of the claimant's knowledge the named and addresses 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 or her legal representative, to be liable for damages are as follows:

Ins. Co: Integon National Ins Co  
PO BOX 3199  
Winston Salem NC 27102-3199  
602-509-5038  
Claim# 250844422

Insured: UNKNOWN DRIVER

\$30 Check for Recording of Lien.

John D. Casalino, D.C.

Signature: 