

# Unofficial Document

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When recorded mail to:

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_  
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..... this area reserved for county recorder  
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## CAPTION HEADING:

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DO NOT REMOVE

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When Recorded Mail To:

Team Chiropractic  
3434 W. Greenway Rd 107  
Phoenix, AZ 85053

## NOTICE AND CLAIM OF MEDICAL LIEN

Name Of HealthCare Provider: Dr. Peter M. Wistort DC / Team Chiropractic  
 Address Of HealthCare Provider: 3434 W. Greenway Rd 107 Phoenix, AZ 85053  
 Name Of Executive Officer Or Agent Of HealthCare Provider: Dr. Peter M. Wistort DC  
 Address Of Executive Officer Or Agent Of HealthCare Provider: Same  
 Name Of Patient: Alma Munoz  
 Address Of Patient: 7023 W. Desert Dr. Laveen, AZ 85339  
 Date Of Patient's Admission: 10/19/25 Accident Date  
 Date Of Patient's Discharge: Unknown  
 Amount Due For Care Of Patient: Unknown at this time

Pursuant to A.R.S. 33-932, to the best of claimant's knowledge the names and addresses of all persons, firms or corporations and the insurance carriers of 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:

| NAME                     | ADDRESS                        |
|--------------------------|--------------------------------|
| <u>Permanent General</u> | <u>PO Box 8001</u>             |
| <u>Clin # 96A630405</u>  | <u>Stevens Point, WI 54481</u> |

The above named Medical Center pursuant to the <sup>Unofficial Document</sup> 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, counter-claims, or demands for damages accruing to the patient named herein, or to the legal representative or such patient, on account of injuries giving rise to such causes of action and which necessitated his or her medical care, for its customary charges for medical care and treatment of the above named patient in the sum hereinabove claimed to be due. The name and address of the patient as herein before set forth are as the same appear on the records of the Medical Center.

Peter M. Wistort, D.C.  
 Executive Officer or Agent of  
Team Chiropractic Medical Center

STATE OF ARIZONA )ss  
 County of Maricopa )

Peter M. Wistort, D.C., being first duly sworn, upon oath deposes and says:  
 That he/she is the Executive Officer or Agent of Team Chiropractic Medical Center and makes this Notice and Claim of Lien for and on behalf of said Medical Center, being therunto duly authorized; and the matters and things contained in the foregoing notice and claim of lien are true.

Subscribed and sworn to before me this 18<sup>th</sup> day of November, 20 25.

My Commission expires:  
04/09/2026

Deshawn C Goss

Notary Public

