

Unofficial Document

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Pr.

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

November 19, 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: Michael Hayes
ADDRESS OF PATIENT: 1115 W. Marconi Ave Phoenix AZ 85023-4425

DATE OF PATIENT'S FIRST TREATMENT: 11/18/2025

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: Maricopa

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: Kemper Auto
2211 Butterfield Rd
Downers Grove IL 60515
888-663-5443
Claim# 2511131107

Insured: Delbert Jackson
7404 W St. Charles Ave
Laveen AZ 85339

X \$30 Check for Recording of Lien.

John D. Casalino, D.C.

Signature: 