

# Unofficial Document

## **NOTICE OF MEDICAL LIEN**

CLAIMANT LICENSED HEALTH CARE PROVIDER:  
ROC PHYSICAL THERAPY LLC  
5656 S POWER RD STE 139  
GILBERT, AZ 85295

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**EXECUTIVE OFFICER OR AGENT OF HEALTH CARE PROVIDER:** Jenna Marko (Agent)

**Name of Patient: Christopher Labash**

**Address of Patient:** 1737 W 6th Ave Mesa AZ 85202

**Date of Patients First Care/ Treatment: 10/17/2025**

**Date of Patient's Most Current Treatment:** 11/06/2025

### **Patients Treatment Status: Still Treating**

Date of Loss: 09/27/2025

AMOUNT DUE TO DATE FOR MEDICAL CARE: \$2740.00

COUNTY WHICH MEDICAL CARE PERFORMED: Maricopa

TO THE BEST OF CLAIMANT'S KNOWLEDGE THE NAMES AND ADDRESSES OF ALL PERSONS,  
FIRMS, OR CORPORATIONS AND THE INSURANCE CARRIERS FOR SUCH PERSONS, FIRMS OR  
CORPORATIONS CLAIMED BY THE ABOVE-NAMED PATIENT, OR HIS/HER LEGAL REPRESENTATIVE

**Christopher Labash**  
1737 W 6th Ave  
Mesa AZ 85202

**Hugo Insurance**  
Claim # 0022503330

THE ABOVE NAMED CLAIMANTS, IN ACCORDANCE WITH ARIZONA REVISED STATUTES 33-931 THROUGH 33-934, DO HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION, SUITS, CLAIMS, COUNTERCLAIMS, OR DEMANDS ACCRUING TO THE PATIENT NAMED ABOVE OR TO THE LEGAL REPRESENTATIVE OF SUCH PATIENT, AS A RESULT OF INJURIES GIVING RISE TO CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/ HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTH CARE TREATMENT OF THE ABOVE NAMED INJURED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

**STATE OF ARIZONA**

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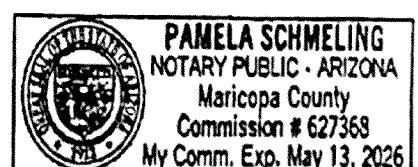
) ss. VERIFICATION OF AUTHORIZED AGENT

COUNTY OF MARICOPA

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SIGNATURE OF LICENSED HEALTH CARE PROVIDER, EXECUTIVE OFFICER OR AGENT THEREOF:

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC  
ON THIS 6<sup>th</sup> DAY OF November, 2025.



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**NOTARY PUBLIC**

MY COMMISSION EXPIRES: 05.13.2024