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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: 