When recorded mail to:

Moore Physical Therapy
2500 S. Power Rd Ste. #123
Mesa, AZ 85209

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NOTICE AND CLAIM OF MEDICAL CLAIM

NAME OF CLAIMANT: MOORE PHYSICAL THERAPY, PLC
ADDRESS OF CLAIMANT: 2500 S. POWER RD #123 MESA, AZ 85209
NAME OF EXECUTIVE OFFICER OR AUTHORIZES AGENT OF HEALTH CARE PROVIDER:
NAME OF PATIENT: JOSEPH PECK
DATE OF PATIENT'S INJURY OR ILLNESS: 10/25/2025
DATE OF PATIENT'S FIRST TREATMENT: 11/12/2025
DATE OF PATIENT'S FULL RELEASE: UNKNOW, STILL IN TREATMENT
CURRENT AMOUNT DUE CLAIMANT FOR CARE AND TREATMENT OF PATIENT: $UNKNOWN STILL IN TREATMENT
STATE AND COUNTY IN WHICH INJURIES OR ILLNESS OCCURRED: ARIZONA, MARICOPA

To the best of claimant's knowledge, the names and addresses of all persons, firms, corporations, and insurance carriers claimed by the above-named patient, or by his legal representative to be liable for damages are as follows:

JOSEPH PECK 3615 S 93RD ST MILWAUKEE, WI 53228
SAFECO PO BOX 6476 CAROL STREAM, IL 60197 CLAIM # 060345655-01

Pursuant to the Laws of the State of Arizona, and or the common law holdings in such cases, the above named Claimant personally, or through its authorized agent, does hereby claim a lien upon any and all causes of action, suits, claims, counterclaims, or demands for damages accruing to said patient, or his (her) behalf by a legal representative, assignees, or heirs, on account of injuries giving rise to such cause of action and which necessitated his or her medical care and treatment, for which claimant rendered medical care at the rate customarily charged for such services, the sum of which is due and payable as indicated above.

(Claimant) or (Agent)

By: MARC MOORE

STATE OF ARIZONA)
)SS
COUNTY OF MARICOPA)

I MARC MOORE being
First duly sworn upon oath, deposes, and says: (1) That I am the person herein named as claimant (or the authorized agent of such claimant): (2) that I have made this Notice and Claim of Medical Lien in good faith; and (3) that the facts therein stated are true and correct to the best of my knowledge, information, and belief.

(Claimant) or (Agent)

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this the 13TH day of November, 2025.
By MiSTi Ferris

My Commission Expires:

MISTI FERRIS
NOTARY PUBLIC - ARIZONA
MARICOPA COUNTY
COMMISSION # 670086
MY COMMISSION EXPIRES
JUNE 23, 2028

Notary Public