

# Unofficial Document

When recorded mail to:

Arrowhead Health Centers  
17061 N Avenue of the Arts  
Suite 100  
Surprise, AZ 85378

Da:  
Ho:

## NOTICE AND CLAIM OF MEDICAL LIEN

**CLAIMANT:**

Arrowhead Health Centers  
17061 N Avenue of the Arts,  
Suite 100,  
Surprise, AZ 85378

**AUTHORIZED REPRESENTATIVE:**

*Lesly Carrillo*

LESLY CARRILLO

DATE PREPARED: November 26, 2025

---

**PATIENT INFORMATION**

Dawna Anderson

Date of patient's first care/treatment:  
10/11/2025

14815 N 148th Dr

Date of patient's last care/treatment (if completed): ONGOING TREATMENT

Surprise, AZ 85388

Date of Injury: 10/09/2025

Amount claimed due for care of patient:  
\$100,000.00 (amount may change based on treatment)

For final lien balance, please call: 623-334-4000

---

**COUNTY IN WHICH THE INJURY WAS SUSTAINED: MARICOPA**

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

**NAME**

Dawna Anderson

**ADDRESS**

14815 N 148th Dr

COPY TO: Breyer Law

Surprise, AZ 85388

3840 E Ray Rd

Phoenix, AZ 85044