

When recorded mail to:

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

# Unofficial 20. Document

Ch.  
To:

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## 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

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### PATIENT INFORMATION

Cheyenne Fisher

12729 W Dreyfus Dr

El Mirage, AZ 85335

Date of Injury: 11/08/2025

Date of patient's first care/treatment:  
11/21/2025

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

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

#### ADDRESS

Cheyenne Fisher

12729 W Dreyfus Dr  
El Mirage, AZ 85335

COPY TO: Rafi Law Group

2235 N 25th Ave #100  
Phoenix, AZ 85009