

Unofficial Document

When recorded mail to:

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

Pa:
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 20, 2025

PATIENT INFORMATION

Paula Fosbinder

Date of patient's first care/treatment:

10/23/2025

625 W Deer Valley Rd, #110-510

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

Phoenix, AZ 85048

Date of Injury: 09/21/2025

Amount claimed due for care of patient:

\$100,000.00 (amount due 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 persons' firms or corporations, claimed by the above patient, by his/her legal representative, to be liable for damages are as follows:

NAME

Paula Fosbinder

ADDRESS

625 W Deer Valley Rd, #110-510

COPY TO: Friedl Richardson Trial Lawyers

Phoenix, AZ 85048

13633 N Cave Creek Rd

Phoenix, AZ 85022