

# Unofficial Document

When recorded mail to:

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

St.  
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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 20, 2025

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**PATIENT INFORMATION**

Steven Merdell

Date of patient's first care/treatment:

10/28/2025

3343 W Port Au Prince Ln

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

Tolleson, AZ 85353

Amount claimed due for care of patient:

\$100,000.00 (amount due may change based on treatment)

Date of Injury: 10/17/2025

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

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**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**

Steven Merdell

**ADDRESS**

3343 W Port Au Prince Ln

COPY TO: Accident Law Group

Tolleson, AZ 85353

350 W Washington St, STE 213

Tempe, AZ 85288