

# Unofficial 20 Document

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WHEN RECORDED MAIL TO:

PHUSION WELLNESS, LLC  
10207 E HAMPTON AVE  
MESA, AZ 85209

NOTICE OF MEDICAL LIEN

CLAIMANT LICENSED HEALTHCARE PROVIDER:

PHUSION WELLNESS, LLC  
SCOTT WOFFINDEN, PA  
10207 E HAMPTON AVE  
MESA, AZ 85209

EXECUTIVE OFFICER OR AGENT OF HEALTHCARE PROVIDER: Brett Farr [Limited Agent]

NAME OF PATIENT: Sophie Ontiveros

ADDRESS OF PATIENT: 21163 E Saddle Way, Queen Creek, AZ 85142

DATE OF PATIENT'S FIRST CARE/TREATMENT: 10/28/2025

DATE OF PATIENT'S LAST CARE/TREATMENT: (STILL TREATING)

AMOUNT DUE TO DATE FOR MEDICAL CARE: \$1,168.40

TO THE BEST OF CLAIMANTS KNOWLEDGE THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, OR CORPORATIONS AND THE INSURANCE CARRIERS FOR THE PERSON, FIRMS OR CORPORATIONS CLAIMED BY THE ABOVE NAMED PATIENT OR HIS/HER LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE:

PATIENT NAME ADDRESS	3RD PARTY NAME & ADDRESS	ATTORNEY NAME & ADDRESS
Sophie Ontiveros		Jackson White Law
21163 E Saddle Way		40 N Center St #200
Queen Creek, AZ 85142		Mesa, AZ 85201

THE ABOVE NAMED CLAIMANTS IN ACCORDANCE WITH ARIZONA REVISED STATUTES 33-934 DO HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION SUITS CLAIMS COUNTERCLAIMS OR DEMANDS ACCRUING TO THE PATIENT NAMED ABOVE OR TO THE LEGAL REPRESENTATIVE OF SUCH A PATIENT, AS A RESULT OF INJURIES GIVING RISE TO CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTHCARE TREATMENT OF THE ABOVE NAMED INJURED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

STATE OF ARIZONA )

ISS VERIFICATION OF AUTHORIZED AGENT

COUNTY OF MARICOPA )

SIGNATURE OF LICENSED HEALTHCARE PROVIDER EXECUTIVE OFFICER OR AGENT

THEREOF: Brett Farr

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC

ON THIS 3rd DAY OF November 2025

NOTARY PUBLIC: Jennifer Omerza

