

When recorded mail to:

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

# Unofficial 20. Document

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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

Annais Montano

7777 E Main St, Unit 215

Scottsdale, AZ 85251

Date of Injury: 10/21/2025

Date of patient's first care/treatment:  
10/28/2025

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

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 person's firms or corporations, claimed by the above patient, by his/her legal representative, to be liable for damages are as follows:

#### NAME

Annais Montano

#### ADDRESS

7777 E Main St, Unit 215  
Scottsdale, AZ 85251

COPY TO: Accident Law Group

350 W Washington St, STE 213  
Tempe, AZ 85288