

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:

Sonya Rosales  
Sonya Rosales

DATE PREPARED: December 4, 2025

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### PATIENT INFORMATION

Mark Putzke

9229 N 47TH CT

GLENDALE, AZ 85302

Date of Injury: 11/17/2025

Date of patient's first care/treatment:  
11/24/2025

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

Amount claimed due for care of patient:  
\$100,000 (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

#### ADDRESS

Mark Putzke

9229 N 47TH CT

GLENDALE, AZ 85302

COPY TO: Accident Law Group

15650 N Black Cyn Hwy suite b-155  
Phoenix, AZ 85053