

When recorded mail to:

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

# Unofficial 20. Document

Jo:  
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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: 11/10/2025

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### PATIENT INFORMATION

Joyce Covias

6544 W Poinsettia Dr

Glendale, AZ 85304

Date of Injury: 09/24/2025

Date of patient's first care/treatment:  
10/01/2025

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

Amount claimed due for care of patient:  
\$50,000.00 (AMOUNT 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

Joyce Covias

#### ADDRESS

6544 W Poinsettia Dr  
Glendale, AZ 85304

COPY TO: Swenson & Shelley Law Firm

4742 N 24th St, #300A  
Phoenix, AZ 85016