

# Unofficial 20. Document

WHEN RECORDED MAIL TO:  
PHUSION WELLNESS, LLC  
10207 E HAMPTON AVE  
MESA, AZ 85209

MC  
Ho:

## 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: Monique Czajkowski

ADDRESS OF PATIENT: 230 N Winchester Rd Apt 5, Apache Junction, AZ 85119

DATE OF PATIENT'S FIRST CARE/TREATMENT: 11/26/2025  
DATE OF PATIENT'S Last CARE/TREATMENT: (STILL TREATING)

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

TO THE BEST OF CLAIMANT'S 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
Monique Czajkowski	Jess Skousen	(SGP Law Firm)
230 N Winchester Rd Apt 5		414 East Southern Avenue
Apache Junction, AZ 85119		Mesa, AZ 85204

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 )

COUNTY OF MARICOPA )

)SS VERIFICATION OF AUTHORIZED AGENT

SIGNATURE OF LICENSED HEALTHCARE PROVIDER EXECUTIVE OFFICER OR AGENT THEREOF:

B.H.

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC ON THIS 9th DAY OF  
December 2025

NOTARY PUBLIC:

Jennifer Omerza

