

Unofficial Document

When recorded mail to:

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

Be
Ho

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 26, 2025

PATIENT INFORMATION

Bessie LittleSunday

Date of patient's first care/treatment:
09/30/2025

3402 W Joan De Arc Ave

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

Phoenix, AZ 85029

Amount claimed due for care of patient:
\$200,000.00 (amount due may change based on treatment)

Date of Injury: 09/26/2025

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

3402 W Joan De Arc Ave

ADDRESS

3402 W Joan De Arc Ave
Phoenix, AZ 85029

COPY TO: Esquire Law Firm

4747 N 22nd St, Suite 300
Phoenix, AZ 85016