

# Unofficial 20. Document

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

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## 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: Sheri Francis

ADDRESS OF PATIENT: 21547 E Maya Rd, Queen Creek, AZ 85142

DATE OF PATIENT'S FIRST CARE/TREATMENT: 10/22/2025

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
Sheri Francis		London Harker Injury Law
21547 E Maya Rd		333 W 2230 N Suite 321
Queen Creek, AZ 85142		Provo, UT 84604

Kurt London

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 )

)SS VERIFICATION OF AUTHORIZED AGENT

COUNTY OF MARICOPA )

SIGNATURE OF LICENSED HEALTHCARE PROVIDER EXECUTIVE OFFICER OR AGENT THEREOF:

B.H.

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC ON THIS 3rd DAY OF  
November 2025

NOTARY PUBLIC:

Jennifer Omerza

