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NOTICE AND CLAIM OF MEDICAL LIEN

Arizona Orthopedic Experts, PLLC
4451 N. Arcadia Drive
Phoenix, AZ 85018

Licensed Health Care Provider: Eric A. Eifler, MD, PLLC 2900 W. Ray Road, Suite 5 Chandler, AZ 85224	Patient: Peter Paul Groth 737 Campbell Street Prescott, AZ 86301
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First Treatment Date: 10/07/2025

Last Treatment Date: To be determined

New Patient Charge: \$820 + continuing treatment

Final Balance: Please contact claimant for final amount

To the best of Claimant's knowledge, the names and addresses of all persons, firms or corporations, and the insurance carriers of said persons, firms or corporations claimed by the above-named patient, or by his or her legal representative, to be liable for the damages are as follows:

1. Peter Paul Groth, 737 Campbell Street Prescott, AZ 86301
2. Falcon Law Group, 84 NE Interstate 410 Loop, #2116, San Antonio, Texas 78216.

The above-named Claimant, pursuant to A.R.S. § 33-931 (B), do hereby claim a lien upon any and all causes of action, suits to the legal representative of such patient, on an account of injuries giving rise to such causes of action and which necessitates his or her treatment, for the customary charges for health care and treatment of the above-named injured patient in the sum hereinabove claimed to be due. The name and address of the patient hereinabove set forth are the same as appear on the records of the Licensed Health Care Provider.

I, Eric A. Eifler, MD, upon my oath, depose and state: 1) I am named a claimant or authorized agent of claimant; 2) I have made this Notice & Claim of Medical Lien in good faith; 3) The facts herein stated are true and correct to the best of my knowledge; and 4) I claim the above-named patient has a balance of \$820.00 as of FILING DATE, any amounts incurred subsequent to the filing of this lien are also subject to the lien.

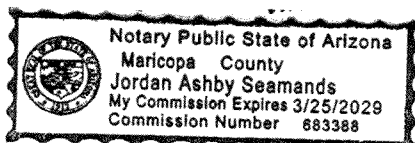
STATE OF ARIZONA)

) ss.

COUNTY OF MARICOPA)

Subscribed and sworn to before me on this 12 day of November, 2025.

Dr. Eric A. Eifler



Notary Public