

Unofficial Document

When recorded mail to:

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

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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:

Sonya Rosales

Sonya Rosales

DATE PREPARED: December 4, 2025

PATIENT INFORMATION

Mark Putzke

Date of patient's first care/treatment:
11/24/2025

9229 N 47TH CT

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

GLENDALE, AZ 85302

Amount claimed due for care of patient:
\$100,000 (amount due may change based on treatment)

Date of Injury: 11/17/2025

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

Mark Putzke

ADDRESS

9229 N 47TH CT

COPY TO: Accident Law Group

GLENDALE, AZ 85302

15650 N Black Cyn Hwy suite b-155

Phoenix, AZ 85053