

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:

Lesly Carrillo

LESLY CARRILLO

DATE PREPARED: 11/10/2025

PATIENT INFORMATION

Ceferina Ramos

Date of patient's first care/treatment:
10/27/2025

1535 N Scottsdale Rd, APT 2042

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

Tempe, AZ 85288

Amount claimed due for care of patient:
\$50,000.00 (AMOUNT MAY CHANGE BASED ON TREATMENT)

Date of Injury: 10/11/2025

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

Ceferina Ramos

ADDRESS

1535 N Scottsdale Rd, APT 2042
Tempe, AZ 85288

COPY TO: Rafi Law Group

2235 N 25th Ave #100
Phoenix, AZ 85009