

# Unofficial Document

## Notice and Claim of Medical Lien

### **Name and Address of Claimant:**

Premier MRI Clinics, LLC  
1950 E. Southern Avenue, Suite #103  
Tempe, AZ 85282

Dw

To:

**Patient:** Dwight Sanders

**Address:** 905 E Graham Ln, Apache Junction AZ 85119

**Date of Accident:** 10/16/2025

**Date of Service:** 11/25/2025

**Amount Claimed:** \$4,400.00

**Patient Representative:** Accident Law Group, 350 W. Washington St, Ste 213 Tempe, AZ 85288

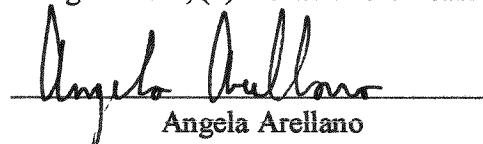
To the best of the claimant's knowledge, the names and address of all persons, firms, corporations, and insurance carriers by the above patient or by his/her legal representative to be liable for damages are as follows:

**Insurance Co.:** Unknown **Claim #:** Unknown **Phone #:** Unknown

Pursuant to A.R.S 33-931, the above-named claimants, personally or through authorized agent, does hereby claim a lien upon any and all causes of action, suits, claims, counterclaims, demands accruing to the patient named herein, or to the legal representative of such patient, on account of injuries giving rise to such causes of action and which necessitated his or her treatment, for the customary charges for health care and treatment of the above-named injured patient in the sum herein and above claimed to be due. The name and address of the patient as herein before set forth are as the same appear on the records of the Licensed Health Care Provider.

**STATE OF ARIZONA**                            )  
   )  
   ) ss,  
**County of Maricopa**                            )

Angela Arellano, upon her oath, deposes and states: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & Claim of Medical lien in a good faith, (3) the facts herein stated are true and correct to the best of my knowledge.

  
\_\_\_\_\_  
Angela Arellano

Executive Officer or Agent

SUBSCRIBED AND SWORN before me this date: 12/3/25

My Commission Expires:

  
\_\_\_\_\_  
Notary Public

