

When recorded mail to:

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

# Unofficial 20. Document

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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

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### PATIENT INFORMATION

Logan Gregory Ferguson

3631 N 15th Ave, Unit B

Phoenix, AZ 85015

Date of Injury: 10/07/2025

Date of patient's first care/treatment:  
10/13/2025

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

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

For final lien balance, please call: 623-334-4000

COUNTY IN WHICH THE INJURY WAS SUSTAINED: MARICOPA

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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

Logan Gregory Ferguson

#### ADDRESS

3631 N 15th Ave, Unit B  
Phoenix, AZ 85015

COPY TO: Rafi Law Group

2235 N 25th Ave #100  
Phoenix, AZ 85009