

Unofficial Document

When recorded mail to:

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

He.
Ga.

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: November 21, 2025

PATIENT INFORMATION

Heather Buchmiller

Date of patient's first care/treatment:

10/24/2025

3131 N 70th St, APT 3033

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

Scottsdale, AZ 85251

Amount claimed due for care of patient:

\$100,000.00 (amount may change based on treatment)

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

COUNTY IN WHICH THE INJURY WAS SUSTAINED: MARICOPA

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

Heather Buchmiller

ADDRESS

3131 N 70th St, APT 3033

COPY TO: Avian Law Group

Scottsdale, AZ 85251

3111 N Central Ave, Suite A-216

Phoenix, AZ 85012