

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: November 21, 2025

PATIENT INFORMATION

Veronica Urias

7939 W Desert Cove Ave

Peoria, AZ 85345

Date of Injury: 10/24/2025

Date of patient's first care/treatment:
10/28/2025

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

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

Veronica Urias

ADDRESS

7939 W Desert Cove Ave
Peoria, AZ 85345

COPY TO: Avian Law Group

3111 N Central Ave, Suite A-216
Phoenix, AZ 85012