

# Unofficial Document

When recorded mail to:

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

Ve  
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

Veronica Urias

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

7939 W Desert Cove Ave

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

Peoria, AZ 85345

**Date of Injury:** 10/24/2025

**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