

Unofficial Document

When recorded mail to:

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

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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

PATIENT INFORMATION

Joyce Covias

Date of patient's first care/treatment:

10/01/2025

6544 W Poinsettia Dr

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

Glendale, AZ 85304

Amount claimed due for care of patient:

\$50,000.00 (AMOUNT MAY CHANGE BASED ON TREATMENT)

Date of Injury: 09/24/2025

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

Joyce Covias

ADDRESS

6544 W Poinsettia Dr
Glendale, AZ 85304

COPY TO: Swenson & Shelley Law Frm

4742 N 24th St, #300A
Phoenix, AZ 85016