

Unofficial Document

When recorded mail to:

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

An:
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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 20, 2025

PATIENT INFORMATION

Annais Montano

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

7777 E Main St, Unit 215

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 due may change based on treatment)

Date of Injury: 10/21/2025

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

Annais Montano

ADDRESS

7777 E Main St, Unit 215
Scottsdale, AZ 85251

COPY TO: Accident Law Group

350 W Washington St, STE 213
Tempe, AZ 85288