

# Unofficial Document

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To:

WHEN RECORDED MAIL TO:  
PHUSION WELLNESS, LLC  
10207 E HAMPTON AVE  
MESA, AZ 85209

## NOTICE OF MEDICAL LIEN

### CLAIMANT LICENSED HEALTHCARE PROVIDER:

PHUSION WELLNESS, LLC  
SCOTT WOFFINDEN, PA  
10207 E HAMPTON AVE  
MESA, AZ 85209

EXECUTIVE OFFICER OR AGENT OF HEALTHCARE PROVIDER: Brett Farr [Limited Agent]

NAME OF PATIENT: Amanda Williams

ADDRESS OF PATIENT: 8710 S 88th E Ave, Tulsa, OK 74133-4434

DATE OF PATIENT'S FIRST CARE/TREATMENT: 09/24/2025

DATE OF PATIENT'S LAST CARE/TREATMENT: (STILL TREATING)

AMOUNT DUE TO DATE FOR MEDICAL CARE: \$1,168.40

TO THE BEST OF CLAIMANTS KNOWLEDGE THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, OR CORPORATIONS AND THE INSURANCE CARRIERS FOR THE PERSON, FIRMS OR CORPORATIONS CLAIMED BY THE ABOVE NAMED PATIENT OR HIS/HER LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE:

PATIENT NAME ADDRESS	3RD PARTY NAME & ADDRESS	ATTORNEY NAME & ADDRESS
Amanda Williams	Progressive	
8710 S 88th E Ave	1-800-749-7436	
Tulsa, OK 74133-4434		

THE ABOVE NAMED CLAIMANTS IN ACCORDANCE WITH ARIZONA REVISED STATUTES 33-934 DO HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION SUITS CLAIMS COUNTERCLAIMS OR DEMANDS ACCRUING TO THE PATIENT NAMED ABOVE OR TO THE LEGAL REPRESENTATIVE OF SUCH A PATIENT. AS A RESULT OF INJURIES GIVING RISE TO CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTHCARE TREATMENT OF THE ABOVE NAMED INJURED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

STATE OF ARIZONA )

) SS VERIFICATION OF AUTHORIZED AGENT

COUNTY OF MARICOPA )

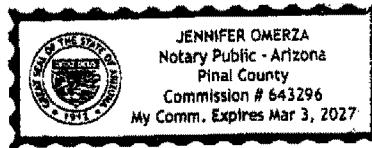
SIGNATURE OF LICENSED HEALTHCARE PROVIDER EXECUTIVE OFFICER OR AGENT THEREOF:

BH

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC ON THIS 20 DAY OF  
October 20 25

NOTARY PUBLIC:

Jennifer Omerza



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