

Unofficial Document

When recorded mail to:

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

Wa:
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 26, 2025

PATIENT INFORMATION

Wayne Shuman

Date of patient's first care/treatment:
11/06/2025

140 Layfield Lane

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

Clarksburg, WV 26301

Amount claimed due for care of patient:
\$100,000.00 (amount may change based on treatment)

Date of Injury: 11/01/2025

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

Wayne Shuman

ADDRESS

140 Layfield Lane

COPY TO: Wade & Nysather

Clarksburg, WV 26301

15232 N 59th Ave
Glendale, AZ 85306