

# 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:** November 26, 2025

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### PATIENT INFORMATION

Jake Christian Maghirang

**Date of patient's first care/treatment:**

10/31/2025

18601 W Cottontail Ln

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

Wittman, AZ 85361

**Amount claimed due for care of patient:**

\$100,000.00 (amount may change based on treatment)

Date of Injury: 10/21/2025

For final lien balance, please call: 623-334-4000

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### 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**

Jake Christian Maghirang

**ADDRESS**

18601 W Cottontail Ln

**COPY TO:** Lazzara Law Firm

Wittman, AZ 85361

8160 Hayden Rd, Building J, Suite J108  
Scottsdale, AZ 85258