

Unofficial Document

When recorded mail to:

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

Ch:
To:

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

Cheyenne Fisher

Date of patient's first care/treatment:

11/21/2025

12729 W Dreyfus Dr

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

EI Mirage, AZ 85335

Amount claimed due for care of patient:

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

Date of Injury: 11/08/2025

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 persons' firms or corporations, claimed by the above patient, by his/her legal representative, to be liable for damages are as follows:

NAME

Cheyenne Fisher

ADDRESS

12729 W Dreyfus Dr

EI Mirage, AZ 85335

COPY TO: Rafi Law Group

2235 N 25th Ave #100

Phoenix, AZ 85009