

# 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: 11/10/2025

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**PATIENT INFORMATION**

Logan Gregory Ferguson

Date of patient's first care/treatment:

10/13/2025

3631 N 15th Ave, Unit B

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

Phoenix, AZ 85015

Amount claimed due for care of patient:

\$50,000.00 (AMOUNT MAY CHANGE BASED ON TREATMENT)

Date of Injury: 10/07/2025

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

**NAME**

Logan Gregory Ferguson

**ADDRESS**

3631 N 15th Ave, Unit B

Phoenix, AZ 85015

**COPY TO:** Rafi Law Group

2235 N 25th Ave #100

Phoenix, AZ 85009