

# Unofficial Document

When recorded mail to:

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

Ro:  
Yo

## 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:** December 4, 2025

---

### PATIENT INFORMATION

Robert Weatherholt

**Date of patient's first care/treatment:**  
11/17/2025

8406 W Pershing Ave

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

Peoria, AZ 85381

**Date of Injury:** 11/14/2025

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

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**

Robert Weatherholt

**ADDRESS**

8406 W Pershing Ave  
Peoria, AZ 85381

**COPY TO:** Engstrand Law

3030 N Central Ave, Suite 1109,  
Phoenix, AZ 85020