

When recorded mail to:

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

Unofficial 20. Document

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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

PATIENT INFORMATION

Wayne Shuman

140 Layfield Lane

Clarksburg, WV 26301

Date of Injury: 11/01/2025

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

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

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

Wayne Shuman

ADDRESS

140 Layfield Lane
Clarksburg, WV 26301

COPY TO: Wade & Nysather

15232 N 59th Ave
Glendale, AZ 85306