

Unofficial Document

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WHEN RECORDED MAIL TO:
PHUSION WELLNESS, LLC
10207 E HAMPTON AVE
MESA, AZ 85209

NOTICE OF MEDICAL LIEN

CLAIMANT LICENSED HEALTHCARE PROVIDER:

PHUSION WELLNESS, LLC
SCOTT WOFFINDEN, PA
10207 E HAMPTON AVE
MESA, AZ 85209

EXECUTIVE OFFICER OR AGENT OF HEALTHCARE PROVIDER: Brett Farr [Limited Agent]

NAME OF PATIENT: Fred Mikesell

ADDRESS OF PATIENT: 4700 E Main St #1870, Mesa, AZ 85205

DATE OF PATIENT'S FIRST CARE/TREATMENT: 09/23/2025

DATE OF PATIENT'S LAST CARE/TREATMENT: (STILL TREATING)

AMOUNT DUE TO DATE FOR MEDICAL CARE: \$1,168.40

TO THE BEST OF CLAIMANTS KNOWLEDGE THE NAMES AND ADDRESSES OF ALL PERSONS, FIRMS, OR CORPORATIONS AND THE INSURANCE CARRIERS FOR THE PERSON, FIRMS OR CORPORATIONS CLAIMED BY THE ABOVE NAMED PATIENT OR HIS/HER LEGAL REPRESENTATIVE TO BE LIABLE FOR DAMAGES ARE:

PATIENT NAME ADDRESS	3RD PARTY NAME & ADDRESS	ATTORNEY NAME & ADDRESS
Fred Mikesell		East Valley Injury Law
4700 E Main St #1870		1525 S Greenfield Rd Ste 2
Mesa, AZ 85205		Mesa, AZ 85206

THE ABOVE NAMED CLAIMANTS IN ACCORDANCE WITH ARIZONA REVISED STATUTES 33-934 DO HEREBY CLAIM A LIEN UPON ANY AND ALL CAUSES OF ACTION SUITS CLAIMS COUNTERCLAIMS OR DEMANDS ACCRUING TO THE PATIENT NAMED ABOVE OR TO THE LEGAL REPRESENTATIVE OF SUCH A PATIENT. AS A RESULT OF INJURIES GIVING RISE TO CAUSES OF ACTION AND WHICH MADE NECESSARY HIS/HER TREATMENT FOR THE CUSTOMARY CHARGES FOR HEALTHCARE TREATMENT OF THE ABOVE NAMED INJURED PATIENT IN THE SUM HEREIN ABOVE CLAIMED TO BE DUE.

STATE OF ARIZONA)

) SS VERIFICATION OF AUTHORIZED AGENT

COUNTY OF MARICOPA)

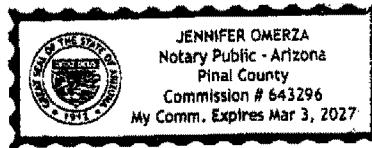
SIGNATURE OF LICENSED HEALTHCARE PROVIDER EXECUTIVE OFFICER OR AGENT THEREOF:

BH

SUBSCRIBED AND SWORN TO BEFORE A NOTARY PUBLIC ON THIS 20 DAY OF
October 2025

NOTARY PUBLIC:

Jennifer Omerza



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