

Unofficial Document

When recorded mail to:

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

To:
Ja:

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

Jay Freund

Date of patient's first care/treatment:
10/31/2025

11638 N 103rd Ave

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

Sun City, AZ 85351

Date of Injury: 10/21/2025

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

Jay Freund

ADDRESS

11638 N 103rd Ave
Sun City, AZ 85351

COPY TO: Perez Law Group

7508 N 59th Avenue
Glendale, AZ 85301