NOTICE OF DUVSICIAN'S LIEN

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6, please enter this lien on the eket. This lien concerns amoudered to below named patient arising from an accident that being asserted against any her Physician hereby places the hais being asserted against any recollected by said patient, their	ahoma; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien ants due to Physician for services at relating to injuries sustained by nat occured on 2009-12-26. This lien real property owned by Patient, but a following parties on notice that this ecovery or sum had or collected or to a heirs, personal representatives, or medy for said accident is made by at or court award.	
	X Attached bill is not final lien. An	amended lien to follow.
Lien Amount \$640.0	☐ Attached bill is the final lien.	
	☐ This lien ammends lien no., becau	ise:
Patient:	Patient's Insurer:	Policy or Claim no.:
Brian Worrell	None	
8404 N 136th E ave #204		Adjuster:
Owasso, Ok 74055	,	
Defendant:	Defendant's Insurer:	Policy or Claim no.:
Vance Mims	Farmers Insurance Group	#101324574-1-3
	PO Box 268994	Adjuster:
,	Okla. City, OK 73126-8994	John Sukovaty
Other Responsible Party:	Other Party's Insurer:	Policy or Claim no.:
	None	is a superior of the superior
		Adjuster:
,	,	
Patients Attorney (If Known): unknown	
Physician: Thomas Exception Address: 2828 Tulss, Ok#060	set, Saie 103 Tax ID Number:	le To: Cate Chiropractic Center 73-1443096 (918) 747-2225

Before me, a Notary Public, in and for said County and State, personally appeared the above Physician, Known to be the same and identical person, signed of his own free act and accord and for the uses and purposes therein set forth. In witness thereof, I have affixed my hand and official seal on this day of day, o

My commission no. 06007044 expires on 2010-07-17

Notary Public