## NOTICE OF PHYSICIAN'S LIEN

To the County Clerk of Tulsa, Oklahoma; pursuant to Okla. Stat. tit. 42 § 46, please enter this lien on the Mechanics and Materialman's lien docket. This lien concerns amounts due to Physician for services rendered to below named patient relating to injuries sustained by patient arising from an accident that occured on 2009-01-26. This lien is not being asserted against any real property owned by Patient, but rather Physician hereby places the following parties on notice that this lien is being asserted against any recovery or sum had or collected or to be collected by said patient, their heirs, personal representatives, or their estate, whether Patient's remedy for said accident is made by settlement, compromise, judgement or court award.

ISICIAN S LIEN	For Courts Use Only
homa; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien ats due to Physician for services relating to injuries sustained by at occured on 2009-01-26. This lien eal property owned by Patient, but following parties on notice that this covery or sum had or collected or to heirs, personal representatives, or edy for said accident is made by or court award.	
X Attached bill is <b>not</b> final lien. An a	mended lien to follow.
Attached bill is the final lien.	
☐ This lien ammends lien no., because	se:
Patient's Insurer:	Policy or Claim no.:
Allstate Medpay	#0129078614
PO Box 440519	Adjuster:
Kennesaw, GA 30160	Betty Alderete
Defendant's Insurer: None	Policy or Claim no.:
	Adjuster:
,	
Other Party's Insurer:	Policy or Claim no.:
None	
	Adjuster:
,	
: unknown	

Patients Attorney (If Known): unknown

Physician: Address:

Thomas E. 6

2828 E 5

Tulsa, G

State of Oklahoma) County of Tulsa)

Lien Amount \$835.0

Patient:

Aimee Gibson

2036 E 12th st

Defendant:

Tulsa, Ok 74104

Other Responsible Party:

Make Checks Payable To: Cate Chiropractic Center

Tax ID Number:

73-1443096

**Telephone Number:** 

(918) 747-2225

Physician Signature:

Before me, a Notary Pub d 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 New 2003

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

Notary Public