

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 occurred on 1/25/2008. 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.

For Court Use Only

Lien Amount \$ **824.00**

- ☒ Attached bill is not final amount of services. An amended lien to follow.
☐ Attached bill is the final amount for my services rendered to Patient.
☒ This lien amends lien no. **L2008008319** because: **Amended Amount**

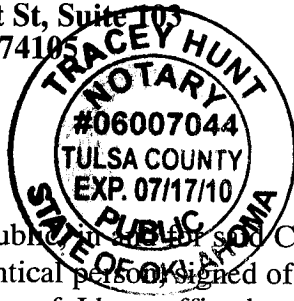
Patient: Shelton, Cherish PO Box 474 Broken Arrow, OK 74013	Patient's Insurer: Farmers Insurance Group* PO Box 268993 Okla. City, OK 73126	Policy or Claim No.: 1011493401-1-2 Adjuster: Jennifer Crowder
Defendant: ,	Defendant's Insurer: Unknown	Policy or Claim No.: Adjuster:
Other Responsible Party: Cherish Shelton ,	Other Responsible Party's Insurer: Farmers PO Box 268994 Oklahoma City, OK 73126	Policy or Claim No.: #1011504932-1-1 Adjuster: Nita Smith
Patient's Attorney (If Known)	Unknown	

Physician **Thomas E Cate, DC**
Address: **2828 E 51st St, Suite 103**
Tulsa, OK 74105

Make Checks Payable to: **Cate Chiropractic Center**
Tax ID Number: **73-1443096**
Telephone Number: **(918) 747-2225**

Physician's Signature _____

State of Oklahoma)
County of Tulsa) ss.



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 4th day of May, 2009

My commission no. **06007044** expires on **07/17/2010**

Notary Public

Cate Chiropractic Center
2828 E. 51 St. Ste. 103
Tulsa OK 74105
(918) 747-2225

April 29, 2009

Farmers
PO Box 268993
Oklahoma City, OK 73126

FEDERAL ID # 73-1443096

PATIENT #: 21787
RE: Cherish Shelton
INSURANCE ID: #1011493401-1-2

DIAGNOSIS
847.0 Cervical Strain/Sprain
847.1 Thoracic Sprain/Strain
847.2 Lumbar Sprain/Strain

DATE	SERVICE DESCRIPTIONS	CHARGE	TOTAL
06/13/08	9924225 Consult w/ report to referring ph	175.00	175.00
06/13/08	98941 CMT; 3-4 Regions	50.00	225.00
06/16/08	9921225 report of findings	35.00	260.00
06/16/08	99070 BIOFREEZE	14.00	274.00
06/16/08	99070 ICEPACK	25.00	299.00
06/16/08	99070 FORMULA 303'S	10.00	309.00
06/16/08	98941 CMT; 3-4 Regions	50.00	359.00
06/16/08	97014 electrical stimulation	25.00	384.00
06/16/08	97012 Traction, Mechanical	30.00	414.00
06/17/08	98940 CMT; 1-2 Regions	40.00	454.00
06/17/08	97014 electrical stimulation	25.00	479.00
06/17/08	97012 Traction, Mechanical	30.00	509.00
06/19/08	98941 CMT; 3-4 Regions	50.00	559.00
06/19/08	97014 electrical stimulation	25.00	584.00
06/19/08	97012 Traction, Mechanical	30.00	614.00
06/20/08	98941 CMT; 3-4 Regions	50.00	664.00
06/20/08	97014 electrical stimulation	25.00	689.00
06/20/08	97012 Traction, Mechanical	30.00	719.00
06/23/08	98941 CMT; 3-4 Regions	50.00	769.00
06/23/08	97014 electrical stimulation	25.00	794.00
06/23/08	97012 Traction, Mechanical	30.00	824.00

		\$824.00	