NOTICE OF PHYSICIAN'S LIEN

To § 4 doc ren pat is ratl lie be the seti

46, please enter this lien on the cket. This lien concerns amondered to below named patient arising from an accident the not being asserted against any her Physician hereby places the is being asserted against any collected by said patient, the	elahoma; pursuant to Okla. Stat. tit. e Mechanics and Materialman's lie unts due to Physician for service at relating to injuries sustained bhat occured on 2011-04-10. This lie real property owned by Patient, be following parties on notice that the recovery or sum had or collected or ir heirs, personal representatives, medy for said accident is made but or court award.	en es by en out his to or
	X Attached bill is not final lien.	An amended lien to follow.
Lien Amount \$445.0	☐ Attached bill is the final lien.	
	☐ This lien ammends lien no., b	ecause:
Patient:	Patient's Insurer:	Policy or Claim no.:
McCormack Timothy	State Farm Ins. Co.	3600J3-210
3213 S Riverside Dr #126	PO Box 22101	Adjuster:
Tulsa, Ok 74105	Tulsa, OK 74121-2101	
Defendant:	Defendant's Insurer:	Policy or Claim no.:
	None	
		Adjuster:
,	,	
Other Responsible Party:	Other Party's Insurer:	Policy or Claim no.:
	None	Adjuster:
		Aujustei.
,	2	
Patients Attorney (If Know	n): unknown	
	,	
Address: 2828 E 5 st St Tulsa, 0K 7410 State of Oklahoma) County of Tulsa)	Tax ID Number: OSPUBLIC IN AND FOR 6007044 P. 07/17/2014	ber: (918) 747-2225 ture:
to be the sume and identical i	orbana algued of the own free act an	rsonally appeared the above Physician, Know ad accord and for the uses and purposes official seal on this day of Appl, 2011

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

For Courts Use Only