NOTICE OF PHYSICIAN'S LIEN

To § 4 doc reno pati is n rath lien be thei sett

6, please enter this lien on the ket. This lien concerns amout dered to below named patient that arising from an accident that to being asserted against any rear Physician hereby places the a is being asserted against any recollected by said patient, their	thoma; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien and the state of the physician for services are relating to injuries sustained by at occured on 2009-07-14. This lien real property owned by Patient, but following parties on notice that this covery or sum had or collected or to heirs, personal representatives, or redy for said accident is made by the or court award.	
	X Attached bill is not final lien. An	amended lien to follow
Lien Amount \$780.0	Attached bill is the final lien.	Tanada non to tonom.
	☐ This lien ammends lien no., becau	use:
Patient:	Patient's Insurer:	Policy or Claim no.:
Chris Leverich	None	2 oney or Claim no
4228 s Summit Pl		Adjuster:
Sand Springs, Ok 74063	,	
Defendant:	Defendant's Insurer:	Policy or Claim no.:
	National Carrier	9683
	P.O. Box 1358	Adjuster:
,	Liberal, Ks 67905	Jill Muschmeier
Other Degrand'll D		
Other Responsible Party:	Other Party's Insurer: None	Policy or Claim no.:
	None	Adjuster:
•		- Augustoi •
	7	
Patients Attorney (If Known)	Willaim Davis 1001 N.W. 63rd st ste 304 Oklahoma City, Ok 74105	
Physician: Thomas E. Cate		
Address: 2828 E 51s & St.	Make Checks Payable Tax ID Number:	le To: Cate Chiropractic Center
Tulsa, OK 741(#)		73-1443096
Tuisa, Old /4/db	SA COUNTY Physician Signature:	(918) 747-2225
State of Oklahoma)	(P. 07/17/10)	ϕ
County of Tulsa) ss.	UBLY OF	
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Before me, a Notary Public, in and Moraid 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 user and purposes therein set forth. In witness thereof, I have affixed my hand and official seaf on this day of the 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 user and purposes therein set forth. In witness thereof, I have affixed my hand and official seaf on this day of the 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 user and purposes therein set forth. In witness thereof, I have affixed my hand and official seaf on this

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

Notary Public

For Courts Use Only