

## NOTICE OF PHYSICIAN'S LIEN

For Courts Use Only

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 2009-09-26. 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.

☒ Attached bill is **not** final lien. An amended lien to follow.

**Lien Amount** \$605.0

☐ Attached bill is the final lien.

☐ This lien amends lien no. , because:

<b>Patient:</b> Latoya Gaines 1124 E 60th St #B Tulsa, Ok 74105	<b>Patient's Insurer:</b> None	<b>Policy or Claim no.:</b>  <b>Adjuster:</b>
--	-----------------------------------	---

<b>Defendant:</b> Ezra Gaines ,	<b>Defendant's Insurer:</b> Progressive 7666 E 61st ste 300 Tulsa, Ok 74133	<b>Policy or Claim no.:</b> #094531815 <b>Adjuster:</b> Corin Richardson
---------------------------------------	--	---

<b>Other Responsible Party:</b> ,	<b>Other Party's Insurer:</b> None	<b>Policy or Claim no.:</b>  <b>Adjuster:</b>
--------------------------------------	---------------------------------------	---

<b>Patients Attorney (If Known):</b>	Lloyd Benedict 4325 East 51st ste 103 Tulsa, Ok 74135
--------------------------------------	---

**Physician:** Thomas E. Cate, DC **Make Checks Payable To:** Cate Chiropractic Center

**Address:** 2828 E 51st Street, Suite 103 **Tax ID Number:** 73-1443096

Tulsa, OK 74103 **Telephone Number:** (918) 747-2225

State of Oklahoma )

County of Tulsa )

ss.

**Physician Signature:**

*[Signature]*

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 9<sup>th</sup> day of Sept, 2009

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

*[Signature]* Notary Public

