

**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 8/02/2008. 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 \$ **4,435.00**

- ☒ 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. **L2008011316** because: **Amended Amount**

Patient: <b>Pullen, Dianna</b> <b>8610 E 110th Ct</b> <b>Tulsa, Ok 74133</b>	Patient's Insurer: <b>Unknown</b>	Policy or Claim No.:  Adjuster:
Defendant: <b>Walgreens</b> ,	Defendant's Insurer: <b>Sedgwick CMS</b> <b>PO Box 14439</b> <b>Lexington, KY 40512</b>	Policy or Claim No.: <b>#30080815883-0001</b> Adjuster: <b>James Nielsen</b>
Other Responsible Party: ,	Other Responsible Party's Insurer: <b>Unknown</b>	Policy or Claim No.:  Adjuster:
Patient's Attorney (If Known) <b>Unknown</b>		

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 16<sup>th</sup> day of April, 2009

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

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Notary Public