NOTICE OF PHYSICIAN'S LIEN

To ' doc reno pati is n rath lien be o their settl

6, please enter this lien on the ket. This lien concerns amore dered to below named patient arising from an accident that being asserted against any lier Physician hereby places the is being asserted against any collected by said patient, the	clahoma; pursuant to Okla. Stat. tit. the Mechanics and Materialman's literature of the country	ten tees by tien but this r to or
	X Attached bill is not final lien.	An amended lien to follow.
Lien Amount \$560.0	☐ Attached bill is the final lien.	
	☐ This lien ammends lien no., b	pecause:
Patient:	Patient's Insurer:	Policy or Claim no.:
Michael Contti	Mercury Ins. Group	#90873
11123 E 43rd st #1805	PO Box 725530	Adjuster:
Tulsa, Ok 74146	Okla. City, OK 73172-5530	
Defendant:	Defendant's Insurer:	Policy or Claim no.:
Brenda Horton	Safeco PO Box 515097	305862504017
2	Los Angelas, CA 90051	Adjuster:
Other Responsible Party:	Other Party's Insurer:	Policy or Claim no.:
	None	, or
		Adjuster:
,	,	
Patients Attorney (If Known	unknown	
	,	
Physician: Thomas E. Cate		yable To: Cate Chiropractic Center
Address: 2828 E 5 St		
Tulsz. Cit. 10	Telephone Numb	
State of Oklahoma) #0600	7044 Physician Signatu	ure:
County of Tulsa) TUESA Co	OUNTY	
(Ø) (EXP. 07)		
Before me, a Notary	said County and State pers	sonally appeared the above Physician Know

For Courts Use Only

to be the same and identified 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 seal on this good day of the purposes.

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