

## 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 2010-11-16. 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** \$655.0

☐ Attached bill is the final lien.

☐ This lien amends lien no. , because:


<b>Patient:</b> Matthew Farabough 8636 S Alleghany Tulsa, Ok 74137	<b>Patient's Insurer:</b> State Farm Ins. Co. PO Box 22101 Tulsa, OK 74121-2101	<b>Policy or Claim no.:</b> 36A696006 <b>Adjuster:</b> Medpay Team
---	--	---

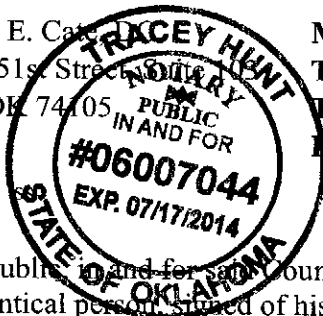
<b>Defendant:</b> ,	<b>Defendant's Insurer:</b> None	<b>Policy or Claim no.:</b>  <b>Adjuster:</b>
------------------------	-------------------------------------	---

<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> ,	unknown
---	---------

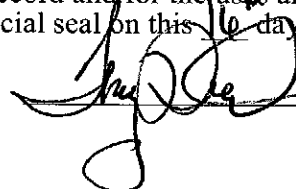
**Physician:** Thomas E. Cate, D.C.  
**Address:** 2828 E 51st Street  
Tulsa, OK 74105  
State of Oklahoma )  
County of Tulsa )

**Make Checks Payable To:** Cate Chiropractic Center  
**Tax ID Number:** 73-1443096  
**Telephone Number:** (918) 747-2225  
**Physician 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 16 day of Nov, 2010

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

 Notary Public