## 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 occured on 2009-05-08. 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.

| Mechanics and Materialman's lien and to Physician for services relating to injuries sustained by at occured on 2009-05-08. 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 needy for said accident is made by or court award. |                                |  |
|--|--------------------------------|--|
| X Attached bill is <b>not</b> final lien. An   | amended lien to follow.        |  |
| ☐ Attached bill is the final lien.   |                                |  |
| ☐ This lien ammends lien no., becau  | ase:                           |  |
| Patient's Insurer:   | Policy or Claim no.:           |  |
| None   |                                |  |
|  | Adjuster:                      |  |
| 2  |                                |  |
| Defendant's Insurer:   | Policy or Claim no.:           |  |
| None   |                                |  |
|  | Adjuster:                      |  |
| ,  |                                |  |
| Other Party's Insurer:   | Policy or Claim no.:           |  |
| State Farm Ins. Co.  | o. 36A613414                   |  |
| PO Box 22101   | Adjuster:                      |  |
| Tulsa, OK 74121-2101   | Medpay Team                    |  |
| unknown  |                                |  |
| ,  |                                |  |
|  |                                |  |
|  | e To: Cate Chiropractic Center |  |
| Talenham Number:   | 73-1443096                     |  |
| Telephone Number: Physician Signature:   | (918) 747-2225                 |  |
| 007044\ \ I hysician Signature:  | $\mathscr{C}$                  |  |

For Courts Use Only

| Other Responsible Party: |               | Other Party's Insurer:               |               | Policy or Claim no.:                |                  |
|--------------------------|---------------|--------------------------------------|---------------|-------------------------------------|------------------|
| Noreane Heaps            |               | State Farm I                         | ins. Co.      | 36A613414                           |                  |
|                          |               | PO Box 22101<br>Tulsa, OK 74121-2101 |               | <b>Adjuster:</b><br>Medpay Team     |                  |
|                          |               |                                      |               |                                     | Patients Attorne |
|                          |               | ,                                    |               |                                     |                  |
| Physician: Th            | omas E. Cate  | , DC                                 | Make Checks P | ayable To: Cate Chiropractic Center |                  |
| Address: 28              | 28 E 51st Str | ce Kuite 103                         | Tay ID Number | <u>-</u>                            |                  |

State of Oklahoma)

County of Tulsa)

Tulsa, O

Lien Amount \$455.0

14007 E 89th pl No Owasso, Ok 74055

**Patient:** 

Kylee Heaps

Defendant:

Before me, a Notary Pur County and State, personally appeared the above Physician, Known med of his own free act and accord and for the uses and purposes to be the same and identical therein set forth. In witness thereof, I have affixed my hand and official seal on this day of May, 20 49

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

Notary Public