## NOTICE OF AMENDED 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 2009-01-15. 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.

Lien Amount \$2535.0

11221 E 45th st #310

Tulsa, Ok 74146

**Thomas Martin** 

Before me, a No

to be the same and id

Patient:

David Mintz

Defendant:

ED PHYSICIAN'S LIEN	For Courts Use Only	
thoma; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien ints due to Physician for services relating to injuries sustained by at occured on 2009-01-15. 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 redy for said accident is made by a or court award.		
X Attached bill is <b>not</b> final lien. An a	mended lien to follow.	
Attached bill is the final lien.		
☐ This lien ammends lien no. L20090	02680, because: Amending Party(s)	
Patient's Insurer:	Policy or Claim no.:	
USAA (medpay)	1513383	
	Adjuster:	
Daphne, AL 35626	Mary Salinas	
Defendant's Insurer:	Policy or Claim no.:	
	1238745	
PO Box 2419	Adjuster:	
Tulsa, Ok 74101	Jim Edward	
Other Party's Insurer: None	Policy or Claim no.:	
2	Adjuster:	
,		
unknown		
Make Checks Payable Tax ID Number: Telephone Number: Physician Signature:	73-1443096 (918) 747-2225	

Other Responsible Party:		Other Party's I None	nsurer: Pol	cy or Claim no.:
				Adjuster:
,		,		
Patients Att	orney (If Known	unkno	wn	
		,		
Physician:	Thomas E. Cate	, DC M	ake Checks Pavable To	: Cate Chiropractic Center
Physician: Address:	Thomas E. Cate	,	Take Checks Payable To	: Cate Chiropractic Center 73-1443096
•		ct, Suite 103 T		-

id County and State, personally appeared the above Physician, Known

gned of his own free act and accord and for the uses and purposes

scherof, I have affixed my hand and official seal on this therein set forth. In witne

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

Notary Public

Lday of April, 2009