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 2011-07-01. 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 Courts Use Only
thoma; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien and the state of the property of the state of the	
X Attached bill is not final lien. An	amended lien to follow.
☐ Attached bill is the final lien.	
This lien ammends lien no., becan	ise:
Patient's Insurer:	Policy or Claim no.:
Patient's Insurer: None	
	Policy or Claim no.: Adjuster:
	Adjuster:
None , Defendant's Insurer:	
None ,	Adjuster: Policy or Claim no.:
None , Defendant's Insurer: Geico Rengent 5 Claims	Adjuster: Policy or Claim no.: 0087221080101056
None Defendant's Insurer: Geico Rengent 5 Claims PO Box 509105 San Diego, CA 92150	Adjuster: Policy or Claim no.: 0087221080101056 Adjuster: Chris Simonson
None Defendant's Insurer: Geico Rengent 5 Claims PO Box 509105 San Diego, CA 92150 Other Party's Insurer:	Adjuster: Policy or Claim no.: 0087221080101056 Adjuster: Chris Simonson Policy or Claim no.:
None Defendant's Insurer: Geico Rengent 5 Claims PO Box 509105 San Diego, CA 92150 Other Party's Insurer: Liberty Mutual Medpay	Adjuster: Policy or Claim no.: 0087221080101056 Adjuster: Chris Simonson Policy or Claim no.: 19452334-03
None Defendant's Insurer: Geico Rengent 5 Claims PO Box 509105 San Diego, CA 92150 Other Party's Insurer:	Adjuster: Policy or Claim no.: 0087221080101056 Adjuster: Chris Simonson Policy or Claim no.:

,	Montgomeryville, PA 18936	Diana Dess	
Patients Attorney (If Known):	unknown		
	,		

Physician: 2828 E

Thomas E

Address:

Tulsa.

Lien Amount \$1395.0

Patient:

David Shroff

5239 E 61st Tulsa, Ok 74133

Defendant:

Amy Davis

Jeffrey Newhouse

Other Responsible Party:

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 F County and State, personally appeared the above Physician, Known ned of his own free act and accord and for the sees and purposes to be the same and identical 105.00 therein set forth. In witness thereof, I have affixed my hand and official sed on this

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

otary Public