

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 2009-09-24. 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 \$500.0

☐ Attached bill is the final lien.

☐ This lien ammends lien no. lien[case_lien_number], because:

Patient:	Patient's Insurer:	Policy or Claim no.:
John Doe	Test Insurance	lien[patient_insurance_claim]
lien[patient_address]	lien[patient_insurance_address]	Adjuster:
lien[patient_city], lien[patient_state], lien[patient_zip]	lien[patient_insurance_city], lien[patient_insurance_state], lien[patient_insurance_zip]	lien[patient_insurance_adjuster]

Defendant:	Defendant's Insurer:	Policy or Claim no.:
lien[defendant_name]	Test Insurance	lien[defendant_insurance_claim]
lien[defendant_address]	lien[defendant_insurance_address]	Adjuster:
lien[defendant_city], lien[defendant_state], lien[defendant_zip]	lien[defendant_insurance_city], lien[defendant_insurance_state], lien[defendant_insurance_zip]	lien[defendant_insurance_adjuster]

Other Responsible Party:	Other Party's Insurer:	Policy or Claim no.:
lien[other_name]	Test Insurance	lien[other_insurance_claim]
lien[other_address]	lien[other_insurance_address]	Adjuster:
lien[other_city], lien[other_state], lien[other_zip]	lien[other_insurance_city], lien[other_insurance_state], lien[other_insurance_zip]	lien[other_insurance_adjuster]

Patients Attorney (If Known):	unknown
	lien[patient_attorney_address]
	lien[patient_attorney_city], lien[patient_attorney_state], lien[patient_attorney_zip]

Physician: E Lien
Address: 12345
Tulsa, OK 74133

Make Checks Payable To: E-Lien
Tax ID Number: 55555555
Telephone Number: (918) 555-5555
Physician Signature:

State of Oklahoma)
County of Doe) ss.

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 ____ day of _____, 20____

My commission no. 123 expires on 2009-09-24

Notary Public