## 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 2009-05-09. 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 \$2235.0

Tulsa, OK 7

Before me, a Notary Public, in and for said

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

State of Oklahoma) County of Tulsa)

ED PHYSICIAN'S LIEN	For Courts Use Only
thoma; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien and the to Physician for services relating to injuries sustained by at occured on 2009-05-09. 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 the court award.	
X Attached bill is <b>not</b> final lien. Ar	amended lien to follow.
Attached bill is the final lien.	
remarked out in the final heli.	
	9007430, because: Amending Amount
	Policy or Claim no.:
☐ This lien ammends lien no. L2009	
☐ This lien ammends lien no. L2009  Patient's Insurer:	Policy or Claim no.:
This lien ammends lien no. L2009  Patient's Insurer: Anpac	Policy or Claim no.: 35A1XL068
This lien ammends lien no. L2009  Patient's Insurer: Anpac 1949 E Sunshine st	Policy or Claim no.: 35A1XL068 Adjuster:
Patient's Insurer: Anpac 1949 E Sunshine st Springfield, MO 65899-0001	Policy or Claim no.: 35A1XL068
Patient's Insurer: Anpac 1949 E Sunshine st Springfield, MO 65899-0001  Defendant's Insurer:	Policy or Claim no.: 35A1XL068 Adjuster: Policy or Claim no.:
Patient's Insurer: Anpac 1949 E Sunshine st Springfield, MO 65899-0001  Defendant's Insurer: UAI	Policy or Claim no.: 35A1XL068 Adjuster:  Policy or Claim no.: #06-224
Patient's Insurer: Anpac 1949 E Sunshine st Springfield, MO 65899-0001  Defendant's Insurer: UAI PO Box 3099	Policy or Claim no.: 35A1XL068 Adjuster:  Policy or Claim no.: #06-224 Adjuster:

(918) 747-2225

day of

**Notary Public** 

Sunty and State, personally appeared the above Physician, Known

	Policy or Claim no.:
Anpac	35A1XL068
1949 E Sunshine st	Adjuster:
Springfield, MO 65899-0001	
Defendant's Insurer:	Policy or Claim no.:
UAI	#06-224
PO Box 3099	Adjuster:
Oakbrook, IL 60522	Victoria
Other Party's Insurer: None	Policy or Claim no.:
	Adjuster:
,	
n): unknown	
,	
	1949 E Sunshine st Springfield, MO 65899-0001  Defendant's Insurer: UAI PO Box 3099 Oakbrook, IL 60522  Other Party's Insurer: None , unknown

**Selephone Number:** 

Physician Signature:

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 the