

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 2009-06-06. 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 \$1952.0

- ☐ Attached bill is **not** final lien. An amended lien to follow.
☒ Attached bill is the final lien.
☐ This lien amends lien no. , because:

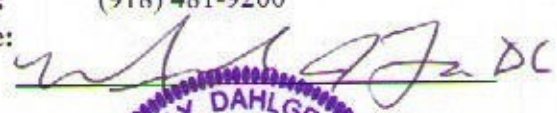
Patient: Anndrea Loker 14310 E. 96th St. N Owasso, OK 74055	Patient's Insurer: None	Policy or Claim no.: Adjuster:
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Defendant: Hillary Burns	Defendant's Insurer: State Farm Ins. Co. PO Box 22101 Tulsa, OK 74121-2101	Policy or Claim no.: 36A623302 Adjuster:
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Other Responsible Party:	Other Party's Insurer: None	Policy or Claim no.: Adjuster:
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Patients Attorney (If Known):	unknown
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Physician: Michael Lau
Address: 6130 S. Maplewood Ave.
Tulsa, OK 74136

Make Checks Payable To: Natural Health & Chiropractic Center
Tax ID Number: 731513701
Telephone Number: (918) 481-9200
Physician Signature: 

State of Oklahoma)
County of Tulsa) 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 10 day of Sept, 2009

My commission no. 09001336 expires on 2013-02-13



Natural Health&Chiro Ctr
6130 S. Maplewood, #D
Tulsa, OK 74136
918-481-9200
ID#: 73-1513701
Wednesday September 16, 2009

Patient : Anndrea Loker #9912
Itemized Statement: 06/08/2009 - 09/16/2009
DOB : 01/13/1983
Onset date :

Mail to:
Anndrea Loker
14310 East 96th St. North
Owasso, OK 74136

Insured Insurance Carrier (primary)

DOB:
Policy#:

Attorney not assigned Employer

Current Diagnosis

Date	Description	Amount
06/08/09	99203 Detailed Visit, N/P	132.00
06/08/09	72050 Cervical AP/LAT, Flex/Ext. Views	130.00
06/09/09	97032 Electrical Stimulation (15 Min)	30.00
06/09/09	97012 Intersegmental Traction (Mechanical)	26.00
06/09/09	98941 CMT (3-4 areas)	54.00
06/09/09	98943 -51 Extraspinal 1 or more regions	34.00
06/10/09	98941 CMT (3-4 areas)	54.00
06/10/09	98943 -51 Extraspinal 1 or more regions	34.00
06/10/09	97012 Intersegmental Traction (Mechanical)	26.00
06/10/09	97032 Electrical Stimulation (15 Min)	30.00
06/10/09	97110 Therapeutic Exercise	44.00
06/11/09	98941 CMT (3-4 areas)	54.00
06/11/09	97012 Intersegmental Traction (Mechanical)	26.00
06/11/09	97032 Electrical Stimulation (15 Min)	30.00
06/11/09	97140 59-52 Myofascial Release	43.00
06/16/09	97012 Intersegmental Traction (Mechanical)	26.00
06/16/09	97032 Electrical Stimulation (15 Min)	30.00
06/16/09	97110 Therapeutic Exercise	44.00
06/16/09	98941 CMT (3-4 areas)	54.00
06/17/09	97012 Intersegmental Traction (Mechanical)	26.00
06/17/09	97032 Electrical Stimulation (15 Min)	30.00
06/17/09	97110 Therapeutic Exercise	44.00
06/17/09	98941 CMT (3-4 areas)	54.00
06/17/09	97140 59-52 Myofascial Release	43.00
06/18/09	98941 CMT (3-4 areas)	54.00
06/18/09	97012 Intersegmental Traction (Mechanical)	26.00
06/18/09	97110 Therapeutic Exercise	44.00
06/23/09	98941 CMT (3-4 areas)	54.00
06/23/09	97012 Intersegmental Traction (Mechanical)	26.00
06/23/09	97032 Electrical Stimulation (15 Min)	30.00
06/23/09	97110 Therapeutic Exercise	44.00
06/25/09	98941 CMT (3-4 areas)	54.00
06/25/09	97012 Intersegmental Traction (Mechanical)	26.00
06/25/09	97110 Therapeutic Exercise	44.00
06/25/09	97112 -52 Neuromuscular Reeducation (reduced)	40.00
06/30/09	97012 Intersegmental Traction (Mechanical)	26.00
06/30/09	97032 Electrical Stimulation (15 Min)	30.00
06/30/09	97110 Therapeutic Exercise	44.00
06/30/09	98940 CMT 1-2 regions	44.00
07/01/09	98941 CMT (3-4 areas)	54.00

Date	Description	Amount
07/01/09	97012 Intersegmental Traction (Mechanical)	\$ 26.00
07/01/09	97110 Therapeutic Exercise	\$ 44.00
07/02/09	97032 Electrical Stimulation (15 Min)	\$ 30.00
07/02/09	97012 Intersegmental Traction (Mechanical)	\$ 26.00
07/02/09	97110 Therapeutic Exercise	\$ 44.00
07/02/09	98940 CMT 1-2 regions	\$ 44.00

Total Sales Tax	:	\$	0.00
Total Late Charges	:	\$	0.00
Total Interest Charges	:	\$	0.00
Patients-Cash Rcvd	:	\$	0.00
Patients-Chks Rcvd	:	\$	0.00
Patients-Crdt Crd	:	\$	0.00
Payer Payments	:	\$	0.00
 Total Charges	:	\$	1952.00
Total Received	:	\$	0.00
Total Adjustment	:	\$	0.00
Balance (based on search)	:	\$	1952.00