

NOTICE OF PHYSICIAN'S LIEN

Amended 2004140754 Bk 9442 Pg 1735-1736 8-27-2004
YOU ARE HEREBY NOTIFIED in accordance with Title 42 OKLA. STAT. Section 46 that the undersigned physician ("physician") whose name and address are:

Dorow's Chiropractic Clinic, P.C. (Dr. Carol Dorow)
1525 S. W. 89th Street, Oklahoma City, OK 73159
Federal Tax Number: 73-113736

WS

and whose principal office is located in Oklahoma County, Oklahoma, has rendered medical services to an injured person whose name and address are:

Russell Wayne Sims
2804 Regency Blvd

Moore, OK 73160

Certified mail no:
7004 0750 0002 0972 3239

and who was injured on or about 08-14-04, as a result of the act or negligence of another whose name and address are:

Costa, Ross Joseph

as physician is informed and believes.

In event such injured person asserts or maintains a claim for damages such other person or an insured on account of such injuries, physician claims a lien in the amount of \$ 955.00 (amount to date :final xx), for such medical services, as more particularly shown by the itemized statement attached as Exhibit "A", for all that part of such claim going or belonging to, and any recovery or sum collected or to be collected by the injured person or by his heirs, personal representative or next of kin in the event of his death, whether by judgment or by settlement or compromise. In no manner will a partial payment from a judgment, settlement, or compromise release the above party of their financial responsibility and obligation for FULL PAYMENT owed on their account at this facility for this injury.

The name and address of the insurer (if any) and the number of the insurance policy against which this lien is asserted are:

Liability carrier:

Oklahoma Farm Bureau
3303 N Kickapoo

Shawnee

Certified mail no.
7004 0750 0002 0972 3246
OK 74804

Policy no: 2004028747

Claim No: 598263101

MedPay carrier:

Policy no:

Claim No:

The name and address of the attorney for the injured person (if known) is:

Monty L Cain
P O Box 890420

Oklahoma City

Certified mail no.
7004 0750 0002 0972 3253
OK 73189

This notice was filed on the mechanic's and material-men's (physician's) lien docket in the office of the County Clerk of Oklahoma County, Oklahoma, on 9-1-2004.

Physician: Carol Dorow C.A. Dorow, D.C.

Doc # 2004142880
Bk 9446
Pg 1873-1874
DATE 09/01/04 08:03:52
Filing Fee \$15.00
Documentary Tax \$0.00
State of Oklahoma
County of Oklahoma
Oklahoma County Clerk
Carolynn Caudill

State of Oklahoma
County of Oklahoma
Subscribed and sworn to before me, the undersigned
a Notary Public, this day 8-31-2004
My commission expires: January 24, 2007.
My commission number is 03001524

Signature: Jane Woodard
JANE WOODARD
Notary Public
03001524
EXP. 12/24/07

THIS IS NOT A LIEN AGAINST REAL ESTATE OWNED BY THE INJURED PERSON UNLESS REAL ESTATE OR GOODS ARE CEASED AS THE MODE OF PAYMENT IN SETTLEMENT OR COMPROMISE OF THE CLAIM BY THE INJURED PERSON

Certificate of MAILING (DCC031204)

The undersigned hereby certifies that copy of the foregoing notice was sent by the physician, above named, by certified postage prepaid to the person, firm or corporation against who the claim is made, to the injured person, to the attorney for the injured person (if known), and to the insurer (if any) at their respective addresses shown above on 9-1-2004.

Dorow's Chiropractic Clinic, PC
1525 S.W. 89th Street
Oklahoma City, OK 73159
Office Phone (405) 681-1694
FEDERAL ID #: 73-1223736

Date: 08-31-04
Page number: 1

Patient ID NO: SIMRU030
SSN: 446-58-8720
ICD-9 codes:
1. 847.0
2. 847.1
3. 847.2
4. E812.0

Re: Russell Wayne Sims
2804 Regency Blvd
Moore, OK 73160

Date	Service	CPT Code	Charges
08-17-04	New Pt ser Lev IV/same day	99204-25	100.00
08-17-04	X Ray Cervical Spine;AP/Lat	72040	120.00
08-17-04	X Ray Thoracic Spine;AP/Lat	72070	90.00
08-17-04	X ray lumbar spine AP & Lat	72100	90.00
08-17-04	Mechanical traction therapy	97012	25.00
08-17-04	Ms Stimulation,unattended	97014	25.00
08-17-04	Hot or cold packs therapy	97010	0.00
08-17-04	Manipulation, spinal;1-2 areas	98940	35.00
08-19-04	Ms Stimulation,unattended	97014	25.00
08-19-04	Mechanical traction therapy	97012	25.00
08-19-04	Manipulation, spinal;1-2 areas	98940	35.00
08-19-04	Hot or cold packs therapy	97010	0.00
08-20-04	Ms Stimulation,unattended	97014	25.00
08-20-04	Mechanical traction therapy	97012	25.00
08-20-04	Manipulation;spinal, 3-4 areas	98941	35.00
08-20-04	Hot or cold packs therapy	97010	0.00
08-24-04	Mechanical traction therapy	97012	25.00
08-24-04	Ms Stimulation,unattended	97014	25.00
08-24-04	Hot or cold packs therapy	97010	0.00
08-24-04	Manipulation;spinal, 3-4 areas	98941	35.00
08-27-04	Ms Stimulation,unattended	97014	25.00
08-27-04	Mechanical traction therapy	97012	25.00
08-27-04	Manipulation;spinal, 3-4 areas	98941	35.00
08-27-04	Hot or cold packs therapy	97010	0.00
08-27-04	EM visit established patient	99214-25	130.00

Balance Due 955.00

Total debits 955.00