

(To the patient: Please note that this is an example of a Medical Lien or a Physician's Lien that will be filed by Accident Care and Treatment Center, Inc. If you decide to receive treatment from Southwest Regional Imaging and Radiology, LC, Injury Recovery Physical Therapy, LLC and/or Interventional Radiology Associates, LLC, separate liens will be filed by those entities.)

-----NOTICE OF MEDICAL SERVICE LIEN-----

You are notified in accordance with Title 42, O.S. Sec. 46 that the undersigned whose name and address are:

Accident Care & Treatment Center
Richard Swenson, M.D.
3209 NW Expressway
Oklahoma City, OK 73112
(405) 842-3209 WI
ID#: 73-1504930

whose office is located in Oklahoma County, OK has rendered treatment to an injured person whose name and address are:

Name
3209 NW Expressway
Oklahoma City, OK 73112
Date of Accident:

and who was injured as a result of the act or negligence of another whose name and address are:

Unknown

In the event such injured person asserts or maintains a claim for damages against such other person or an insurer on account of such injuries, a lien in the amount of \$ _____ for medical services, as more particularly shown by the itemized statement hereto as Exhibit A (not attached), for all of such claim 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, settlement or compromise.

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

1	Insurance Name	Address	City/State/Zip
	Claim #		

Representative for Accident Care & Treatment Center

State of Oklahoma
County of Oklahoma

Subscribed and sworn to before me, the undersigned, a Notary Public, this _____ day of _____

Notary Public

I certify by my signature that the Physician's Lien above has been explained to me and understand a lien will be filed against the insurance claim associated with my case once charges have been billed.

Signed

Date