

UNOFFICIAL COPY

NOTICE OF PHYSICIAN'S LIEN

93694249

CAUTION: Consult a lawyer before using or acting under this form. All warranties, including merchantability and fitness, are excluded.

93689810

NOTICE OF PHYSICIAN'S LIEN

*Amado Payan
TO: 125 Sonny Lane Apt. 2B
Bensenville, IL 60106

Rush Access HMO
33 E. Congress Parkway
Suite 600
Chicago, IL 60605
Medical Director:
Dr. Carolyn Lopez

PLEASE TAKE NOTICE that the undersigned, a duly licensed and practicing physician in the State of Illinois has rendered or will render services by way of treatment to AMADO

PAYAN of 125 Sonny Lane
BENSENVILLE ILLINOIS 60160

for injuries sustained on _____, 19____, and for which injuries the following named party or parties is or may be liable to make compensation to said injured person on account of any claims or rights of action which said injured person may have:

Names of Parties Who May Be Liable

Addresses

Amado Payan
125 Sonny Lane Apt. 2B
Bensenville, IL 60106

Rush Access HMO
33 E. Congress Parkway
Suite 600
Chicago, IL 60605
Dr. Carolyn Lopez,
Medical Director

YOU ARE HEREBY FURTHER NOTIFIED that the undersigned claims a lien, as provided under the laws of the State of Illinois relating to Physician's Liens, upon all claims and causes of action of said injured person for his reasonable charges for services rendered up to the date of payment of such damages.

In the event that there is insurance coverage, it is suggested for your protection, that this Notice of Physician's Lien be forwarded promptly to the insurance carrier.

GAMAL S. NAGUIB, D.M.D.



MIDWEST ANESTHESIA & ORAL IMPLANT, PC.
927 S. MANNHEIM ROAD
WESTCHESTER, ILLINOIS 60154

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PROOF OF SERVICE

- DEPT-01 RECORDING \$23.50
- T#6226 TRAN 0772 08/31/93 12:03:00
- #5526 *93-689810
- COOK COUNTY RECORDER

STATE OF ILLINOIS }
COUNTY OF _____ }

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GAMAL S. NAGUIB, D.M.D. being of legal age and being duly sworn, deposes and says that on the _____ day of _____, 19____ he served the foregoing Notice of Physician's Lien upon the above-mentioned persons by:*

() Delivering personally a true copy thereof to:

(X) Mailing a true copy thereof by { registered certified mail to the following named persons at their respective addresses above shown:

23.50

Amado Payan
125 Sonny Lane Apt. 2B
Bensenville, IL 60106

Rush Access HMO
33 East Congress Parkway Suite 600
Chicago, IL 60605
Medical Director:
Dr. Carolyn Lopez

Sworn and subscribed to before me
this _____ day of _____, 19____

GAMAL S. NAGUIB, D.M.D.



*Notice must be served upon the injured person and upon all parties allegedly liable on such claims or rights of action.

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Property of Cook County Clerk's Office

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