

UNOFFICIAL COPY

Doc#: 2310855028 Fee: \$88.00
Karen A. Yarbrough
Cook County Clerk
Date: 04/18/2023 09:40 AM Pg: 1 of 1

Clarity Health Imaging
P.O. Box 250491
Atlanta, GA 30325
(P) 678-400-6469

Medical Lien

ILLINOIS, COOK COUNTY
TO THE SUPERIOR COURT AND CLERK OR SUPERIOR COURT OF SAID COUNTY:
Notice is hereby given to all persons, firms and corporations, including:

Name, Address, & Policy No. of all Third Parties:

#1: Candice Poindexter, 240 Marquette Street, Park Forest, IL, 60466

That Clarity Health Imaging P.O. Box 250491 Atlanta GA, 30325 has treated as a patient: **Candice Poindexter** who resides at 240 Marquette Street, Park Forest, IL, 60466 and who was treated by Clarity Health Imaging, P.O. Box 250491, Atlanta GA 30325, on **10/25/22**, and finalized on **10/25/22** and said patient incurred charges in the amount of **\$2,500.00** for medical care treatment, and Clarity Health Imaging now claims a lien on all sums and amounts, whether in property or money, paid to the above name patient or their legal representative by any person, firm, or corporation, including those specifically named above, if any, as a settlement, as a release, as a judgement or as consideration for a covenant not to sue when said sum or amounts represent damages or compensation for the patient's injuries for which Clarity Health Imaging has rendered its services to such injuries. Said lien is claimed pursuant to Illinois Statute Chapter 770 §§ 23/1 – 23/999. Health Care Services Lien Act.

This lien is for the amount incurred by the patient for medical care and treatment, and said amount being claimed is fair and reasonable for the services rendered.

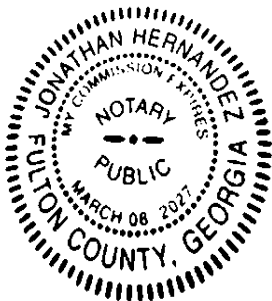
GEORGIA, HENRY COUNTY

Personally appeared before the undersigned-attesting officer, duly authorized by law to administer oaths, the undersigned, who on oath, deposes and says that he/she is authorized to make this affidavit on behalf of Clarity Health Imaging and the statements contained in the above and foregoing lien are true to the best of his/her knowledge.

I affirm under penalties of perjury, that I have taken reasonable care to redact each social security number in this document unless required by law. This instrument is prepared by Colbi Weston.

Clarity Health Imaging

By: C. Weston
Colbi Weston
Legal Operations EVP/ Medical Administrative Relations



Sworn to and subscribed before me on **04/17/23**
Notary Public: **JONATHAN HERNANDEZ**
My Commission Expires: **03/08/27**

A handwritten signature in black ink, appearing to read "Jonathan Hernandez".