

# UNOFFICIAL COPY

Doc#. 2319410115 Fee: \$88.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 07/13/2023 02:35 PM 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: Zakwan Ahmad, 2406 West Flourmoy Street, Apt 1, Chicago, IL 60612

That Clarity Health Imaging P.O. Box 250491 Atlanta GA, 30325 has treated as a patient: **Zakwan Ahmad**, who resides at 2406 West Flourmoy Street, Apt 1, Chicago, IL 60612 and who was treated by Clarity Health Imaging, P.O. Box 250491, Atlanta GA 30325, on **03/16/23**, and finalized on **03/16/23** and said patient incurred charges in the amount of **\$7,182.25** 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.

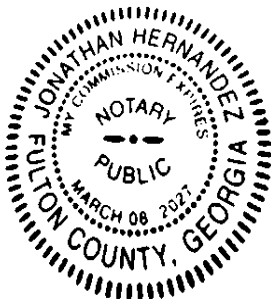
## GEORGIA, FULTON COUNTY

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 reflect 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**

Jonathan Hernandez