

ARKANSAS CLAIMS COMMISSION

(501)682-1619
(501)682-2823 FAX



Questions? Send an email to
ascc.new.claims@arkansas.go

101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

CLAIM FORM

- 1. Claimant.** If a claim involves more than one claimant, additional pages may be attached with the other claimant name(s) and contact information.

Mckesson Medical Surgical MN Supply

(title) last name/compan first name (email)

Post Office Box 936279

(address)

Atlanta GA 31193-

(city) (state) (zip) (primary phone)

- 2. Claimant's Legal Counsel.** An individual claimant may act as his or her own attorney (which is known as proceeding pro se). Please review Ark. Code Ann. § 19-10-222 for information about when a business entity may file a pro se claim. If a claimant is proceeding pro se, this section may be left blank.

Denson Tamara tamara.denson@mckesson.com

(title) (last name) (first name) (email)

(address) AR bar number

AR (404) 360-7816

(city) (state) (zip) (primary phone)

- 3. State Agency Involved.** The Commission can only receive claims against agencies of the State of Arkansas. Please review the Commission's jurisdictional statutes, including Ark. Code Ann. § 19-10-204 and Ark. Code Ann. § 21-5-701, for more information. This information is required for any claim filed at the Commission.

Arkansas Department of Health

- 4. Incident Date** 6/2/2022

- 5. Location of Incident**

- 6. CHECK HERE if this claim involves damage to a motor vehicle.** ☐

- 7. CHECK HERE if this claim involves damage to property other than a motor vehicle.** ☐

- 8. Explanation of Incident** Please provide an explanation of your claim, including why you believe the above-listed state agency is liable for your damages under Arkansas law. You may attach additional pages to this form.

Mckesson Medical-Surgical Government Solutions LLC is requesting CK# [REDACTED] be reissued, as it was not received. Check was generated for open invoices that remain open and past due on the account [REDACTED]/Arkansas Dept of Health. According to contact at Arkansas Dept of Health, check [REDACTED] was sent on 6/2/22 in the amount of \$40,147.53. This check was voided on 10/2/23 due to outlawed warrant. Please reissue and mail payment to remittance address below:\

\

Mckesson Medical- Surgical\
PO BOX 936279\
ATLANTA GA 31193-6279

- 9. Insurance Coverage.** For a claim involving damage to a vehicle or other property, you must submit a copy of your insurance declarations in effect at the time of the incident. This is not the same as an insurance card. You can obtain a copy of your insurance declarations from your insurer or insurance agent. Please review Ark. Code Ann. § 19-10-302 for more information.

****If you did NOT have insurance covering the damaged property or motor vehicle at the time of incident, CHECK HERE** ☐

10. Additional Required Documents for Property Damage Claim

You must submit (1) invoice(s) documenting the repair costs, (2) three estimates for repair, OR (3) an explanation why this documentation cannot be provided.

11. If a state vehicle was involved, please provide the following information

(type of state vehicle involved)	(license number)	(driver)
----------------------------------	------------------	----------

- 12. If your claim involves personal injuries, please CHECK HERE** ☐

- 13. Health insurance coverage.** All personal injury claims require a copy of your health insurance information in place at the time of the incident. Please review Ark. Code Ann. § 19-10-302 for more information.

****If you did NOT have health insurance on the date of the incident, CLICK HERE** ☐

- 14. Amount of Damages, if known:** \$40,147.53
-

IMPORTANT!

A claim filed at the Commission is a lawsuit against a state agency. The Commission is the courthouse for these lawsuits. Please note that Commission staff can answer general questions about the claim process but cannot give legal advice. The Commission rules and a non-exhaustive list of statutes that relate to the Commission can be found on the Commission website (arclaimscommission.arkansas.gov). The Arkansas Rules of Civil Procedure can be found online (arcourts.gov) under "Info Resources."

STOP!

This signature page must be completed in the presence of a Notary Public. Do not sign until you are directed to do so by the Notary Public. If there is more than one claimant involved in this claim, each claimant must complete a separate signature page.

If you are an ARKANSAS-LICENSED ATTORNEY submitting a claim on behalf of your client, there is a different signature page that must be used. Please call (501)682-1619 and ask for an attorney signature page.

If a BUSINESS OR CORPORATE ENTITY is filing a claim without an attorney (and meets the requirements of Ark. Code Ann. § 19-10-222 for doing so), there is a different signature page that must be used. Please call (501)682-1619 and ask for a corporate signature page.

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Claimant Signature

ACKNOWLEDGEMENT

State of _____

County of _____

On this the ___ day of _____, 20___, before me, the undersigned notary, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public

[seal of office]

My Commission Expires: _____

From: [ASCC New Claims](#)
To: [Melina Campbell](#)
Subject: FW: Completed Lost Warrant Forms
Date: Tuesday, December 3, 2024 12:29:00 PM
Attachments: [Scanned from a Xerox Multifunction Printer.pdf](#)

Dear Ms. Campbell,

Per our conversation, please see attached.

Thank you,
 Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

From: Treen, Leah <Leah.Stolz@McKesson.com>
Sent: Friday, November 22, 2024 9:07 AM
To: ASCC New Claims <ascc.new.claims@arkansas.gov>
Subject: Completed Lost Warrant Forms

You don't often get email from leah.stolz@mckesson.com. [Learn why this is important](#)

Hi Kaitlin,

Good Morning! I hope you are doing well. We spoke last week regarding the missing warrant forms that Dee stated were not received by the Arkansas Dept of Health.

Per our conversation, I have attached the completed and notarized forms to this email. Can you please confirm receipt, and let me know if this is everything needed to have the missing warrant re issued?

Thank you,

Leah Treen

Business Process Analyst

Dispute Resolution Team, Credit and AR Operations | 804.728.6043 | leah.stolz@mckesson.com

McKesson Medical-Surgical

McKesson | 9954 Mayland Drive, Richmond, VA 23233 | www.mckesson.com

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

P2-19-4-403
AFFIDAVIT OF FORGED WARRANT

The records of the Department of Health of Arkansas reflect
 that McKesson Medical Surgical MN Supply was issued Warrant number [REDACTED]
Agency Payee(s) exactly as original warrant Correct Fiscal Year and Number

Dated 6/9/2022, in the amount of \$40,147.53, the same being in payment of [REDACTED]
Date Invoice #

<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<small>Agency #</small>	<small>Fund Center</small>	<small>Commitment Item</small>	<small>Fund</small>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<small>Social Security Number</small>	<small>Gross Pay</small>	<small>Withholding</small>	
<u>N/A</u>			
<small>Address - Payroll Only</small>			
<u>N/A</u>			
<small>Daytime Telephone Number</small>		<small>Disbursing Officer</small>	

I/We, McKesson Medical Surgical MN Supply, state that:
Payee (s)

CHECK APPROPRIATELY - ALL THAT APPLY

- ☐ 1. I received and lost.
- ☒ 2. I did not receive, endorse nor cash.
- ☐ 3. I have not authorized another person to sign my name to the warrant.
- ☐ 4. I have no knowledge of the whereabouts of the warrant or of any other person having received, cashed, or endorsed the warrant.
- ☐ 5. If this warrant is presented for payment, the endorsement is a forgery.
- ☐ 6. The endorsement on same is a forgery.

x [Signature]
Payee Signature

x 9954 MARILAND DR, Suite 5176A
Address

x Henrico, VA 23233
City, State, Zip Code

x [REDACTED]
Daytime Telephone Number

N/A
Payee Signature

N/A
Address

N/A
City, State, Zip Code

N/A
Daytime Telephone Number

ON THIS THE 21st DAY OF November, 2022, before me personally appeared
 x Sean Murphy to me known to be the persons described in and who executed the forgoing
 instrument and acknowledged that they signed, sealed, executed and delivered the same as their free act and deed for the
 purpose therein mentioned.



x [Signature]
Notary Public Signature

NOTARY PUBLIC x Dallas x TX
County State

My commission expires x 1/27/2028

State of Arkansas

Bond for Reissuing Warrant

Warrant Number to be Reissued

Amount

\$

40,147.53

Paying State Agency

Department of Health

Phone

501-280-4478

Agency Contact

Doris Clinkscale

Know by all men by these present that we the undersigned, McKesson Medical Surgical MN Supply as payee(s)and x Abigail McCray as his surety, are held and firmly bound unto the State of Arkansasin the sum of: \$ 80,295.06 (amount must be double the sum of the warrant).The condition of this obligation is that the said payee McKesson Medical Surgical MN Supply has (check one):lost✓ failed to receivestolen

a certain Arkansas State Warrant number as listed above by the Paying State Agency.

Witness Our Hands on this x 21st day of x November, 20 x 24.

x

SEAN MURPHY

First Payee Printed or Typed Name

x

[Signature]

First Payee Signature

First Payee Taxpayer Identification Number (SSN or Federal ID):

x

N/A

Second Payee Printed or Typed Name

N/A

Second Payee Signature

Second Payee Taxpayer Identification Number (SSN or Federal ID):

N/A

Payee Mailing

x

Address

x

Payee Phone Number

x

Surety must be 18 years of age or older and must be someone other than the payee(s).

Surety Mailing

x

Address

x

Surety Phone

Number

x

x

Abigail McCray

Surety Printed or Typed Name

x

[Signature]

Surety Signature

Surety, after first being duly sworn, states that his real and personal property is sufficient to meet the requirement for the bonded amount.

Subscribed and sworn before this x 21st day of x November, 20 x 24

x

[Signature]

Notary Public Signature

NOTARY PUBLIC x

Dallas

x

TX

County

State

My commission expires

x

1/27/2028

Notary Public Signature

From: [Melina Campbell](#)
To: [ASCC New Claims](#)
Subject: RE: Completed Lost Warrant Forms
Date: Tuesday, December 3, 2024 3:35:26 PM
Attachments: [image001.jpg](#)

This should go to the Health Department. There should also be a form that you will complete since this warrant is outlawed and it is going through the Claims Commission. We cannot issue a new warrant with the forms since it is outlawed and they will have to go before session because of the dollar amount. I thought this would be a Dept of Finance and Authority claim and we could assist. I'm not sure who to refer you to at the Arkansas Department of Health otherwise I'd see what I can do.



Melina Campbell
Arkansas Department of Finance and Administration
Office of Accounting
DFA Statewide Program Specialist
Office: 501-682-2318 | FAX: 501-683-0823
melina.campbell@dfa.arkansas.gov
<https://www.dfa.arkansas.gov/office/accounting/>

From: ASCC New Claims <ASCC.New.Claims@arkansas.gov>
Sent: Tuesday, December 3, 2024 12:29 PM
To: Melina Campbell <Melina.Campbell@dfa.arkansas.gov>
Subject: FW: Completed Lost Warrant Forms

This message originated **outside DFA**. Please use proper judgment and caution when opening attachments, clicking links, or responding to this email.

Dear Ms. Campbell,

Per our conversation, please see attached.

Thank you,
Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201

(501) 682-1619

From: Treen, Leah <Leah.Stolz@McKesson.com>
Sent: Friday, November 22, 2024 9:07 AM
To: ASCC New Claims <ascc.new.claims@arkansas.gov>
Subject: Completed Lost Warrant Forms

You don't often get email from leah.stolz@mckesson.com. [Learn why this is important](#)

Hi Kaitlin,

Good Morning! I hope you are doing well. We spoke last week regarding the missing warrant forms that Dee stated were not received by the Arkansas Dept of Health.

Per our conversation, I have attached the completed and notarized forms to this email. Can you please confirm receipt, and let me know if this is everything needed to have the missing warrant re issued?

Thank you,

Leah Treen

Business Process Analyst

Dispute Resolution Team, Credit and AR Operations | 804.728.6043 | leah.stolz@mckesson.com

McKesson Medical-Surgical

McKesson | 9954 Mayland Drive, Richmond, VA 23233 | www.mckesson.com

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

From: [Caitlin McDaniel](#)
To: [Doris Clinkscale \(ADH\)](#)
Subject: Re McKesson Medical Surgical, Claim No. 241865
Date: Wednesday, December 11, 2024 8:39:00 AM
Attachments: [Scanned from a Xerox Multifunction Printer.pdf](#)
[Notice of Lost Outdated Warrant\(s\) Form-Fillable -Revised-FNL.pdf](#)

Ms. Clinkscale,

Please see attached. The documents were sent to our office instead of yours. Are you able to provide us the with NOLOWF so we can continue the reissuance process?

Thank you,
Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

P2-19-4-403
AFFIDAVIT OF FORGED WARRANT

The records of the Department of Health of Arkansas reflect
 that McKesson Medical Surgical MN Supply was issued Warrant number [REDACTED]
Agency Payee(s) exactly as original warrant Correct Fiscal Year and Number

Dated 6/9/2022, in the amount of \$40,147.53, the same being in payment of [REDACTED]
Date Invoice #

<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<small>Agency #</small>	<small>Fund Center</small>	<small>Commitment Item</small>	<small>Fund</small>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<small>Social Security Number</small>	<small>Gross Pay</small>	<small>Withholding</small>	
<u>N/A</u>			
<small>Address - Payroll Only</small>			
<u>N/A</u>			
<small>Daytime Telephone Number</small>		<small>Disbursing Officer</small>	

I/We, McKesson Medical Surgical MN Supply, state that:
Payee (s)

CHECK APPROPRIATELY - ALL THAT APPLY

- ☐ 1. I received and lost.
- ☒ 2. I did not receive, endorse nor cash.
- ☐ 3. I have not authorized another person to sign my name to the warrant.
- ☐ 4. I have no knowledge of the whereabouts of the warrant or of any other person having received, cashed, or endorsed the warrant.
- ☐ 5. If this warrant is presented for payment, the endorsement is a forgery.
- ☐ 6. The endorsement on same is a forgery.

x [Signature]
Payee Signature

x 9954 MARILAND DR, Suite 5176A
Address

x Henrico, VA 23233
City, State, Zip Code

x [REDACTED]
Daytime Telephone Number

N/A
Payee Signature

N/A
Address

N/A
City, State, Zip Code

N/A
Daytime Telephone Number

ON THIS THE 21st DAY OF November, 2022, before me personally appeared
 x Sean Murphy to me known to be the persons described in and who executed the forgoing
 instrument and acknowledged that they signed, sealed, executed and delivered the same as their free act and deed for the
 purpose therein mentioned.



x [Signature]
Notary Public Signature

NOTARY PUBLIC x Dallas x TX
County State

My commission expires x 1/27/2028

State of Arkansas

Bond for Reissuing Warrant

Warrant Number to be Reissued

Amount

\$

40,147.53

Paying State Agency

Department of Health

Phone

501-280-4478

Agency Contact

Doris Clinkscale

Know by all men by these present that we the undersigned, McKesson Medical Surgical MN Supply as payee(s)and x Abigail McCray as his surety, are held and firmly bound unto the State of Arkansasin the sum of: \$ 80,295.06 (amount must be double the sum of the warrant).The condition of this obligation is that the said payee McKesson Medical Surgical MN Supply has (check one):lost✓ failed to receivestolen

a certain Arkansas State Warrant number as listed above by the Paying State Agency.

Witness Our Hands on this x 21st day of x November, 20 x 24.

x

SEAN MURPHY

First Payee Printed or Typed Name

x

[Signature]

First Payee Signature

First Payee Taxpayer Identification Number (SSN or Federal ID):

x

N/A

Second Payee Printed or Typed Name

N/A

Second Payee Signature

Second Payee Taxpayer Identification Number (SSN or Federal ID):

N/A

Payee Mailing

x

Address

x

Payee Phone Number

x

Surety must be 18 years of age or older and must be someone other than the payee(s).

Surety Mailing

x

Address

x

Surety Phone

Number

x

x

Abigail McCray

Surety Printed or Typed Name

x

[Signature]

Surety Signature

Surety, after first being duly sworn, states that his real and personal property is sufficient to meet the requirement for the bonded amount.

Subscribed and sworn before this x 21st day of x November, 20 x 24

x

[Signature]

Notary Public Signature

NOTARY PUBLIC x

Dallas

x

TX

County

State

My commission expires

x 1/27/2028

Notary Public Signature

ARKANSAS STATE CLAIMS COMMISSION
Phone #682-1619-Fax #682-2823
NOTICE OF LOST OUTDATED WARRANT(S)

Part I

The records of the of Arkansas, Phone

Agency

Agency Address

Reflect that

Payee/Payees

Payee's Address

City

was/were issued.

State

Zip Code

State Warrant number dated

in the amount of \$

Include your current Agency No. Cost Center

Appropriation No. Character Code

Fund Code and Fund Center

Agency Disbursing Officer's Full Name (please print)

Agency Disbursing Officer's Signature

Part II

**STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)**

I/We _____, state that:

- _____ 1. I/we received and lost.
- _____ 2. I/we did not receive, endorse nor cash.
- _____ 3. I/we have not authorized another person to sign my/our name(s) to the warrant.
- _____ 4. I/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant.
- _____ 5. When this warrant was cashed, the endorsement was a forgery.

Revised 8/21/24

From: [Doris Clinkscale \(ADH\)](#)
To: [Caitlin McDaniel](#)
Subject: McKesson lost check/for reissue
Date: Thursday, December 12, 2024 3:37:45 PM
Attachments: [McKesson Lost Warrant Papers..pdf](#)

Hi Caitlin,

Please see attached NOLOW for McKesson. (\$40,147.53)

ARKANSAS STATE CLAIMS COMMISSION
Phone #682-1619-Fax #682-2823
NOTICE OF LOST OUTDATED WARRANT(S)

Part I

The records of the Department of Health of Arkansas, Phone 501-280-4478

Agency

Agency Address 4815 W. Markham, Little Rock AR 72205

Reflect that McKesson Medical Surgical MN Supply

Payee/Payees

PO Box 936279

Atlanta

Payee's Address

City

GA

31193-6279

was/were issued.

State

Zip Code

State Warrant number [REDACTED] **dated** 06/09/2022

in the amount of \$ 40,147.53

Include your current Agency No. [REDACTED] **Cost Center** [REDACTED]

Appropriation No. [REDACTED] **Character Code** [REDACTED]

Fund Code [REDACTED] **and Fund Center** [REDACTED]

Maggie Sporer

Agency Disbursing Officer's Full Name (please print)

Maggie Sporer

Agency Disbursing Officer's Signature

Part II

STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

I/We _____, **state that:**

- _____ 1. I/we received and lost.
- _____ 2. I/we did not receive, endorse nor cash.
- _____ 3. I/we have not authorized another person to sign my/our name(s) to the warrant.
- _____ 4. I/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant.
- _____ 5. When this warrant was cashed, the endorsement was a forgery.

Revised 8/21/24

From: [Treen, Leah](#)
To: [ASCC New Claims](#)
Cc: [Caitlin McDaniel](#)
Subject: RE: McKesson Medical Surgical, Claim No. 241865
Date: Thursday, January 23, 2025 12:01:59 PM
Attachments: [Scanned from a Xerox Multifunction Printer.pdf](#)

Good Afternoon Caitlin,

Please see attached form as requested.

Can you please confirm receipt, and let me know if the missing warrant can be re issued?

Thank you,

Leah Treen

Business Process Analyst

Dispute Resolution Team, Credit and AR Operations | 804.728.6043 | leah.stolz@mckesson.com

McKesson Medical-Surgical

McKesson | 9954 Mayland Drive, Richmond, VA 23233 | www.mckesson.com

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

From: Caitlin McDaniel <Caitlin.McDaniel@arkansas.gov>
Sent: Monday, December 16, 2024 2:41 PM
To: tamara.denson@mckesson.com
Cc: Treen, Leah <Leah.Stolz@McKesson.com>
Subject: [EXTERNAL] McKesson Medical Surgical, Claim No. 241865

CAUTION: This email was sent from an EXTERNAL source. Use caution when clicking links or opening attachments.

Dear Ms. Denson and Ms. Treen,

We have received the warrant form the Department of Health to continue the reissuance process for McKesson Medical Surgical. Due to a change in Arkansas law, we need you to complete a new signature page for the above-referenced claim. While Ark. Code Ann. § 19-10-222 allows a corporate entity to file a claim without an attorney in certain circumstances, we must have confirmation that that person filing the claim is authorized by the corporate entity to do so. The new signature page is attached to this email. Once completed, it can be returned via email (ascc.new.claims@arkansas.gov), facsimile (501-682-2823) or mail (101 E. Capitol Ave., Ste. 410, Little Rock, Arkansas 72201).

Contact this office with any questions.

Thank you,
 Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

CLAIM SUBMISSION SIGNATURE PAGE

The undersigned certifies that to the best of my knowledge, information, and belief, I am authorized by McKesson Medical Surgical (name of business entity) to file this claim on its behalf. The undersigned also certifies that this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

SEAN MURPHY

Name of Representative of Business Entity
(must be printed legibly)


Signature of Representative

Acknowledgement

State of Texas

County of Dallas

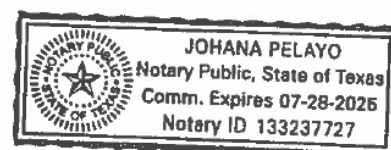
On this the 23 day of January, 2025, before me, the undersigned notary, personally appeared Sean Murphy known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.


Signature of Notary Public

[Seal of Office]

My Commission expires: 07-28-2025



BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**MCKESSON MEDICAL
SURGICAL MN SUPPLY****CLAIMANT****V.****CLAIM NO. 241865****ARKANSAS DEPARTMENT OF
HEALTH****RESPONDENT****ORDER**

This claim was filed by McKesson Medical Surgical MN Supply (the “Claimant”) requesting reissuance of outdated warrant no. [REDACTED] (the “Warrant”) in the amount of \$40,147.53 payable from Arkansas Department of Health.

The Arkansas State Claims Commission unanimously allows this claim in the amount of \$40,147.53 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Solomon Graves



ARKANSAS STATE CLAIMS COMMISSION
Dee Holcomb



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow, Chair

DATE: February 6, 2025

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).

From: [Kathryn Irby](#)
To: [Maggie Sponer](#); [Doris Clinkscale \(ADH\)](#); tamara.denson@mckesson.com
Bcc: [Mika Tucker](#); [SaBreana Hyche](#)
Subject: ORDER: McKesson Medical Surgical MN Supply v. ADOH, Claim No. 241865
Date: Thursday, February 6, 2025 6:13:00 PM
Attachments: [C11--McKesson Medical Surgical MN Supply v. ADOH.pdf](#)

Ms. Sponer and Ms. Denson, please see attached order entered by the Commission. Because of the amount of the warrant, this claim file will have to be sent to the Legislature for review, approval, and placement on an appropriations bill. I will copy you all on my email transmitting the claim file, so you'll know it has been sent.

Thanks,
Kathryn Irby

Kathryn Irby
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-2822