ARKANSAS CLAIMS COMMISSION

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

arclaimscommission.arkansas.gov
ascc.new.claims@arkansas.gov

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

COMPLAINT

1. Claimant

Methodist Healthcare Memphis

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

1211 Union Avenue, Suite 626

(address)

Memphis TN 38104-

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

2. State Agency Involved

Arkansas Department of Health

(state agency involved)

3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant # [redacted] ate 06-11-2023 payable to Methodist Healthcare Memphis in the amount of $22,843.00 payable from the Arkansas Department of Health. This warrant was not presented to the state treasurer for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s)/check(s) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on December 3, 2025.

4. Amount Sought: $22,843.00

STOP!

The following section MUST be completed in the presence of a Notary Public.

The undersigned certifies that to the best of my knowledge, information, and belief, I am authorized by Methodist Healthcare (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 resonable opportunity for further investigation or discovery.

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

Signature of ~~Representative~~

ACKNOWLEDGEMENT

State of Tennessee
County of Shelby

On this the 28th day of May, 2026, before me, the undersigned notary, personally appeared Cynthia Bardwell 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.

ASHONTA N THARPS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SHELBY

Signature of Notary Public

[seal of office]

My Commission Expires: Nov. 5, 2028

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** 5012804478
Agency

Agency Address 4815 W. Markham, Little Rock 72205

Reflect that Methodist Healthcare Memphis
Payee/Payees

1211 Union Ave, Suite 626 (Payee's Address) Memphis (City)

TN (State) 38104 (Zip Code) **was/were issued.**

State Warrant number [redacted] **dated** 6/11/2023

in the amount of $ 22,843.00

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

P2-19-4-403

AFFIDAVIT OF FORGED WARRANT

The records of the Department of Health of Arkansas reflect
Agency

that Methodist Healthcare Memphis was issued Warrant number [redacted]
Payee(s) exactly as original warrant — Correct Fiscal Year and Number

Dated 6/11/2023, in the amount of $22,843.00, the same being in payment of [redacted] Invoice #.

[redacted]
Agency # | Fund Center | Commitment Item | Fund

N/A	N/A	N/A
Social Security Number	Gross Pay	Withholding

N/A
Address - Payroll Only

N/A
Daytime Telephone Number

Disbursing Officer

I/We, Methodist Healthcare Memphis, state that:
Payee (s)

CHECK APPROPRIATELY - ALL THAT APPLY

_____ 1. I received and lost.
X 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.

Cynthia Bardwell
Payee Signature

1211 Union Ave, Suite 626
Address

Memphis, TN 38104
City, State, Zip Code

[redacted]
Phone Number

N/A
Payee Signature

N/A
Address

N/A
City, State, Zip Code

N/A
Daytime Telephone Number

ON THIS THE 9th DAY OF September, 20 25, before me personally appeared Cynthia Bardwell 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.

FELECIA S. HAMSTOCK
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY

x
Notary Public Signature

NOTARY PUBLIC x Shelby x TN
County State

Notary Public Stamp

My commission expires x 9/16/29

State of Arkansas **Bond for Reissuing Warrant**

Warrant Number to be Reissued [redacted] **Amount** $ 45,686.00

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, Methodist Healthcare Memphis as payee(s)

and Larry Fogarty as his surety, are held and firmly bound unto the State of Arkansas

in the sum of: $45,686.00 (amount must be double the sum of the warrant).

The condition of this obligation is that the said payee Methodist Healthcare Memphis has **(check one)**:

____ lost X failed to receive ____ stolen

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

Witness Our Hands on this 19 day of September , 20 25 .

Cynthia Bardwell
First Payee Printed or Typed Name

First Payee Signature

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

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 Address: 1211 Union Ave, Suite 626, Memphis, TN 38104

Payee Phone Number [redacted]

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

Surety Mailing Address: 1211 Union Ave, Suite 600, Memphis, TN 38104

Surety Phone Number

Larry Fogarty
Surety Printed or Typed Name

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 9th day of x October 20 x 25

x
Notary Public Signature

NOTARY PUBLIC x Shelby x TN
County State

My commission expires x 9/16/28

Notary Public Stamp

FELECIA S. HALSTOCK
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY

ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants

Date: 3/3/26

Warrant: [redacted]

Name of Payee: Methodist Healthcare Memphis

Amount: $22,843.00

Upon checking with Hunter of AOS/Data Processing Division, I was informed that this warrant was voided, and no duplicate warrant had been issued. We also checked our (Claims Commission) records to verify that there has been no reissuance by this office and there was none.

SJH

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

METHODIST HEALTHCARE MEMPHIS **CLAIMANT**

V. **CLAIM NO. 261285**

ARKANSAS DEPARTMENT OF HEALTH **RESPONDENT**

ORDER

This claim was filed by Methodist Healthcare Memphis (the "Claimant") requesting reissuance of outdated warrant no. [redacted] (the "Warrant") in the amount of $22,843.00 payable from the Arkansas Department of Health.

The Arkansas State Claims Commission unanimously allows this claim in the amount of $22,843.00 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 25-44-215(b).

IT IS SO ORDERED.

ARKANSAS STATE CLAIMS COMMISSION
Dee Holcomb

ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow, Chair

ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: July 9, 2026

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 Commission. Ark. Code Ann. § 25-44-211(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 Commission. Ark. Code Ann. § 25-44-211(a)(1)(B)(ii). A decision of the Commission may only be appealed to the General Assembly. Ark. Code Ann. § 25-44-211(a)(3).

(2) If a Claimant is awarded $15,000.00 or less by the Commission at hearing, that award is held forty (40) days from the date of disposition before payment will be processed to allow either party to utilize its remedies under Ark. Code Ann. § 25-44-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.

(3) Awards or negotiated settlement agreements of more than $15,000.00 are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 25-44-215(b).