ARKANSAS STATE CLAIMS COMMISSION
-Claim Form-

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

Arkansas
State Claims Commission
MAR 09 2026
RECEIVED

1. Claimant's Legal Counsel - ☑ (If representing yourself (Pro Se) please check this box and proceed to section 2)

(last name) (first name) (email)

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

Arkansas Bar Number: _____ *If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.*

2. Claimant

Baptist Health d/b/a Baptist Health Medical Center-Stuttgart

(title/last name/first name or company) (email) greg.stubblefield@baptist-health.org

9601 Baptist Health Dr. Little Rock AR 72205 501-202-1095

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

3. State Agency Involved: (must be an Arkansas state agency. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities)

AR Dept of Health Office of Preparedness & Emergency Response

(state agency involved)

4. Incident Date

Fiscal Year 23

5. Claim Type

Please provide a brief explanation of your claim. If additional space is required please attach additional statements to this form.

trauma grant reimbursement previously submitted to AOH and not paid

5a. Check here if this claim involves damage to a motor vehicle. ☐

5b. Check here if this claim involves damage to property other than a motor vehicle. ☐

All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.

I did not have insurance covering my property/motor vehicle at the time of damage. ☐

All property damage claims require ONE of the following (please attach):

1. **Invoice(s) documenting repair costs, OR**
2. **Three (3) estimates for repair of the damaged property, OR**
3. **An explaination why repair bill(s) or estimate(s) cannot be provided.**

6. Was a state vehicle involved? (If Yes, please complete the following section)

_____

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

7. Check here if this claim involves personal injury.

All personal injury claims require a copy of your medical insurance information and relevant medical bills in place at the time of the incident.

I do not have health insurance ☐

8. Amount Sought: $ 40,000

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 or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

_____

Claimant

President, Baptist Health Extended Car
Vice President, Trauma Program

ACKNOWLEDGEMENT

State of ARKANSAS
County of PULASKI

On this the 3rd day of March, 2026 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

My Commission expires: 8/30/31

[seal of office]

Dana Kyzer
Pulaski County
NOTARY PUBLIC -- ARKANSAS
My Commission Expires August 30, 2031
Commission No. 12715998

Trauma Medical Director Payment Request Signature Form

I, Dr Kirk Coker am the Trauma Medical Director for

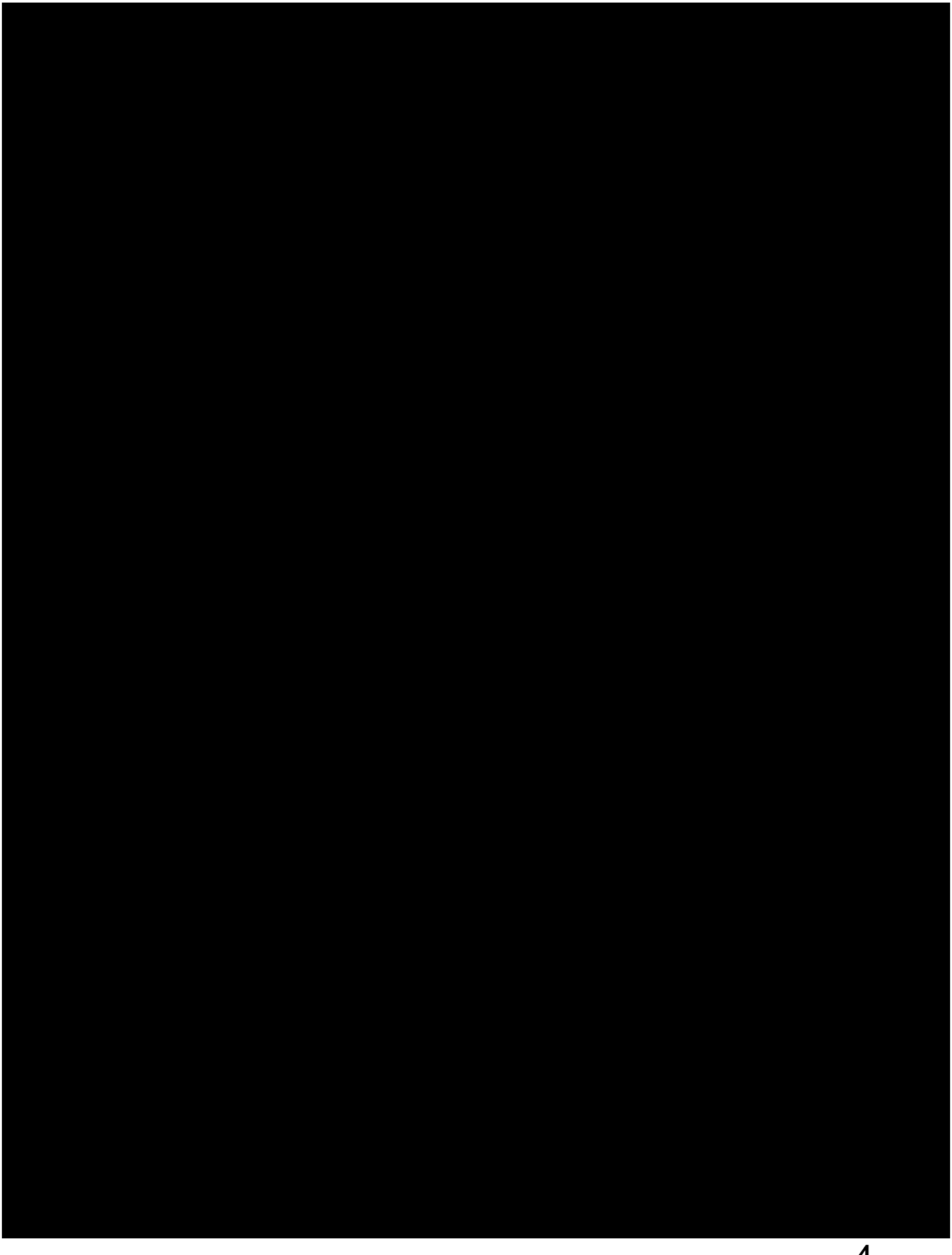
Baptist Health Medical Center - Stuttgart.

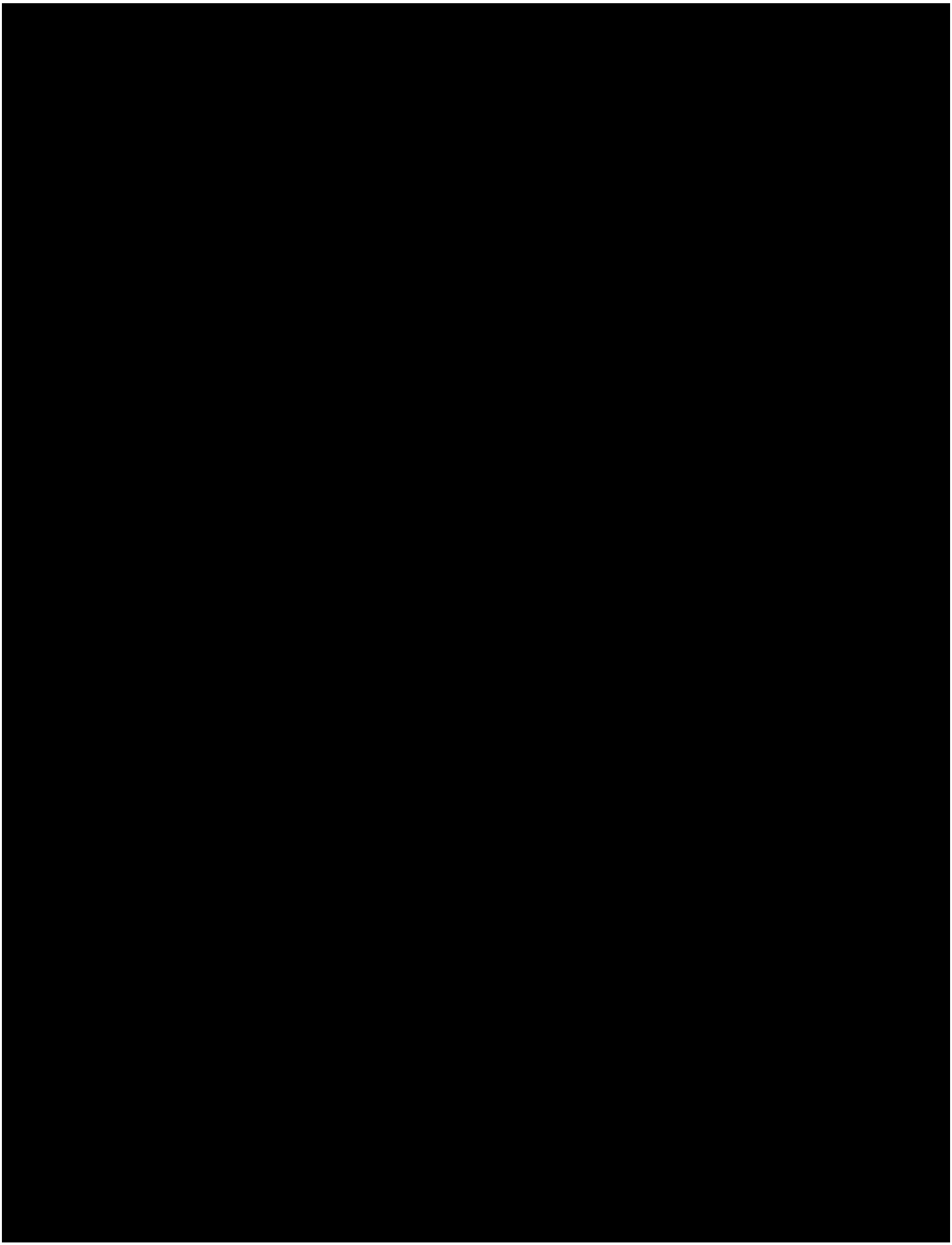
By signing this document I certify that I have reviewed the attached invoice and agree with the expenditures that are being requested.

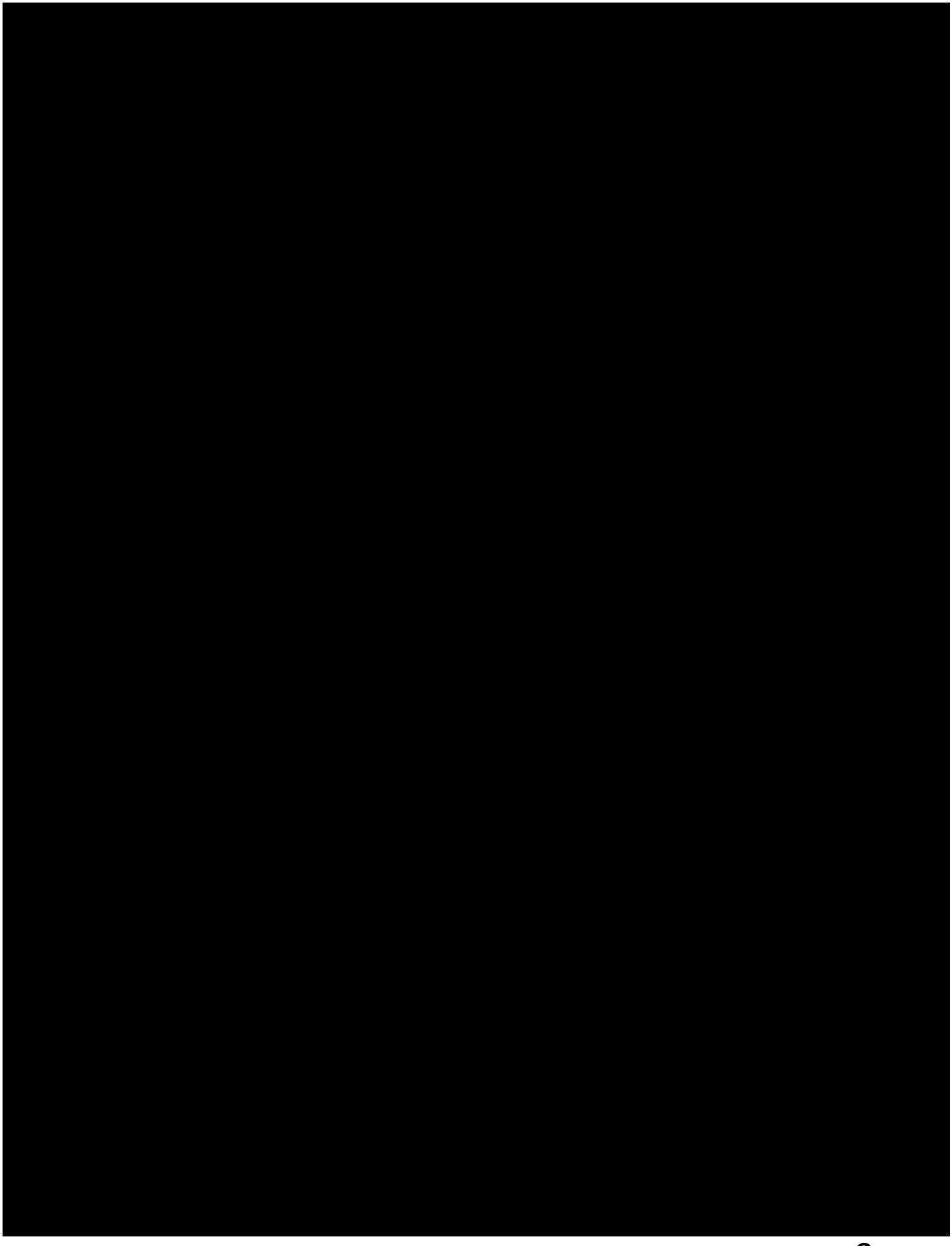
(Note: This form is required with each invoice from the hospital to the Arkansas Department of Health's Trauma Section in order to fulfill the requirements relating to Trauma Medical Directors set forth in the *Arkansas Trauma System Rules and Regulations*.)

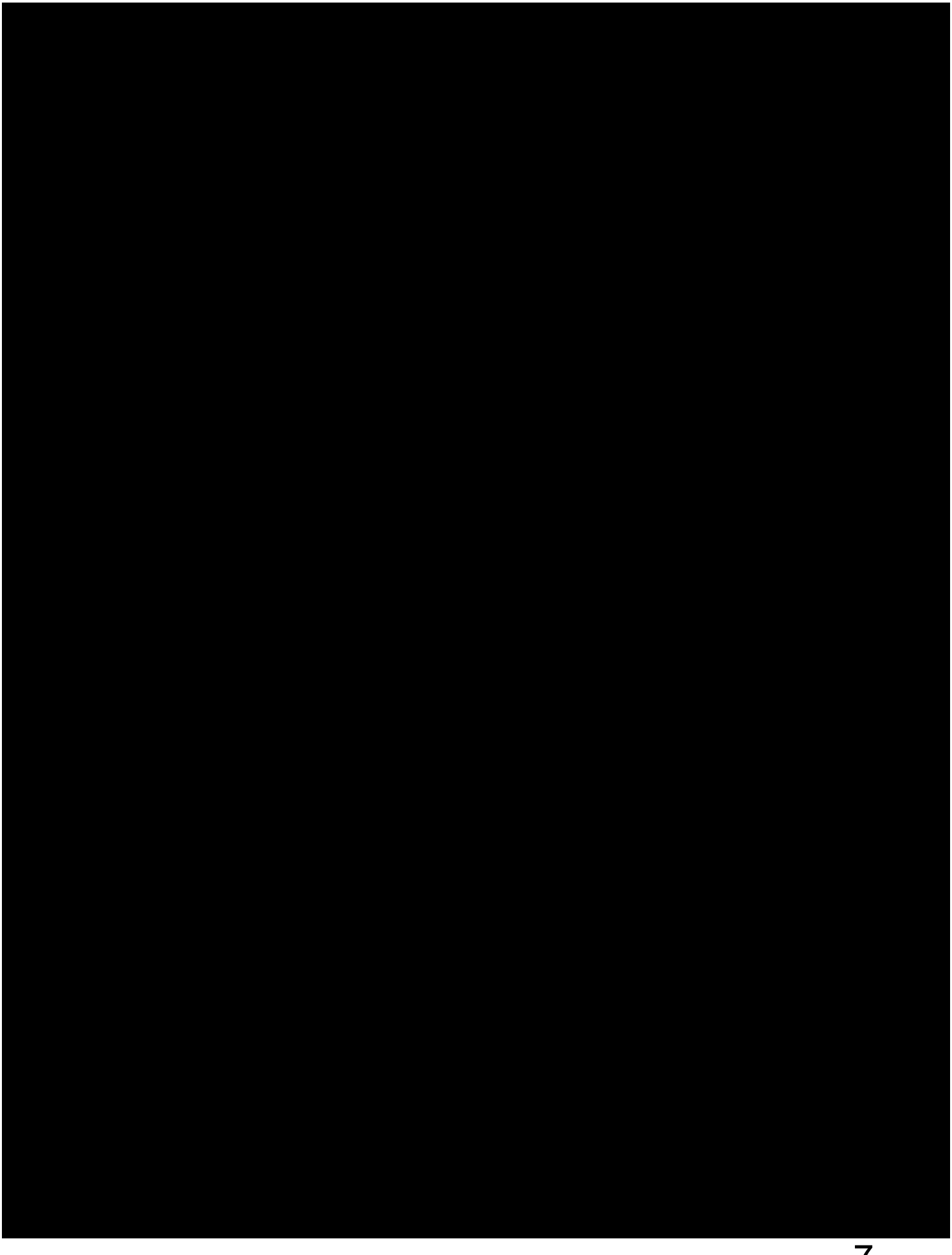
Signature

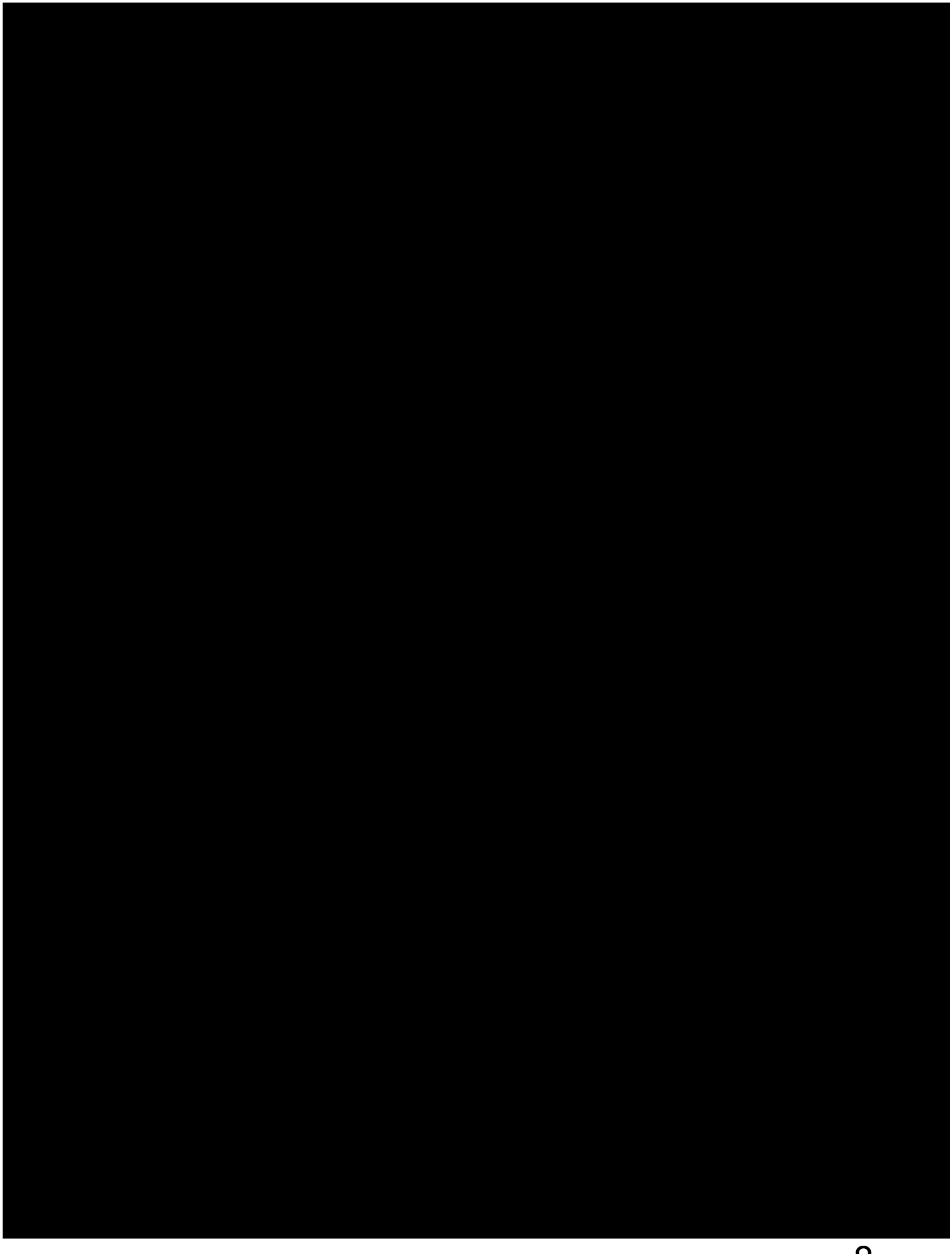
5/19/2023
Date

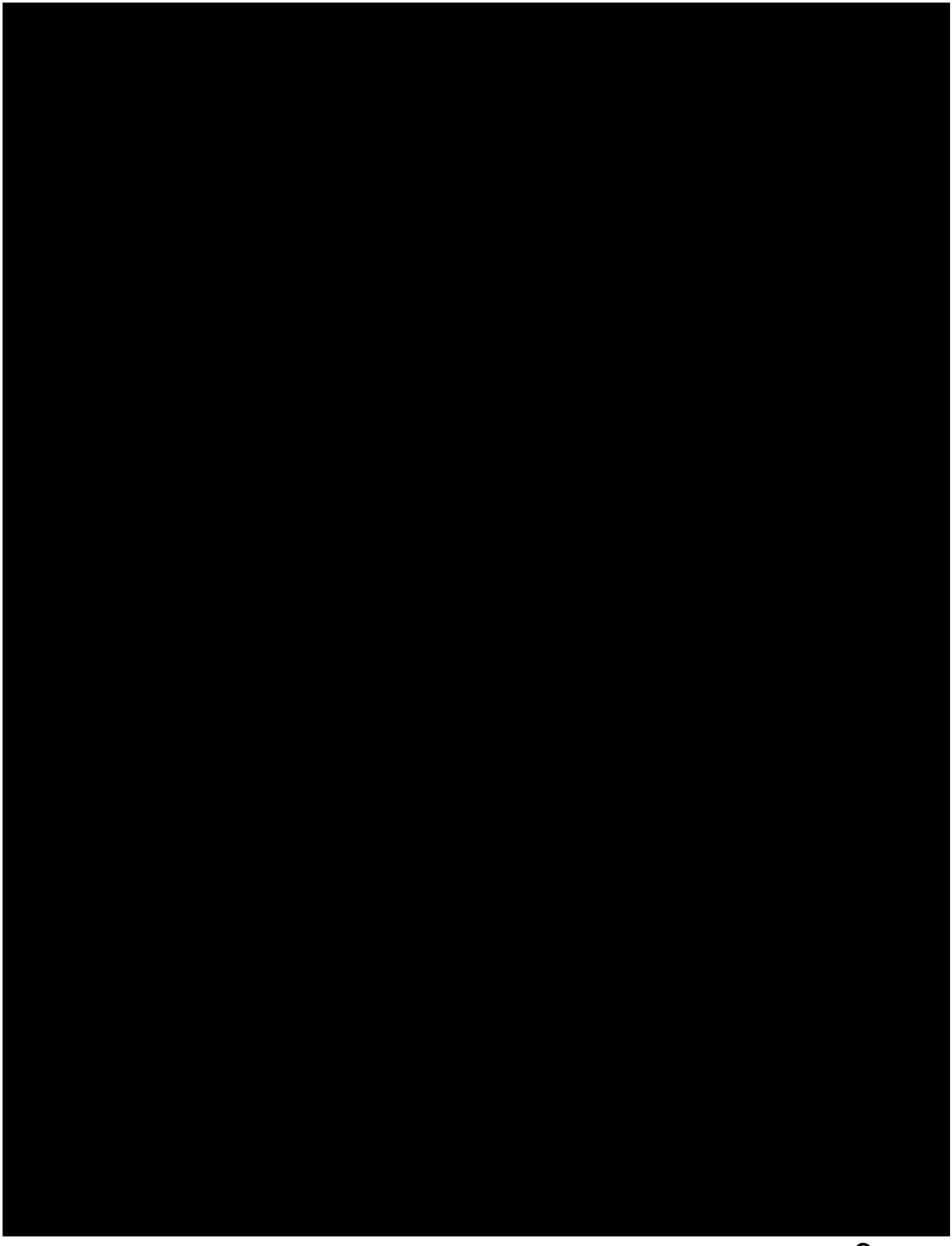


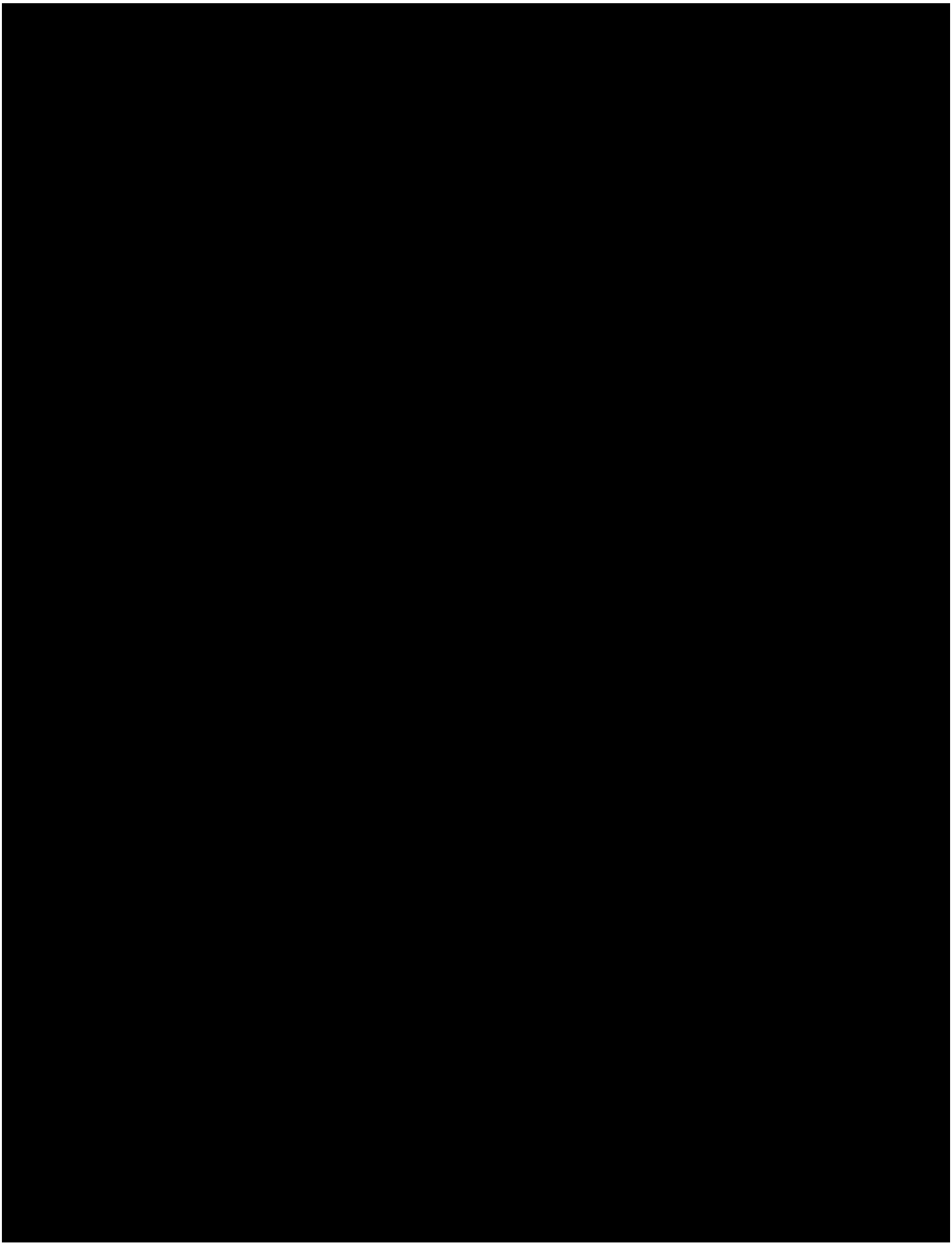


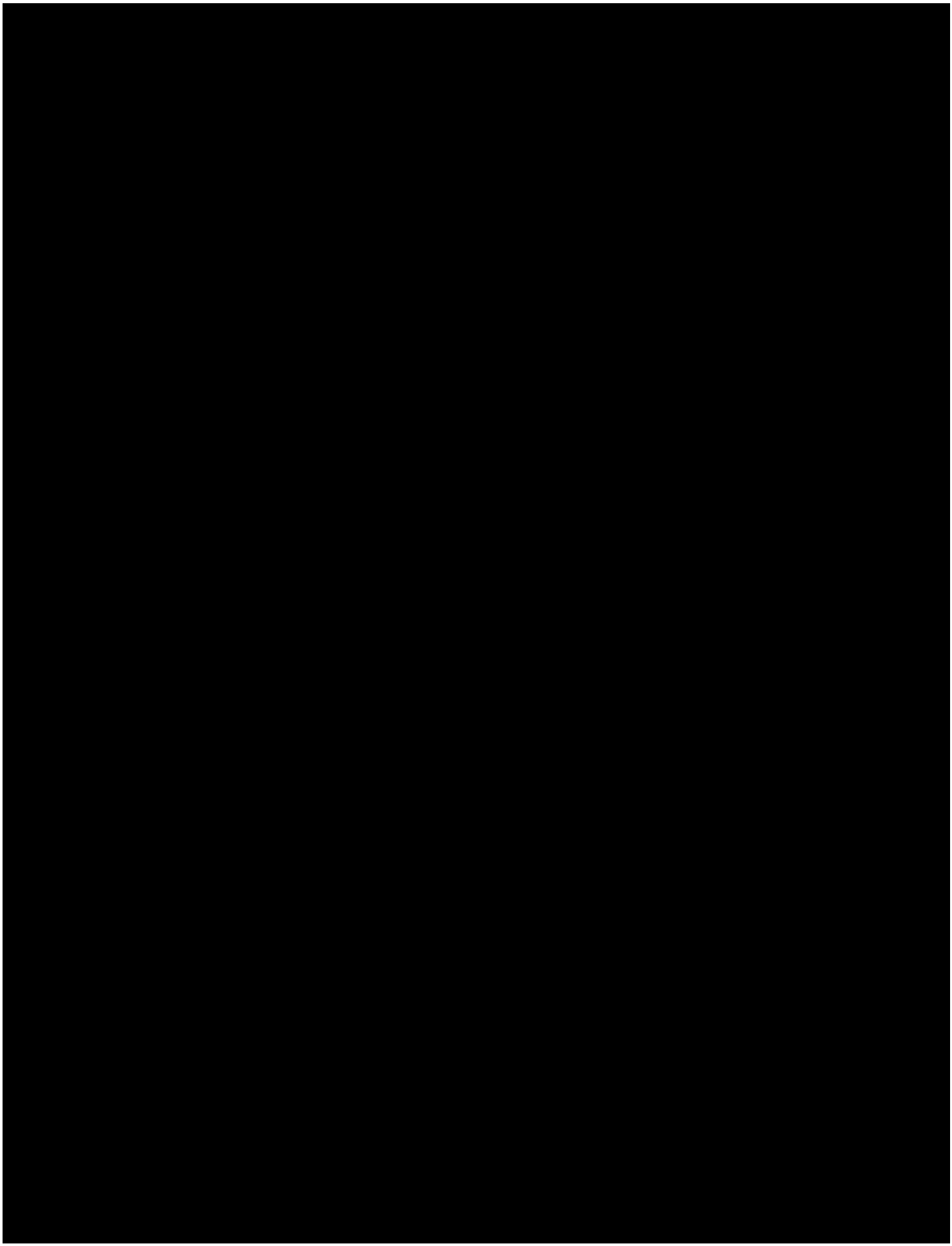


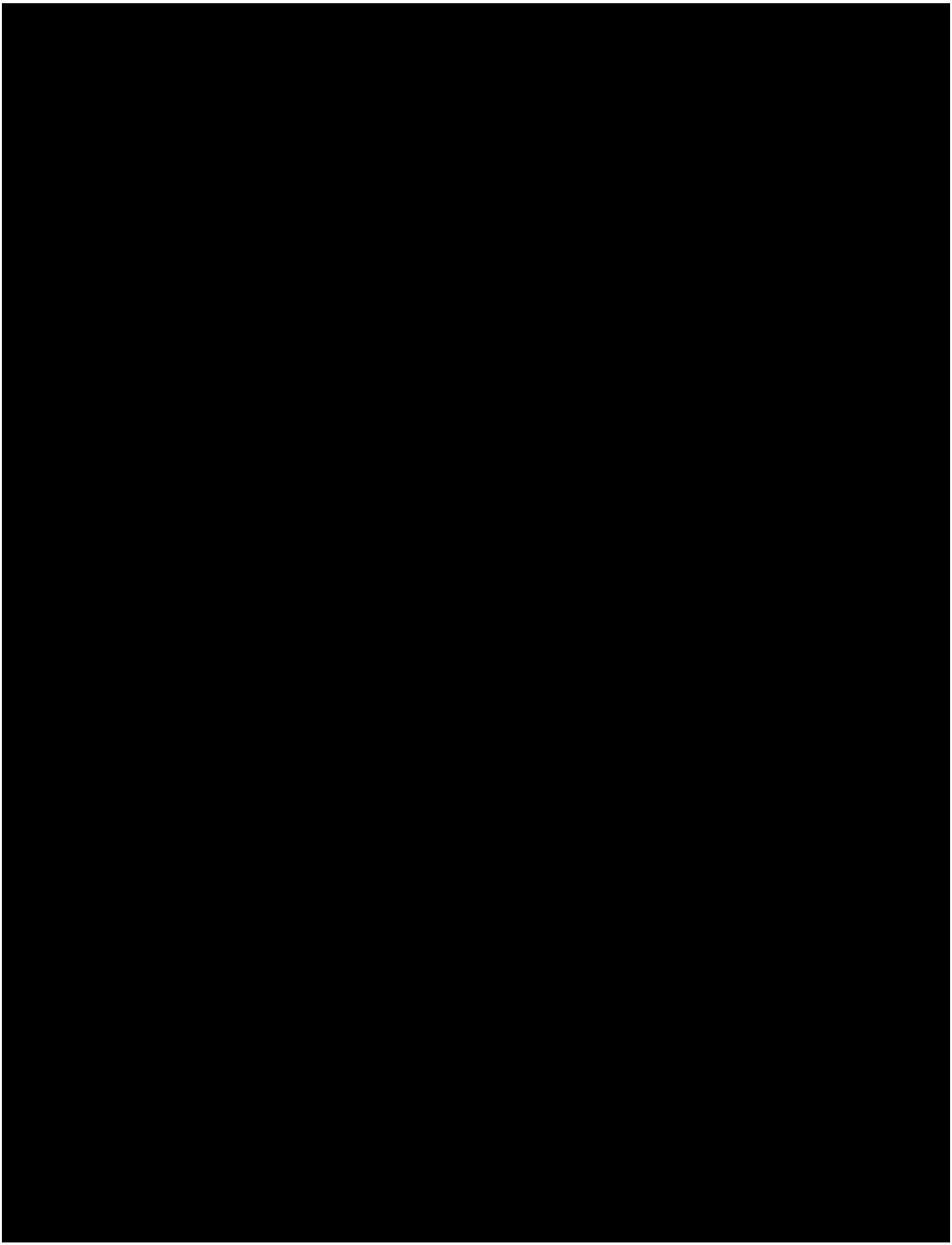


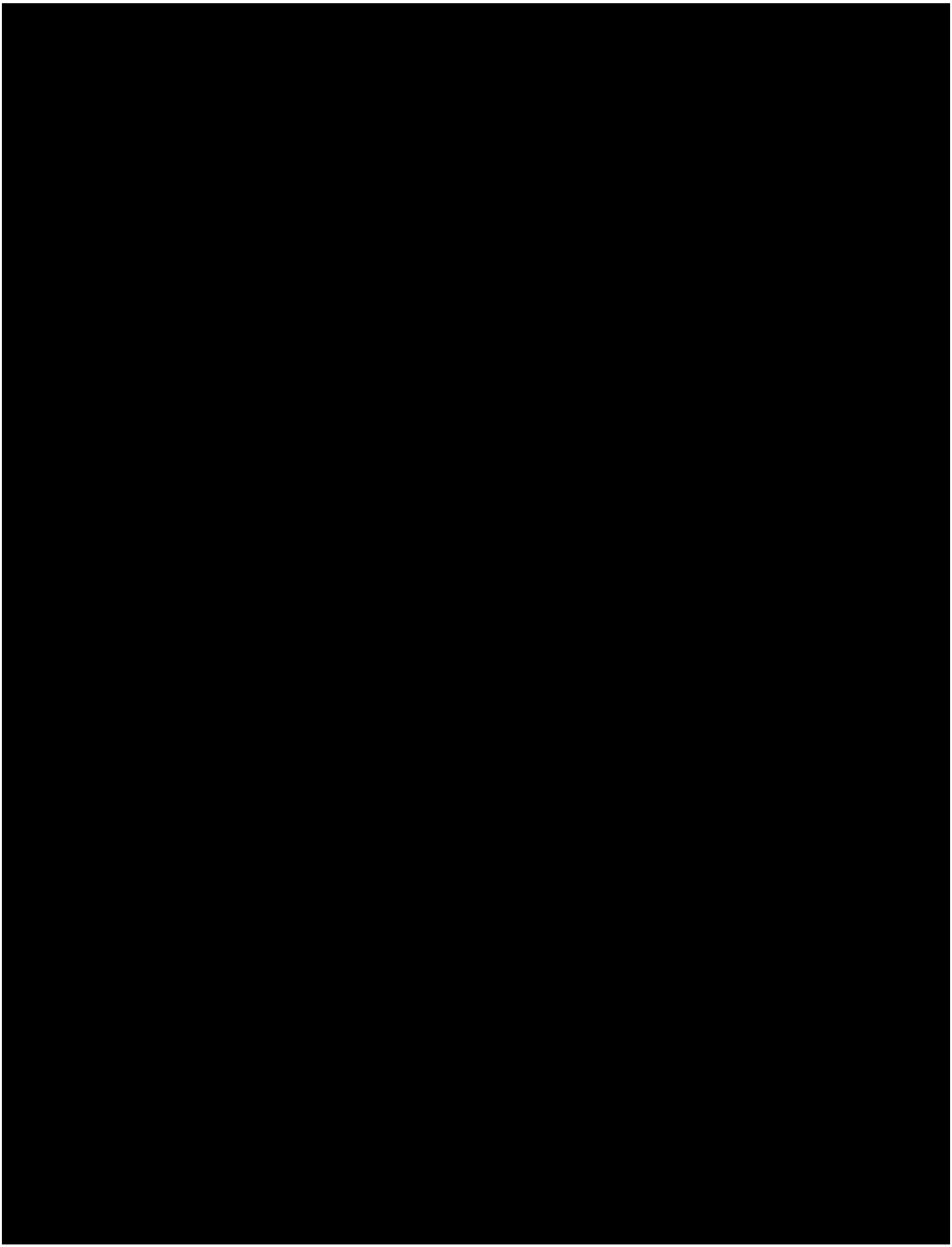


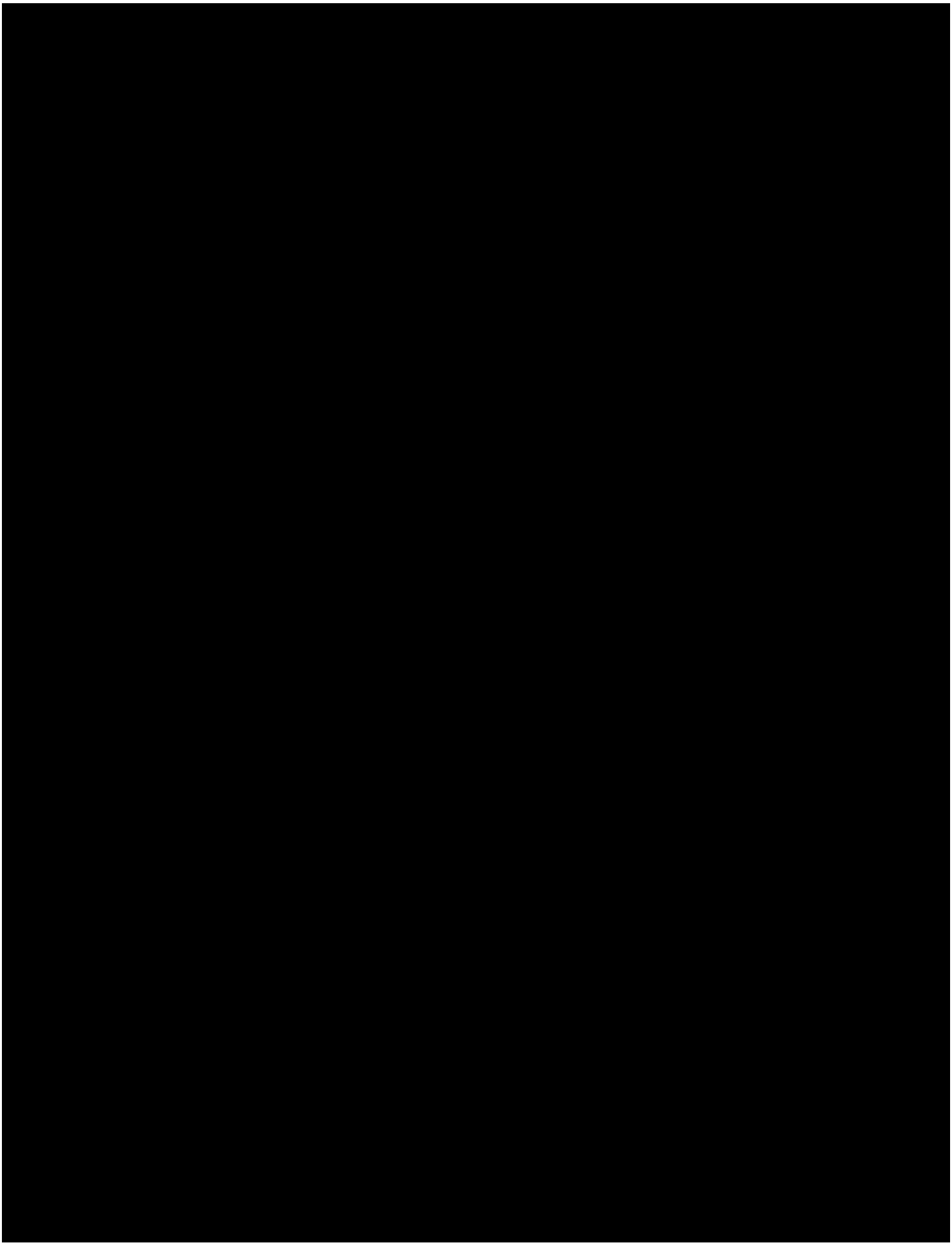


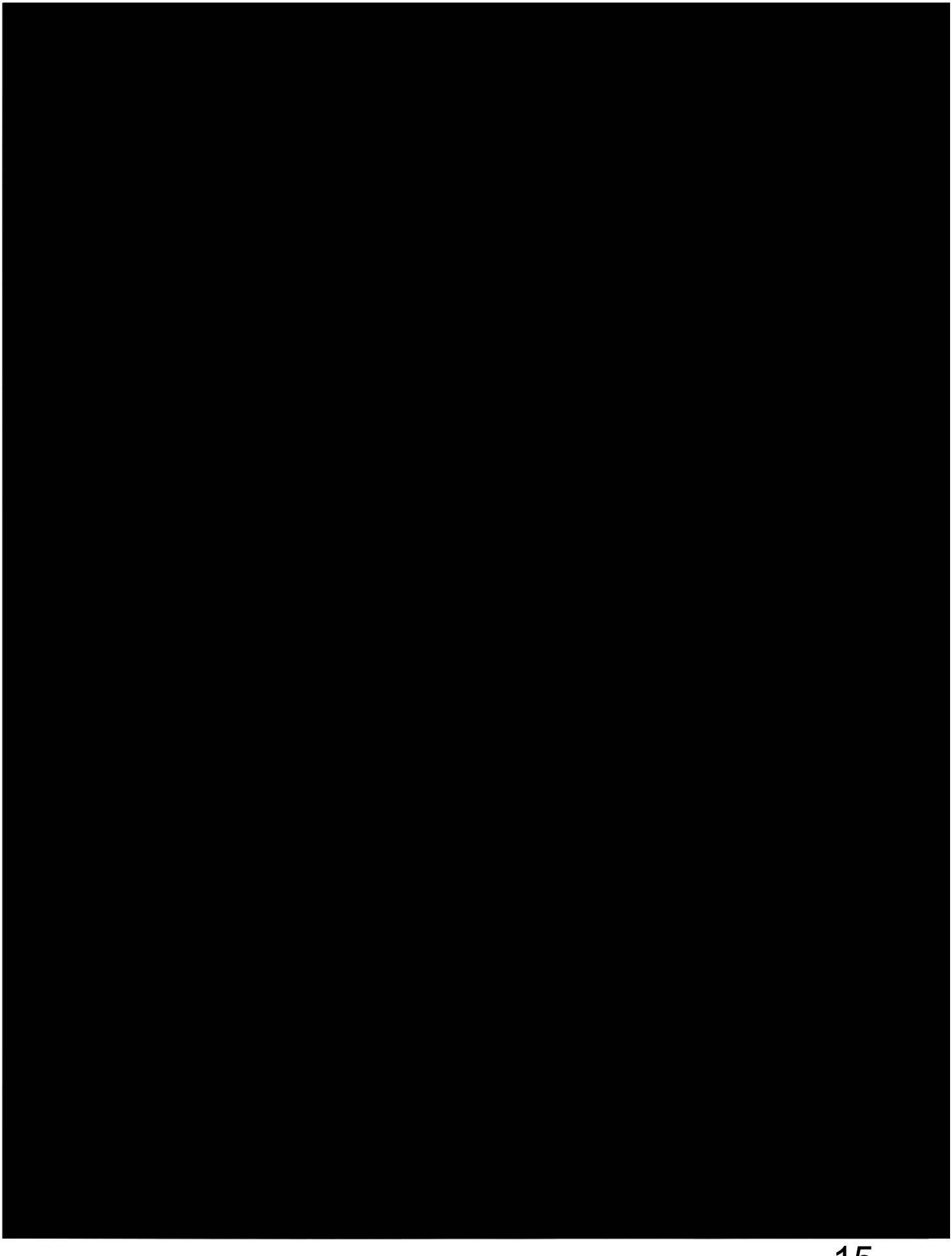


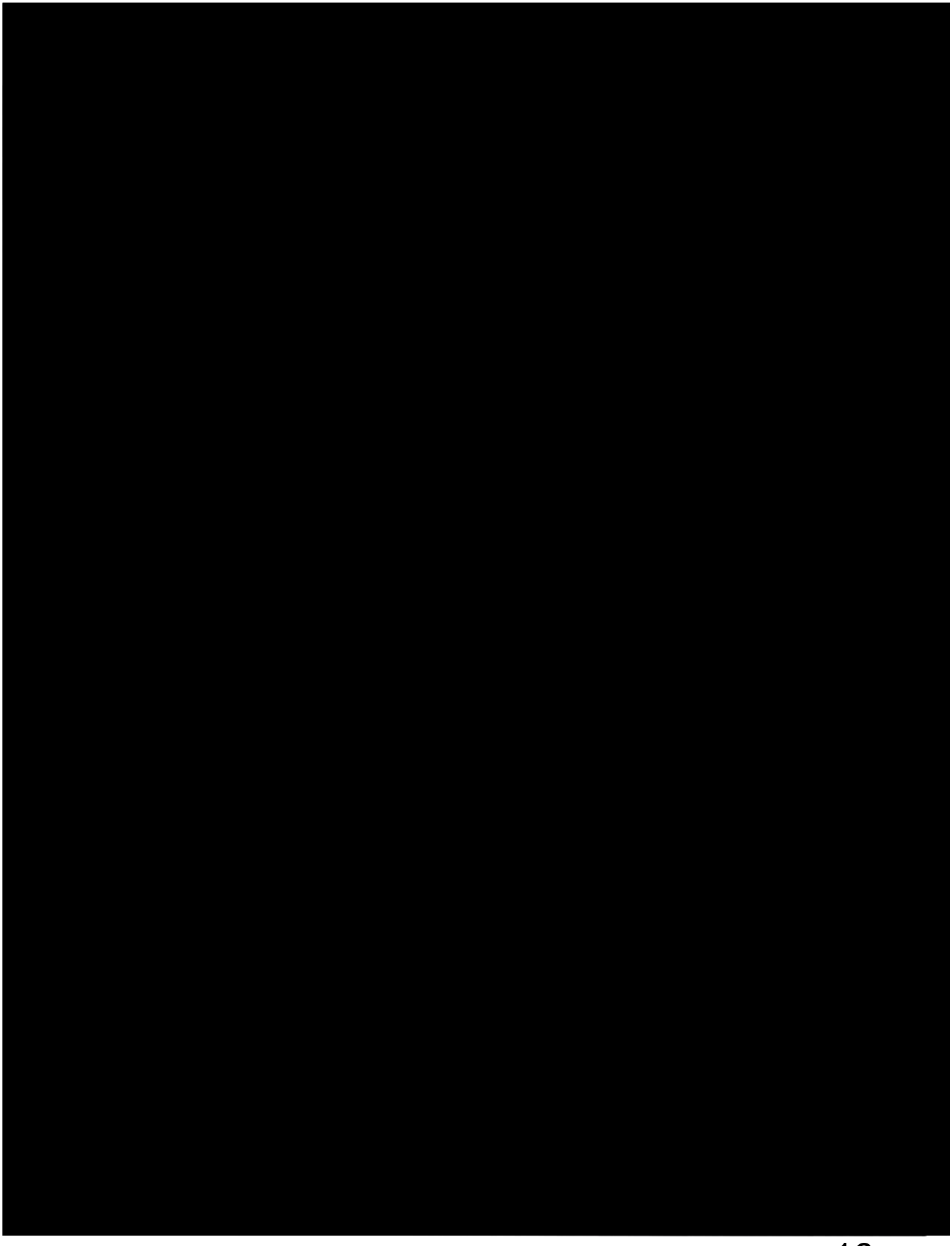


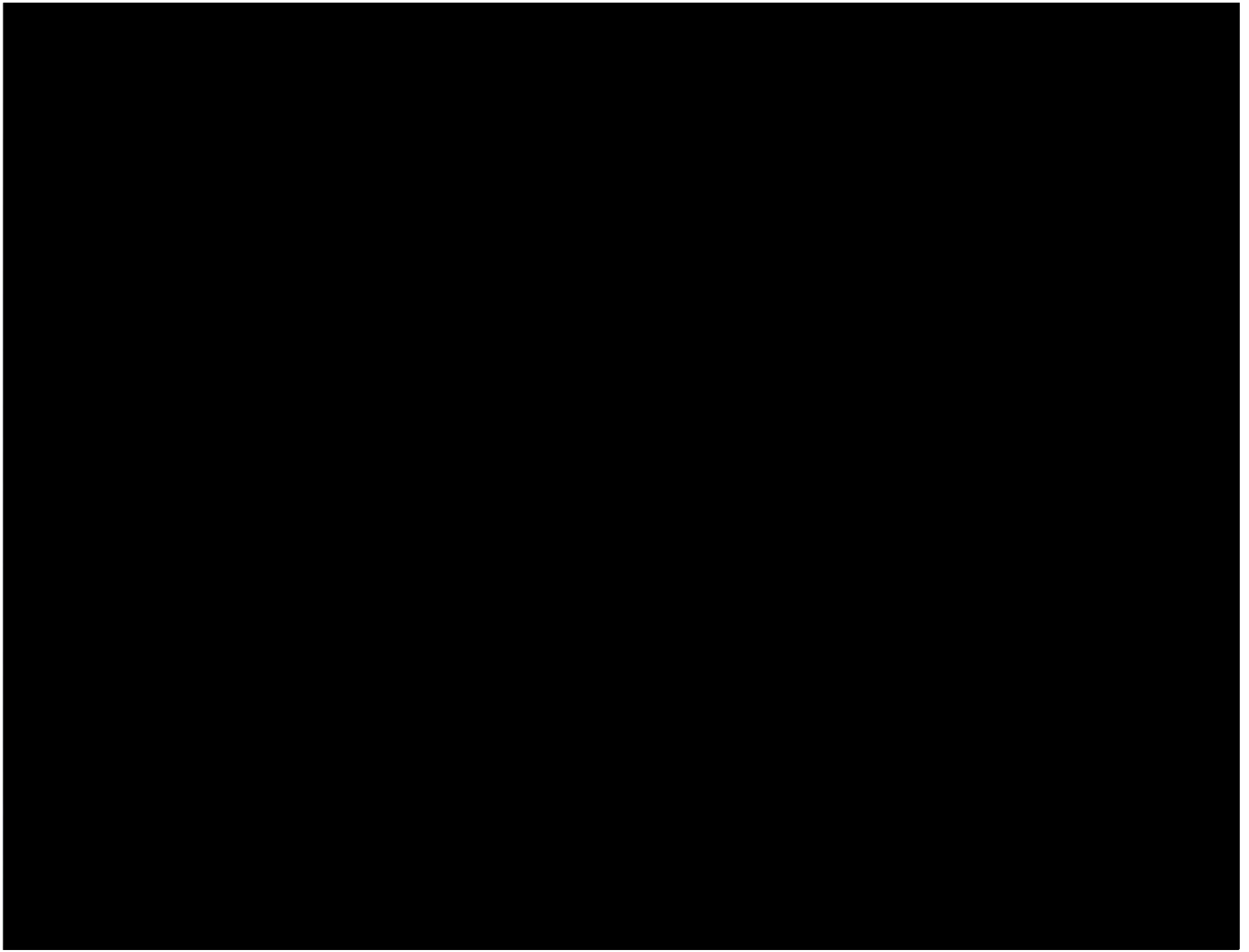


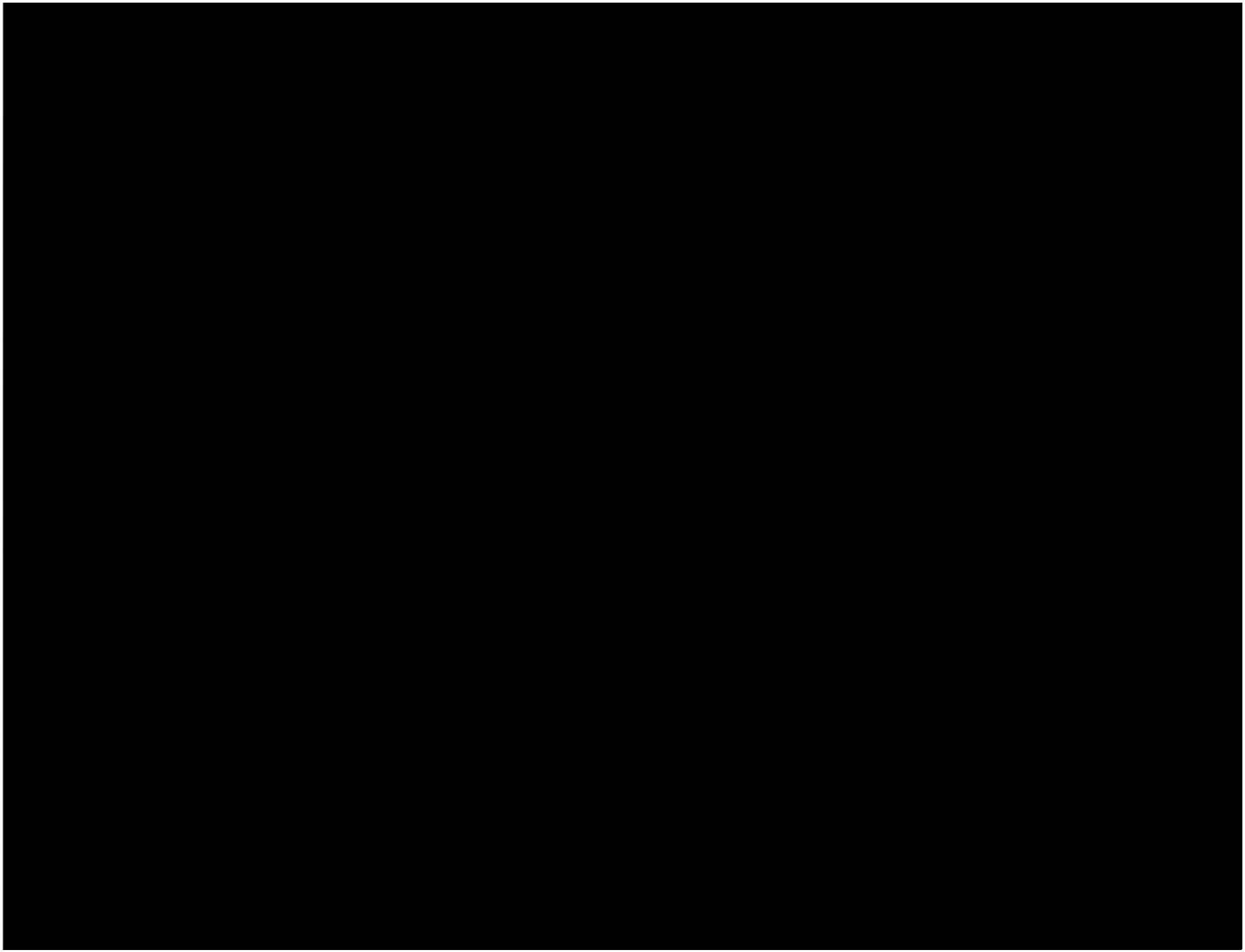


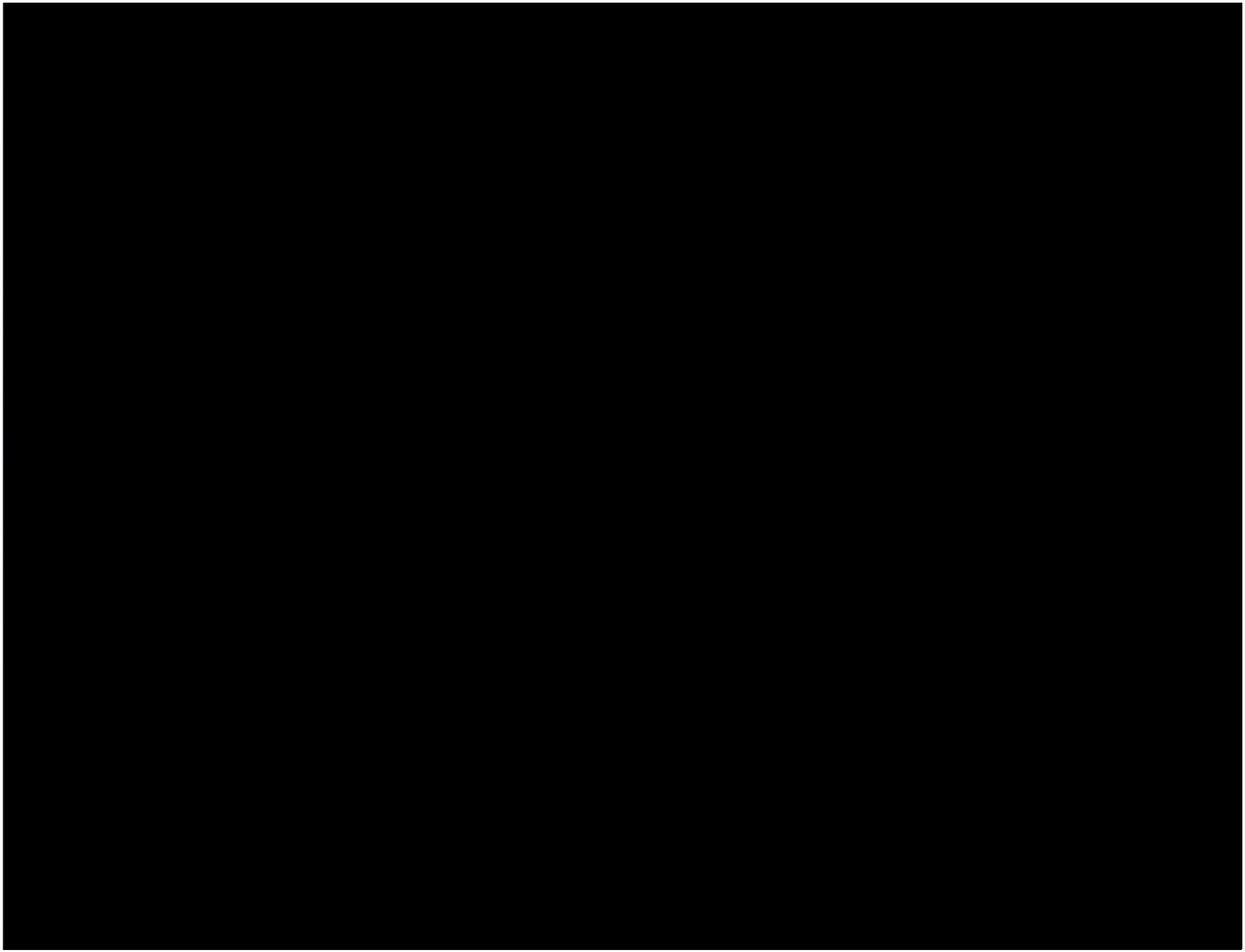


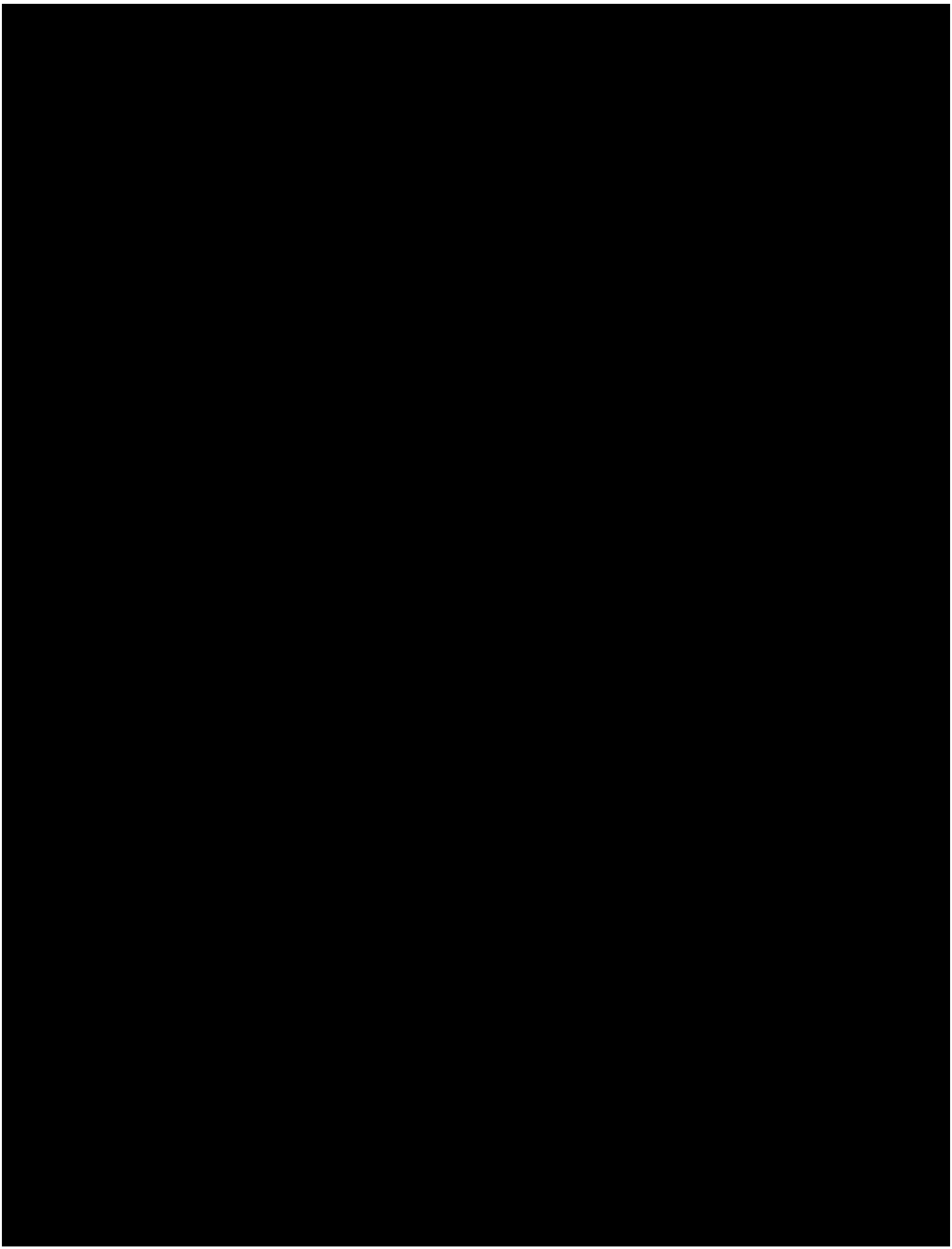


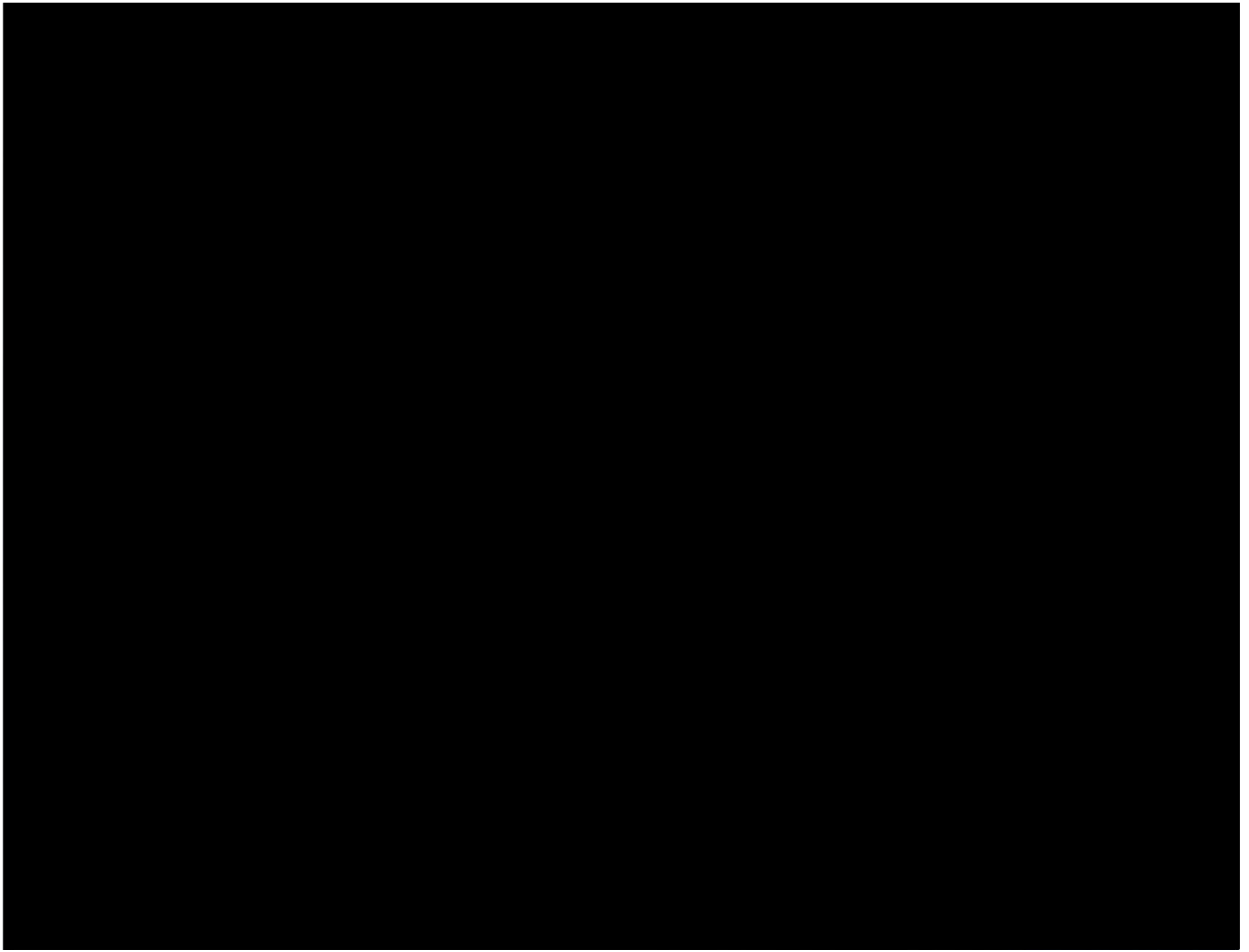


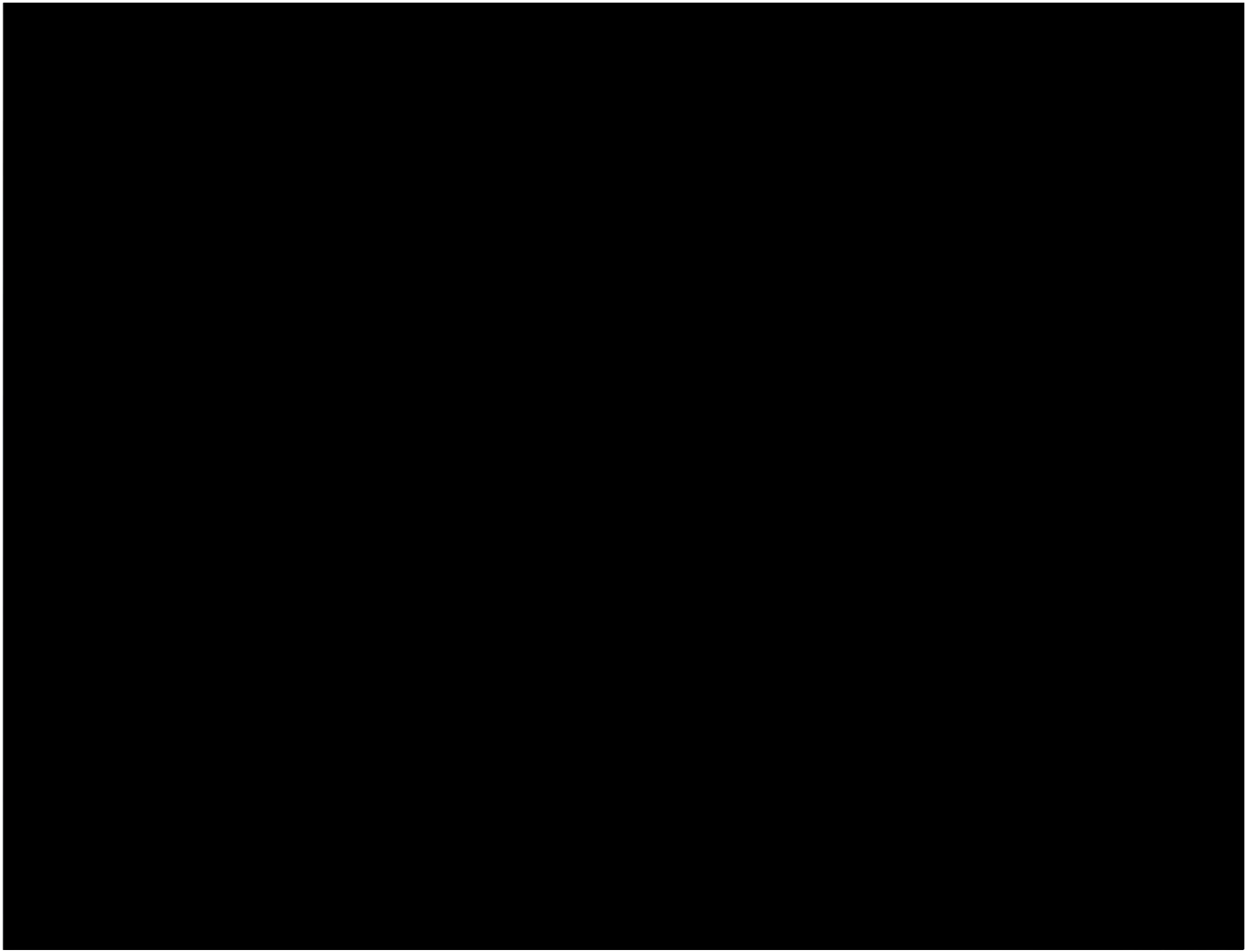


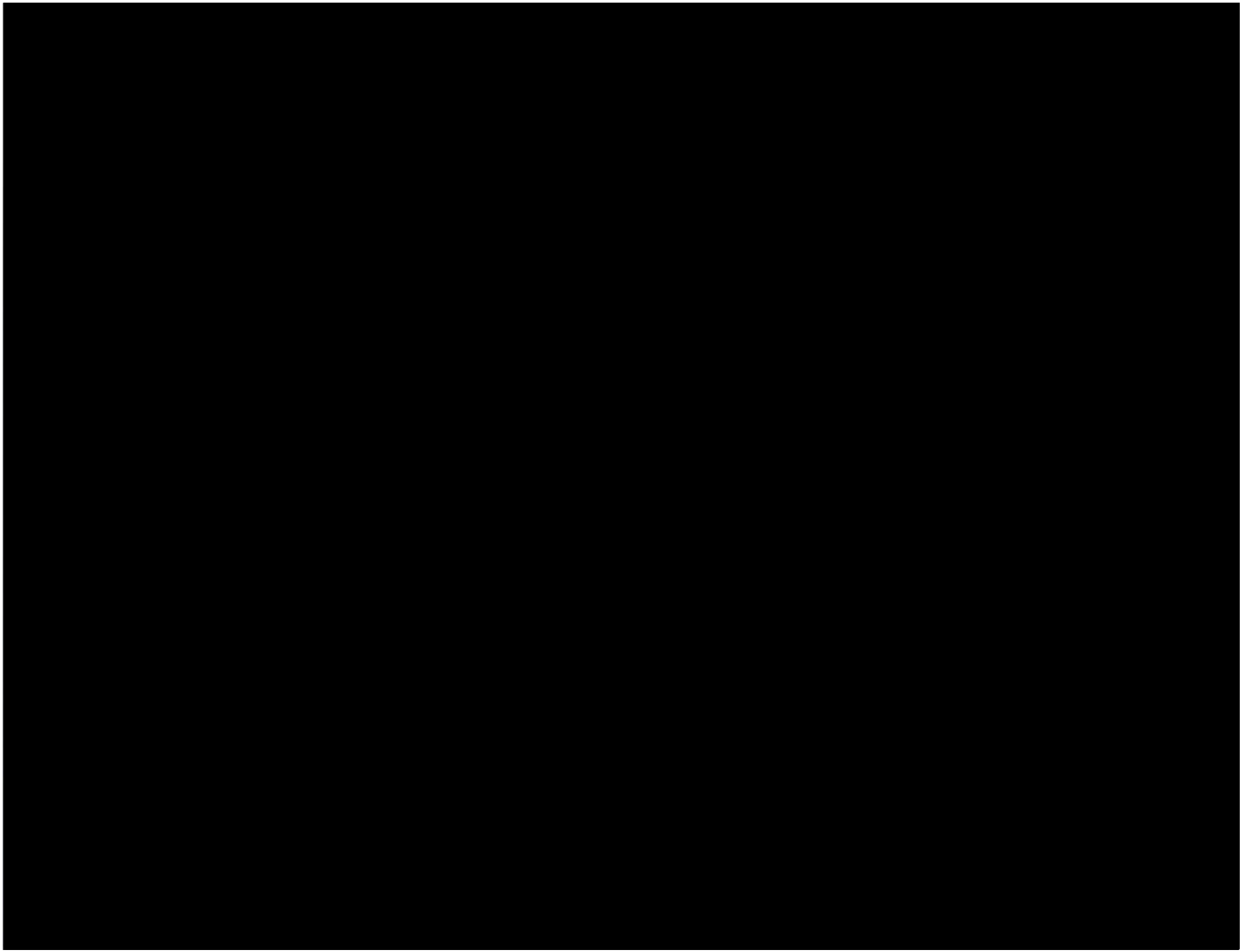


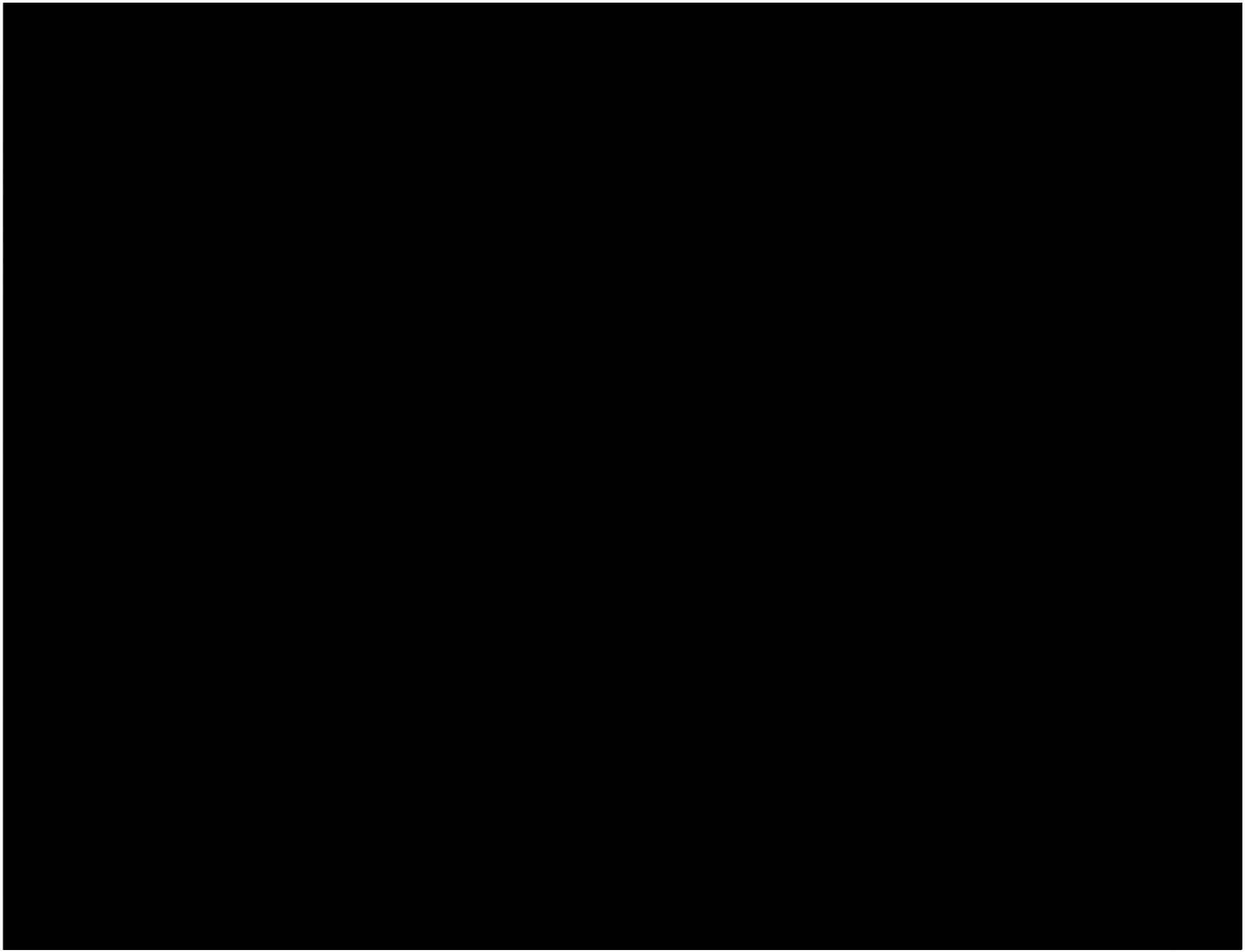


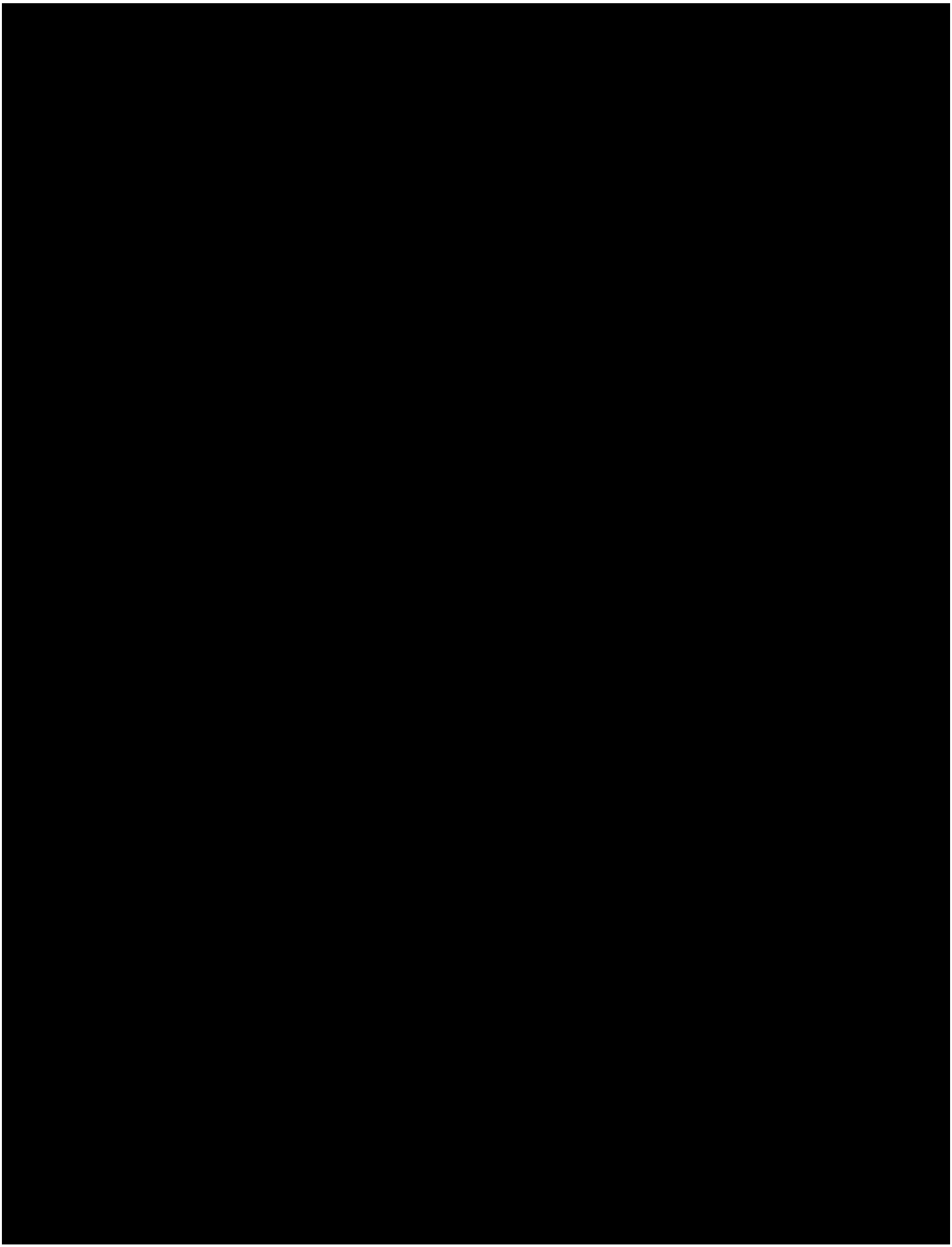


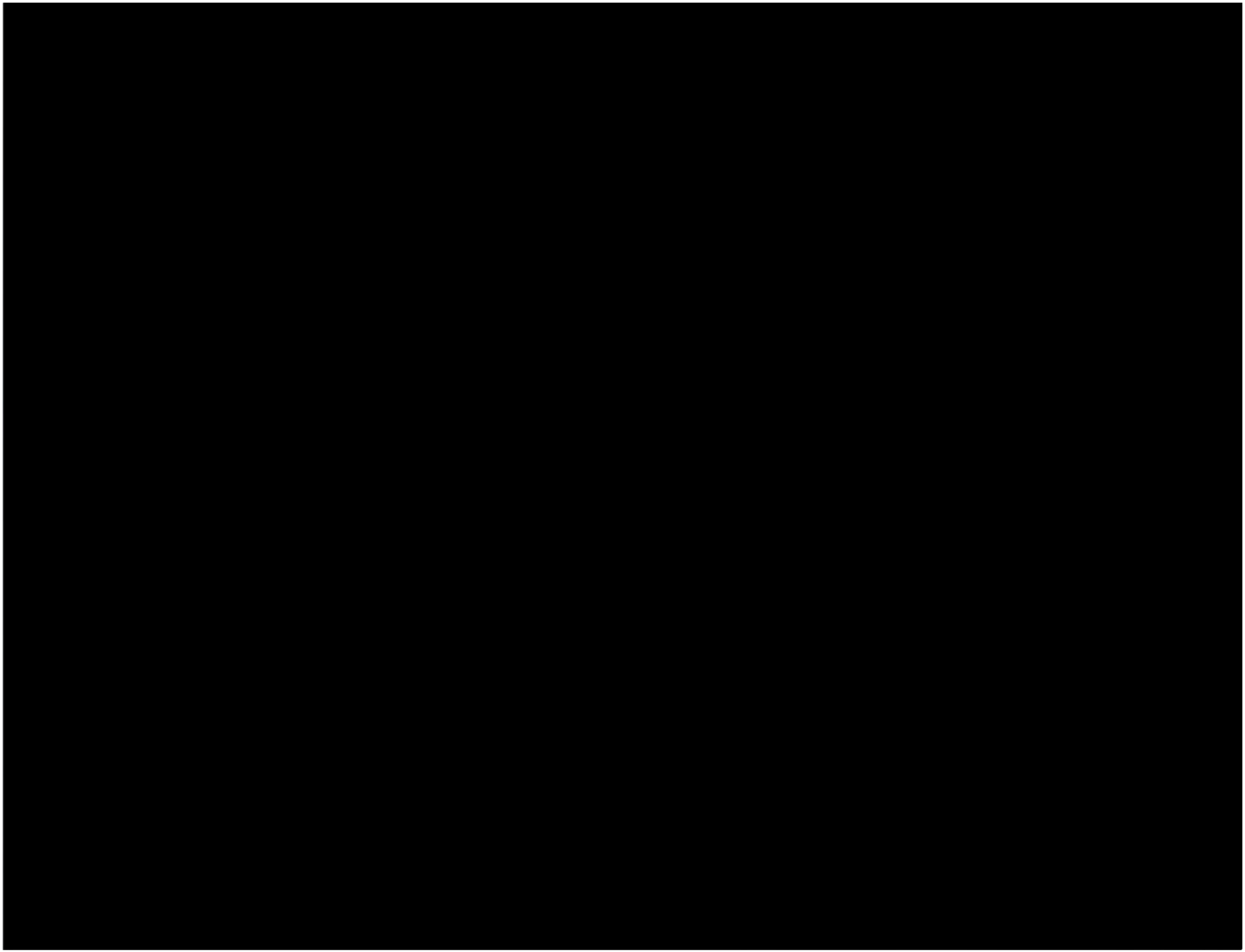


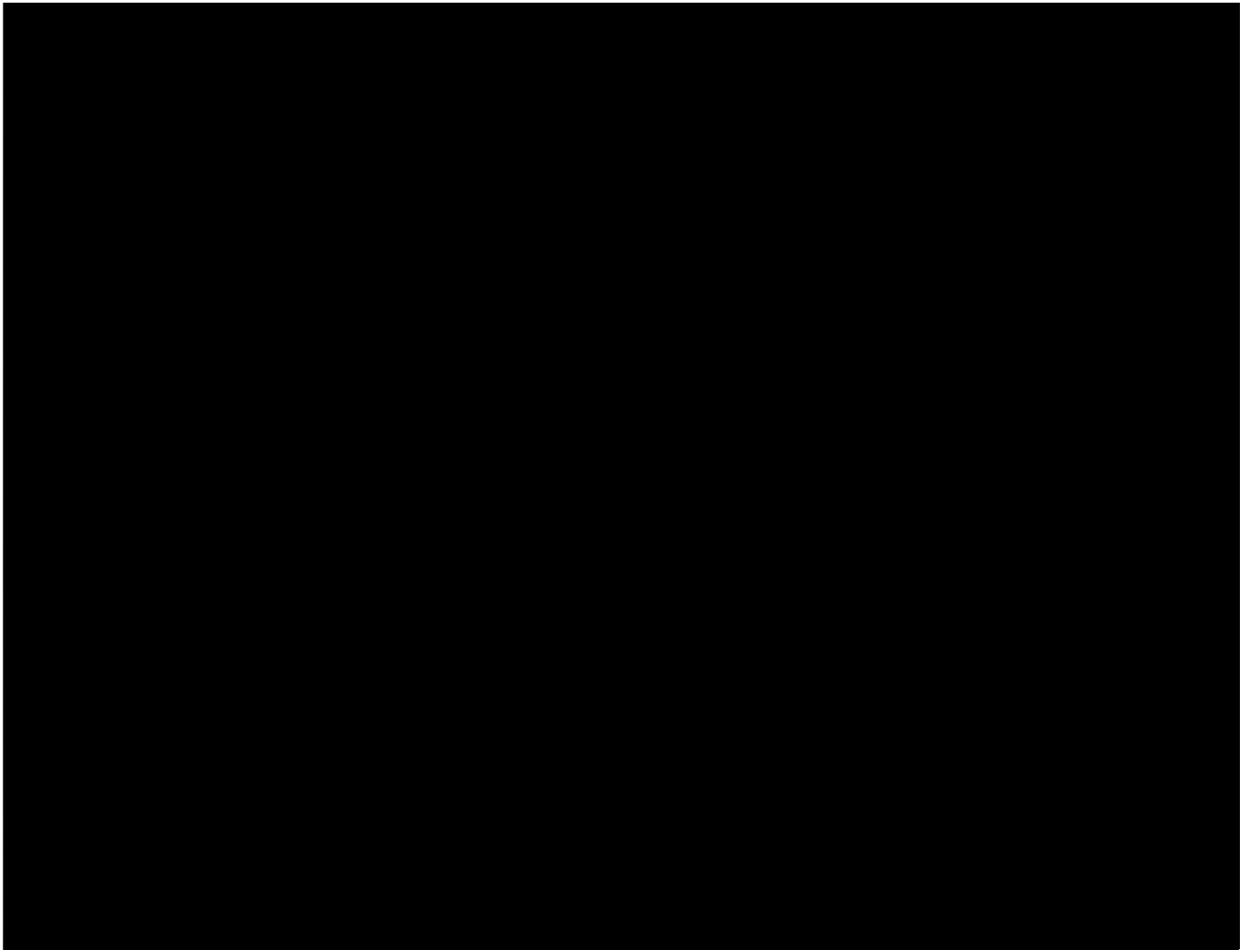


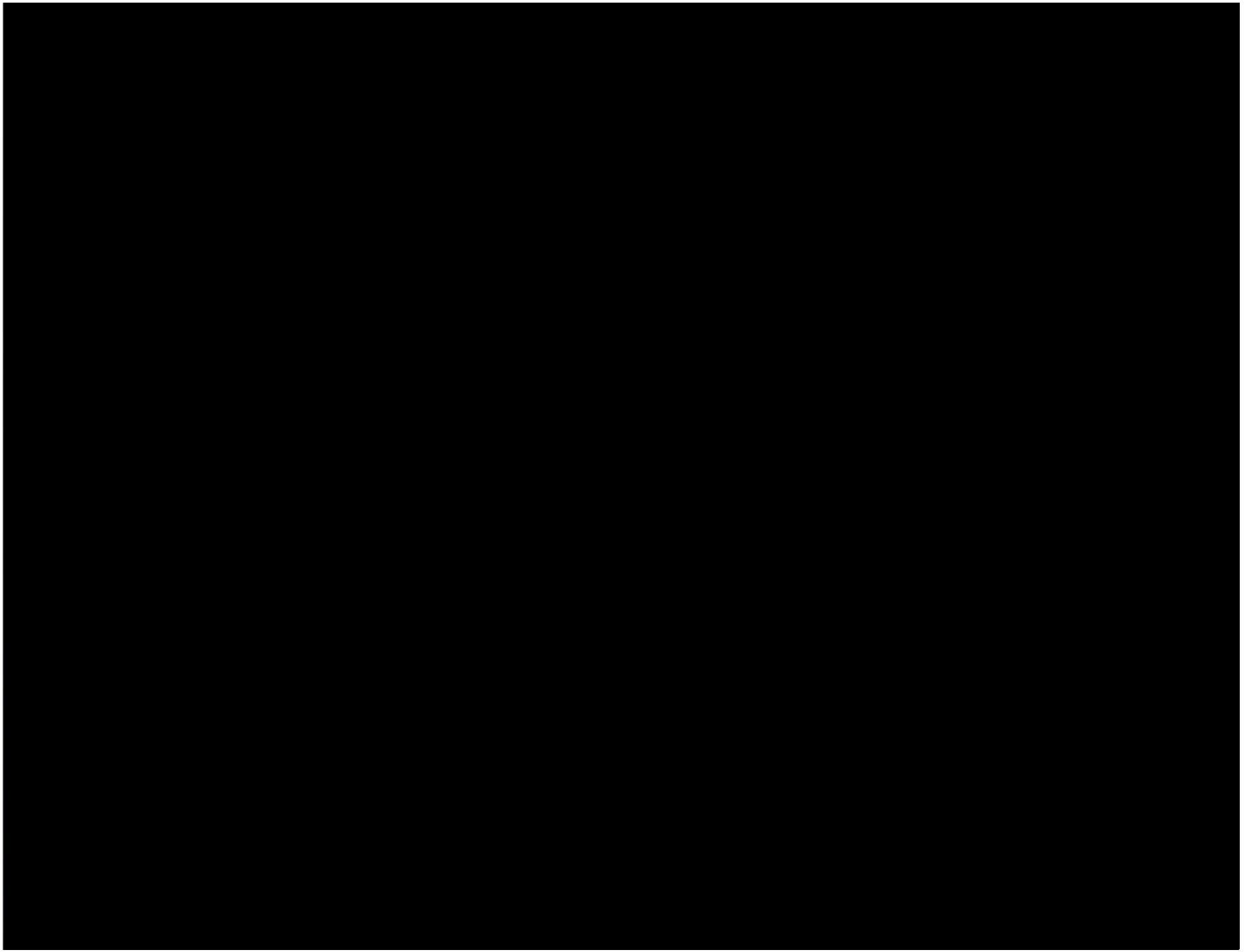


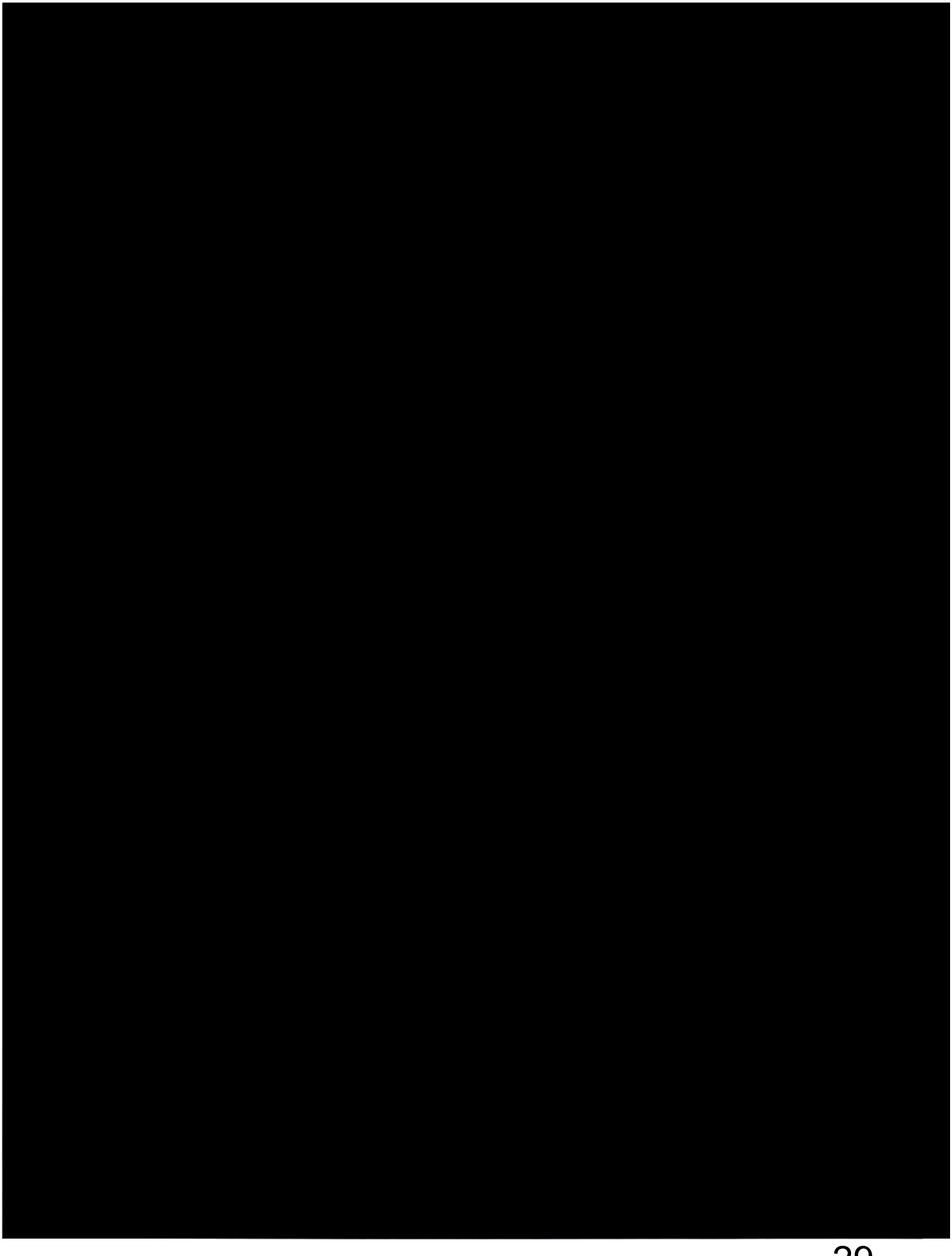


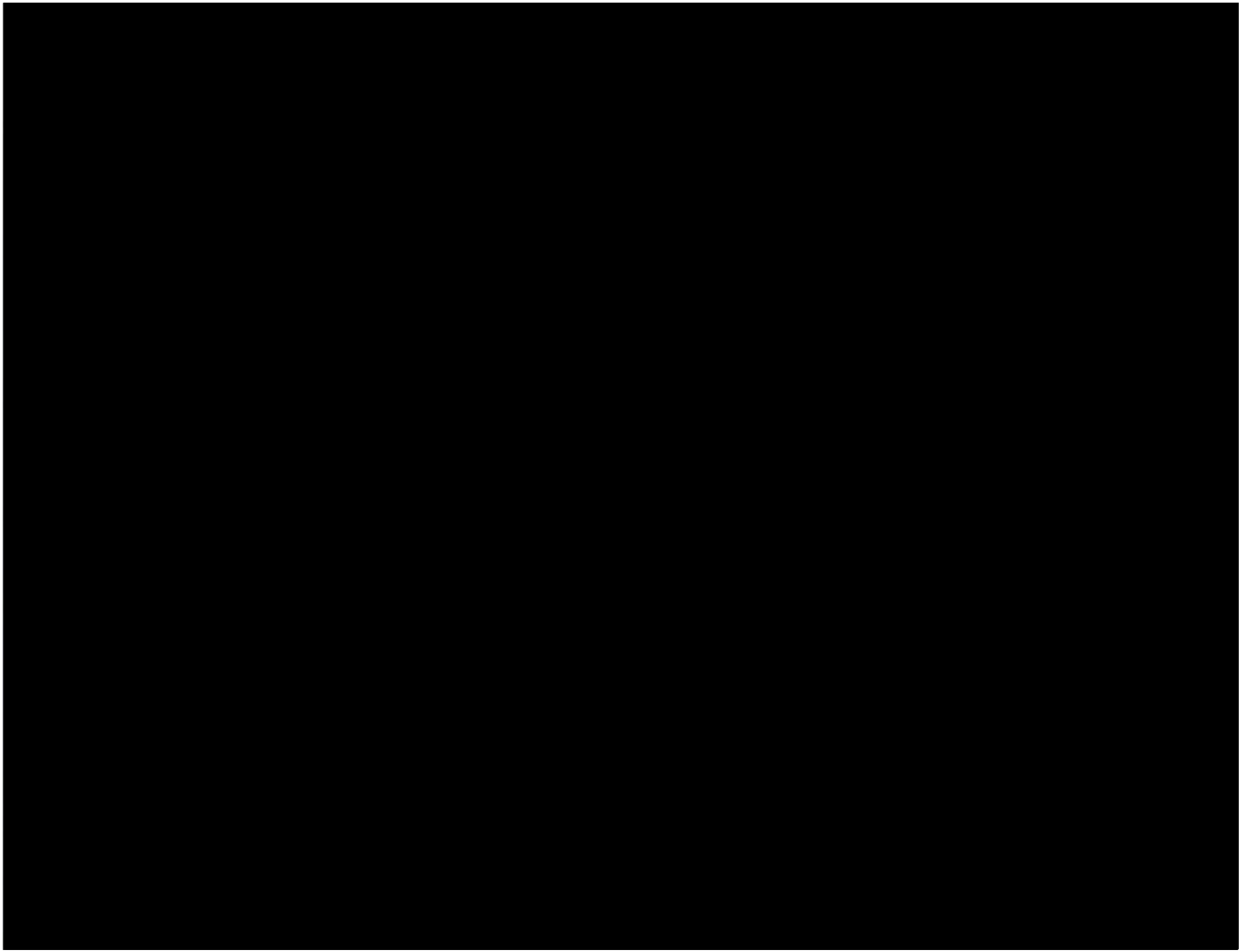


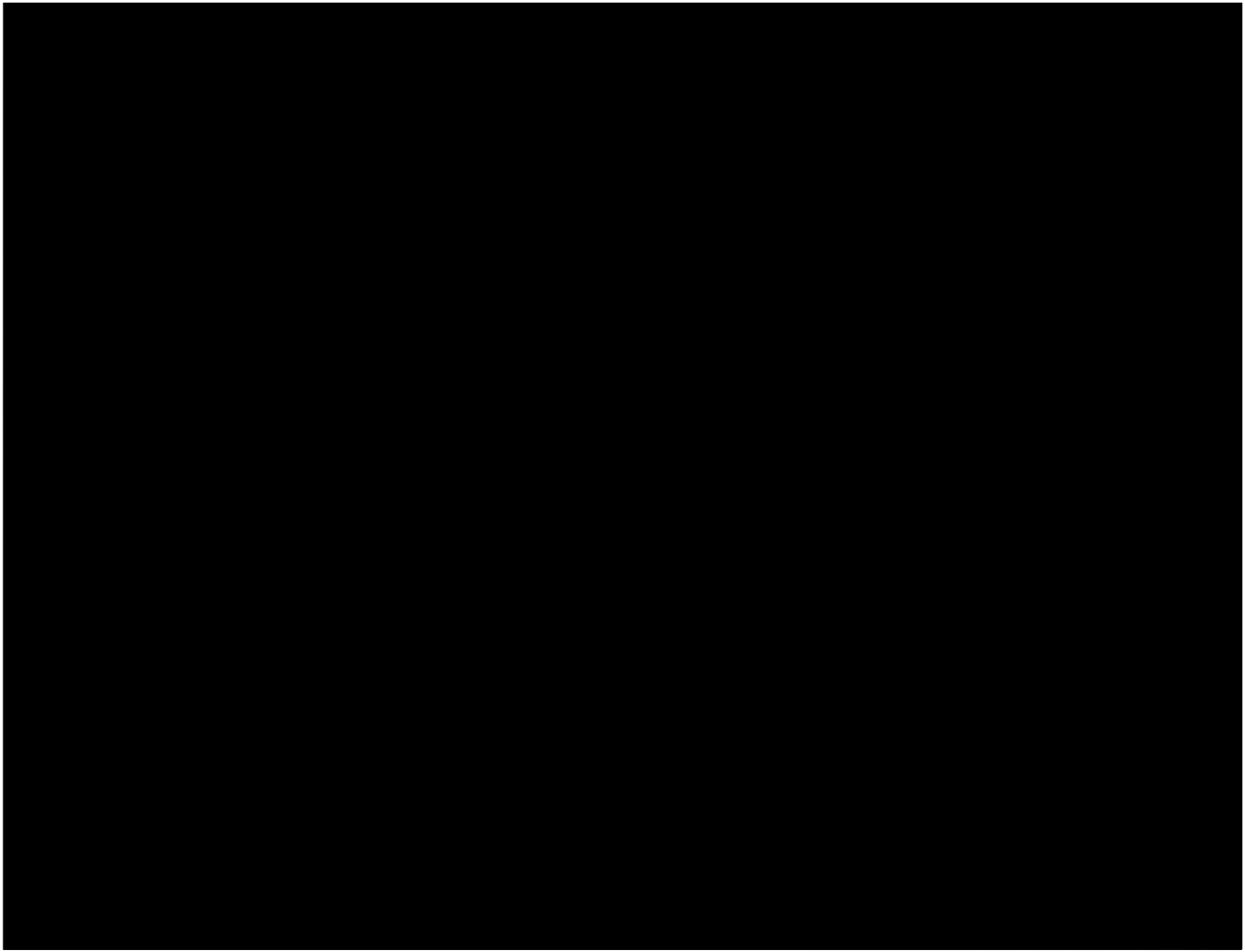


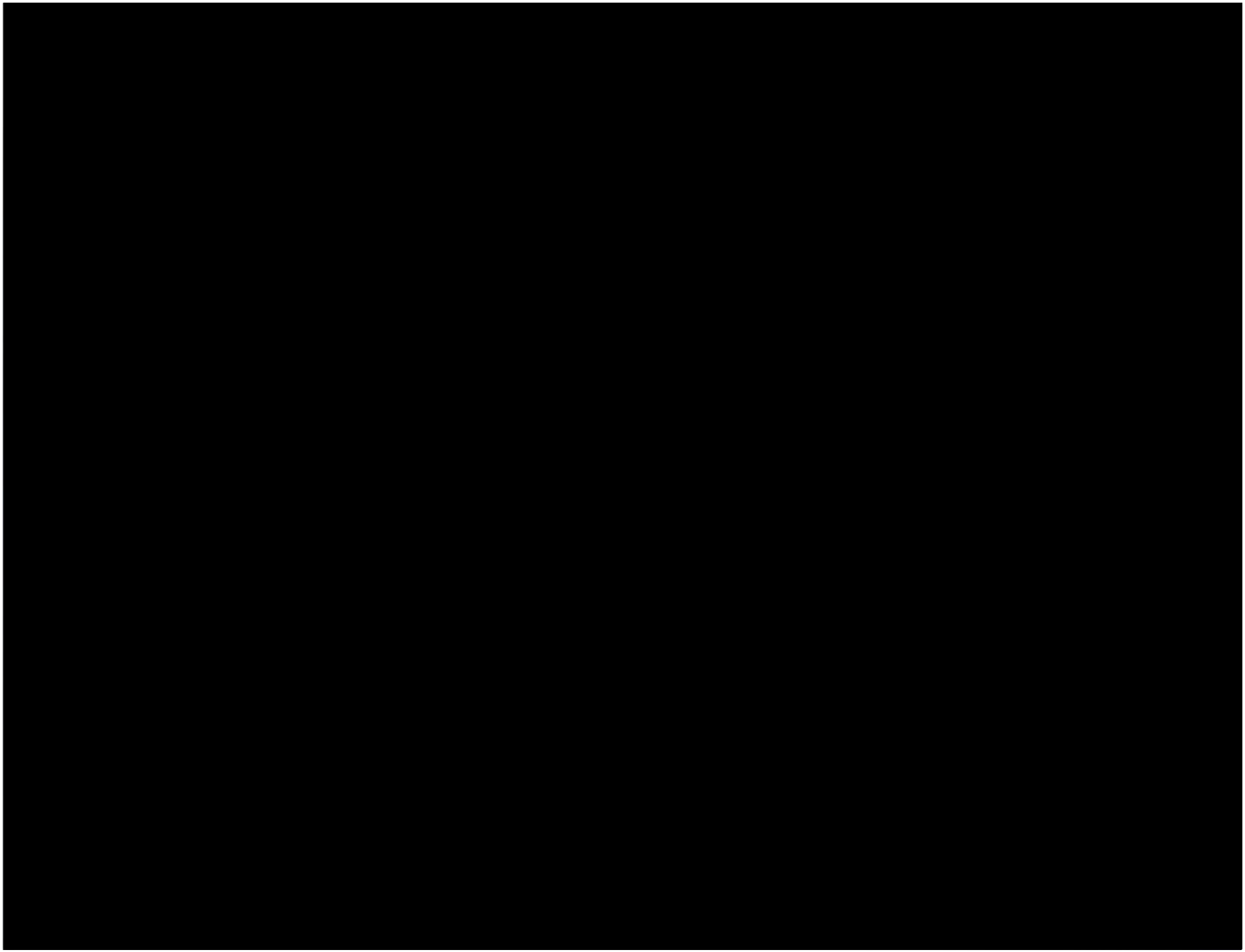


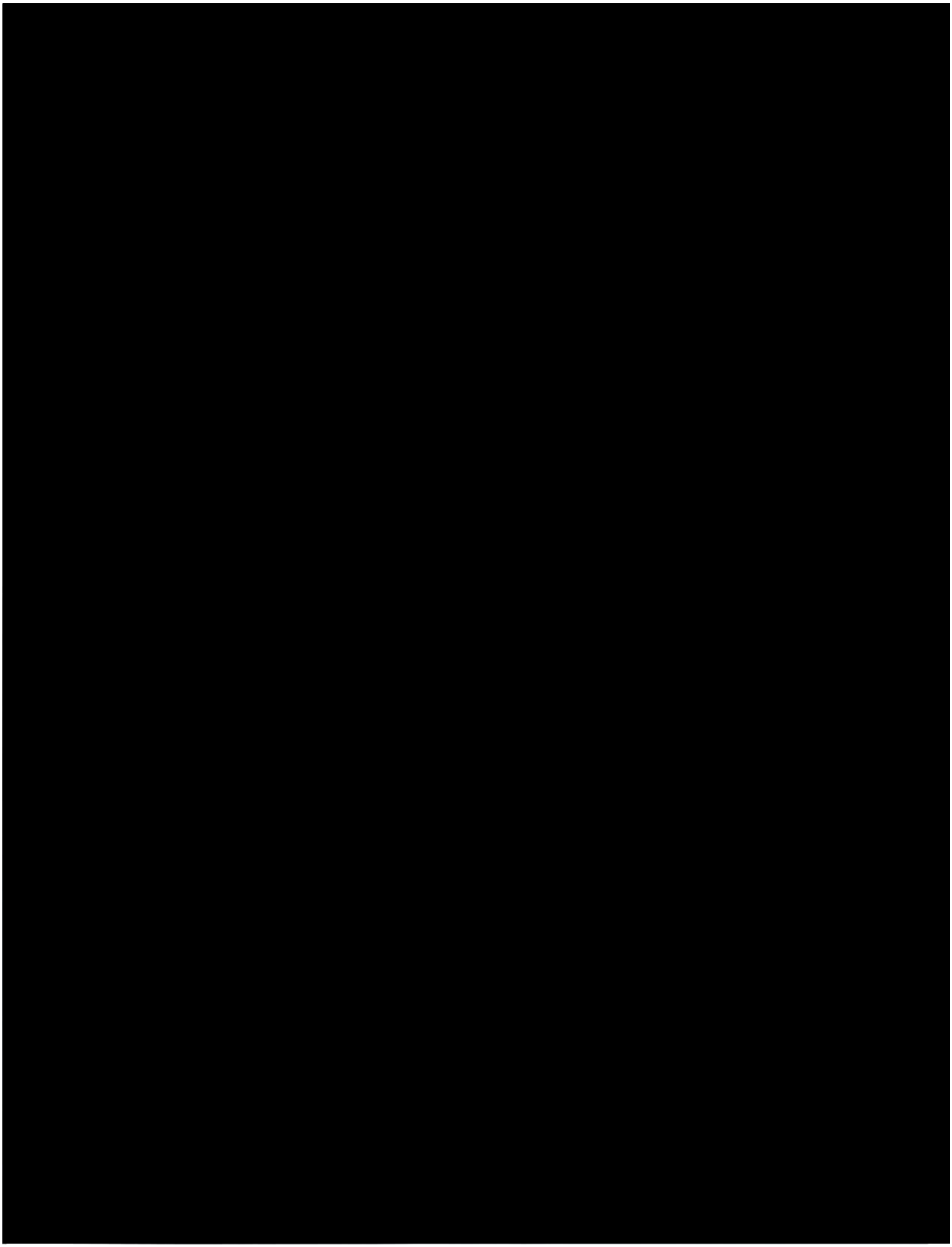


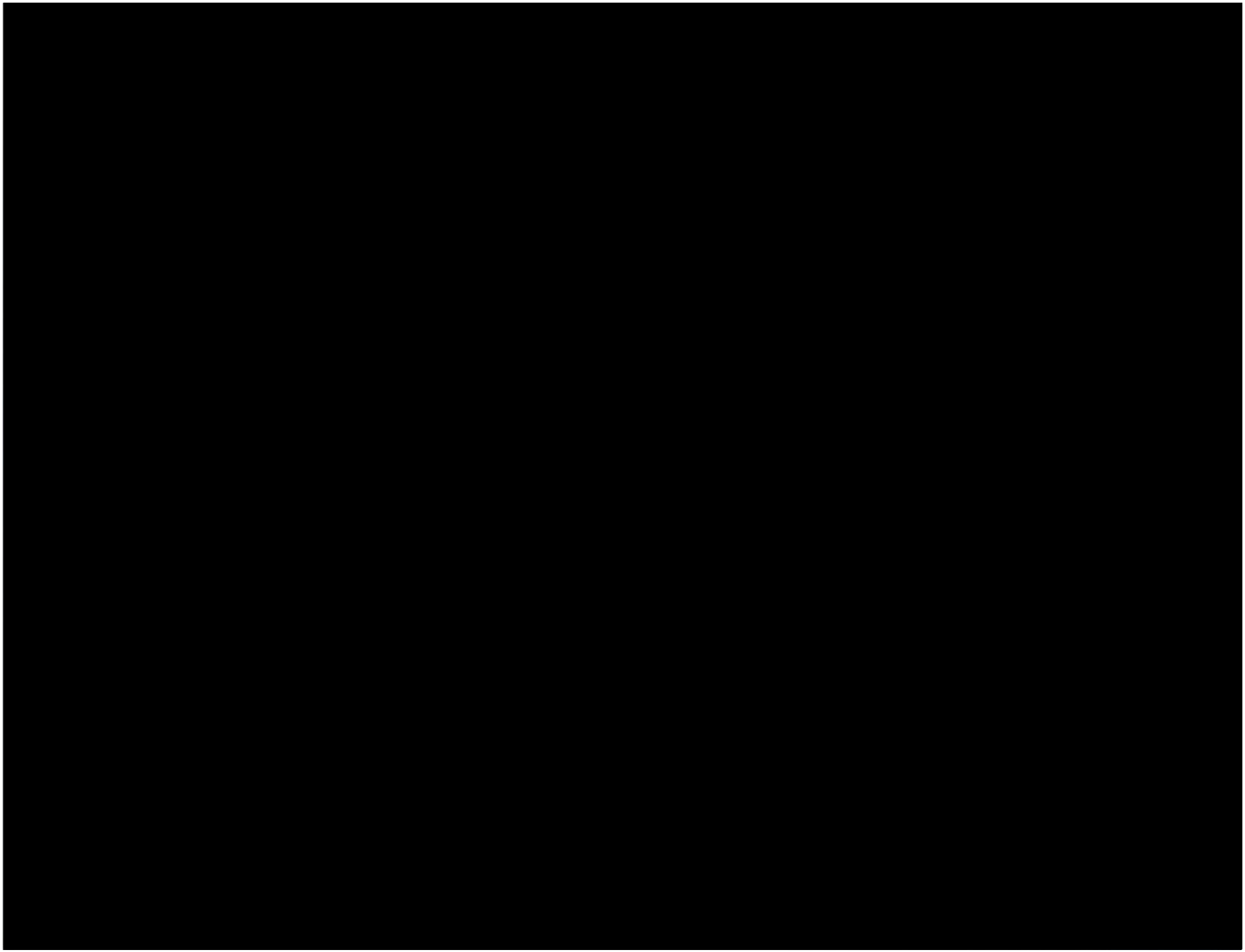


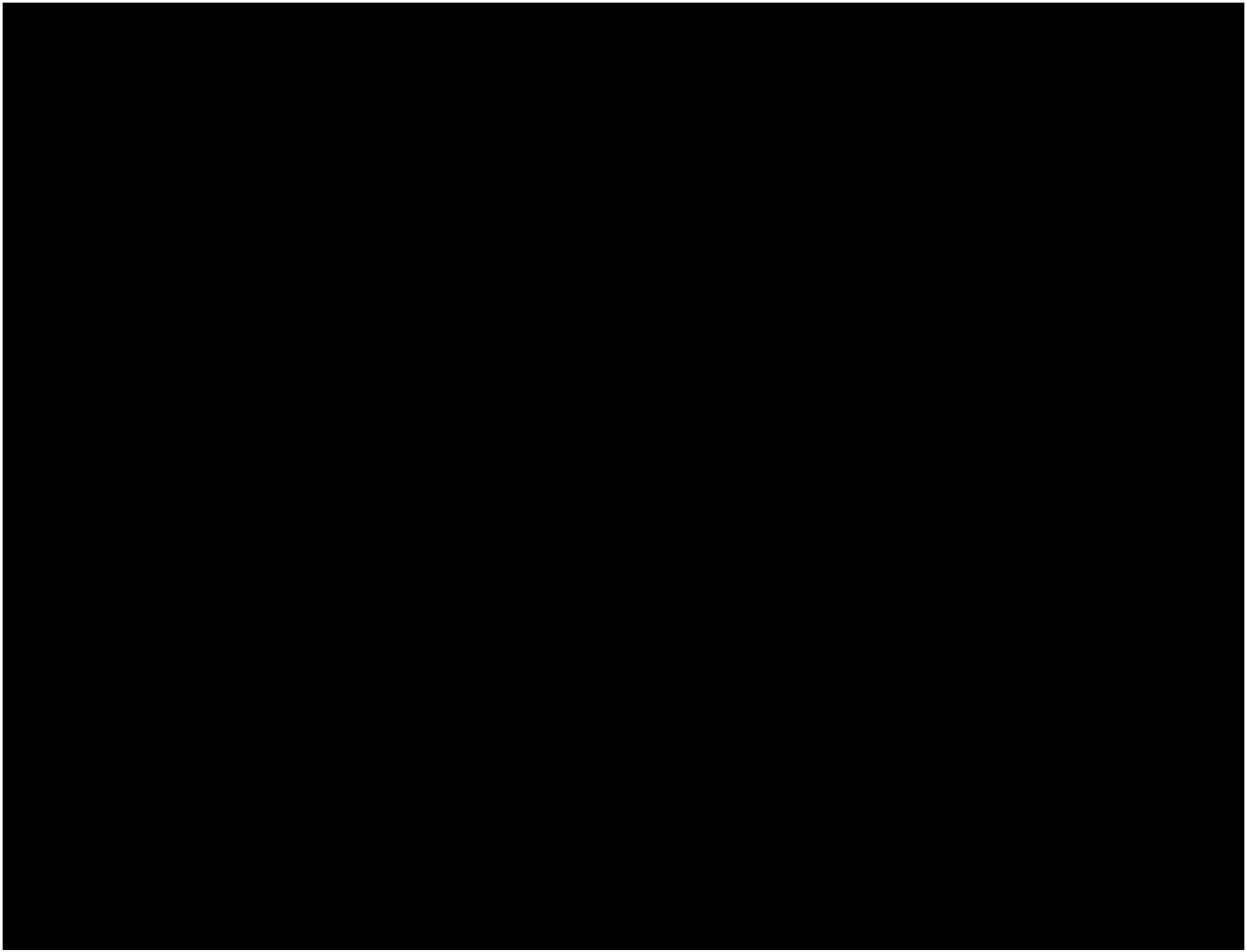


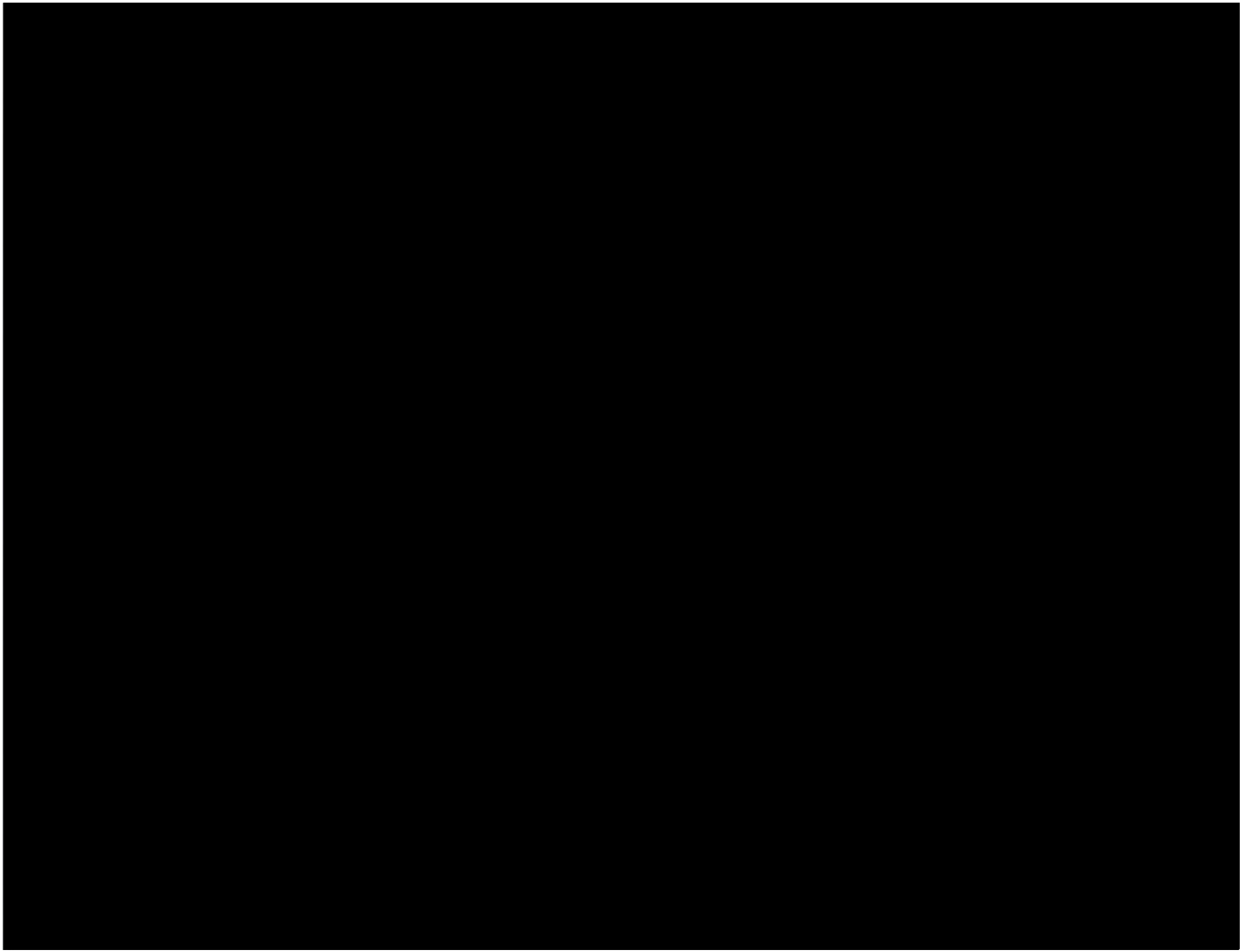


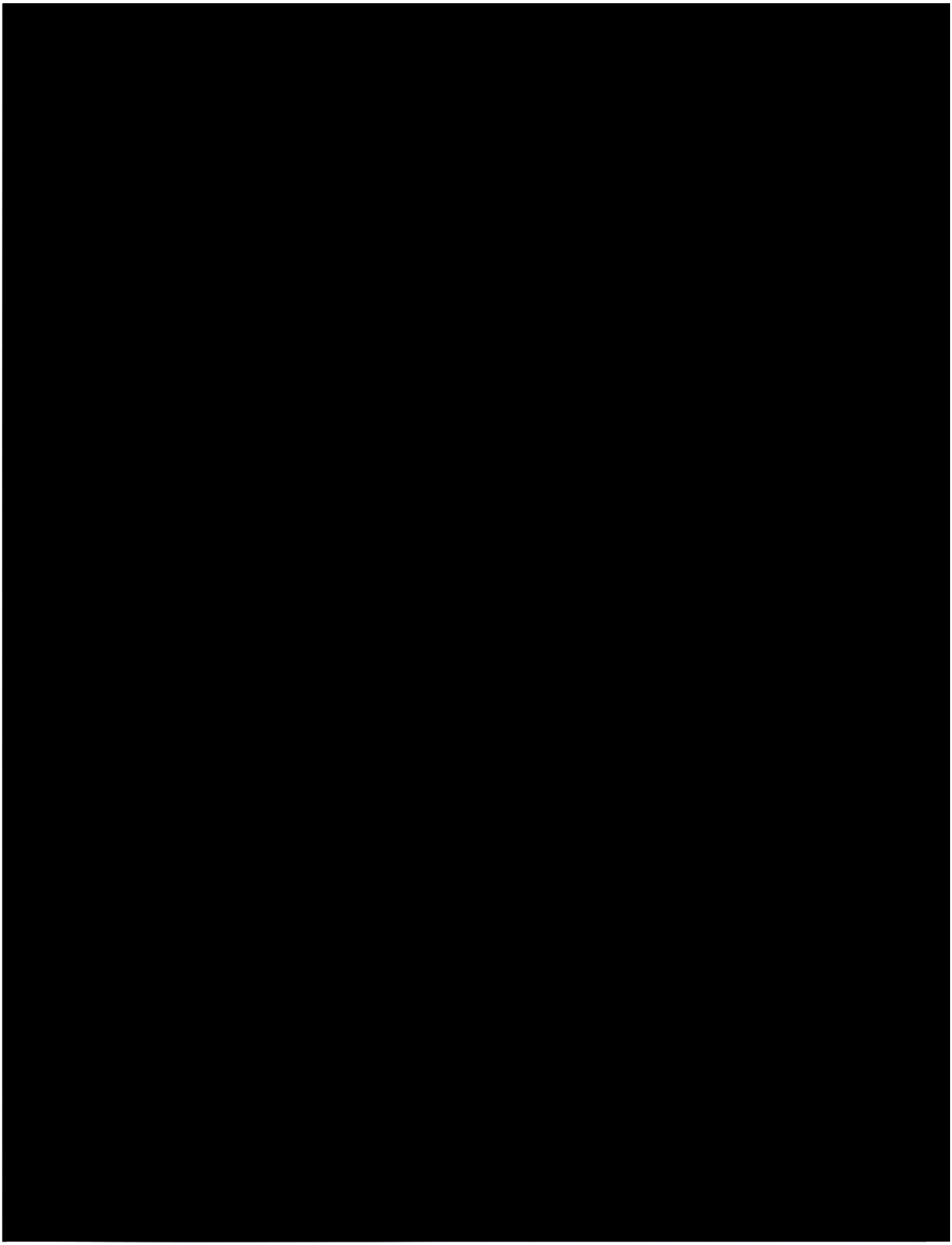


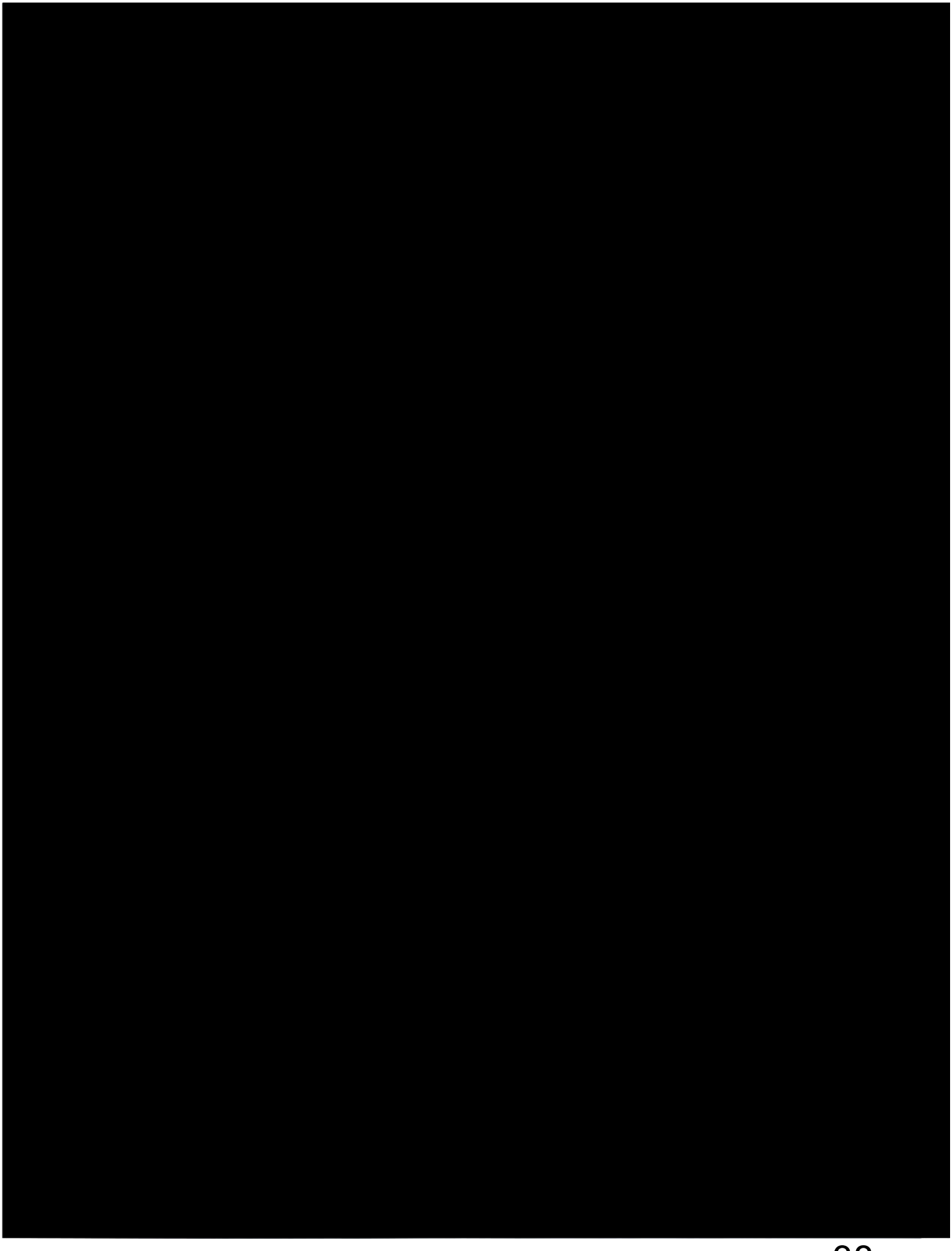


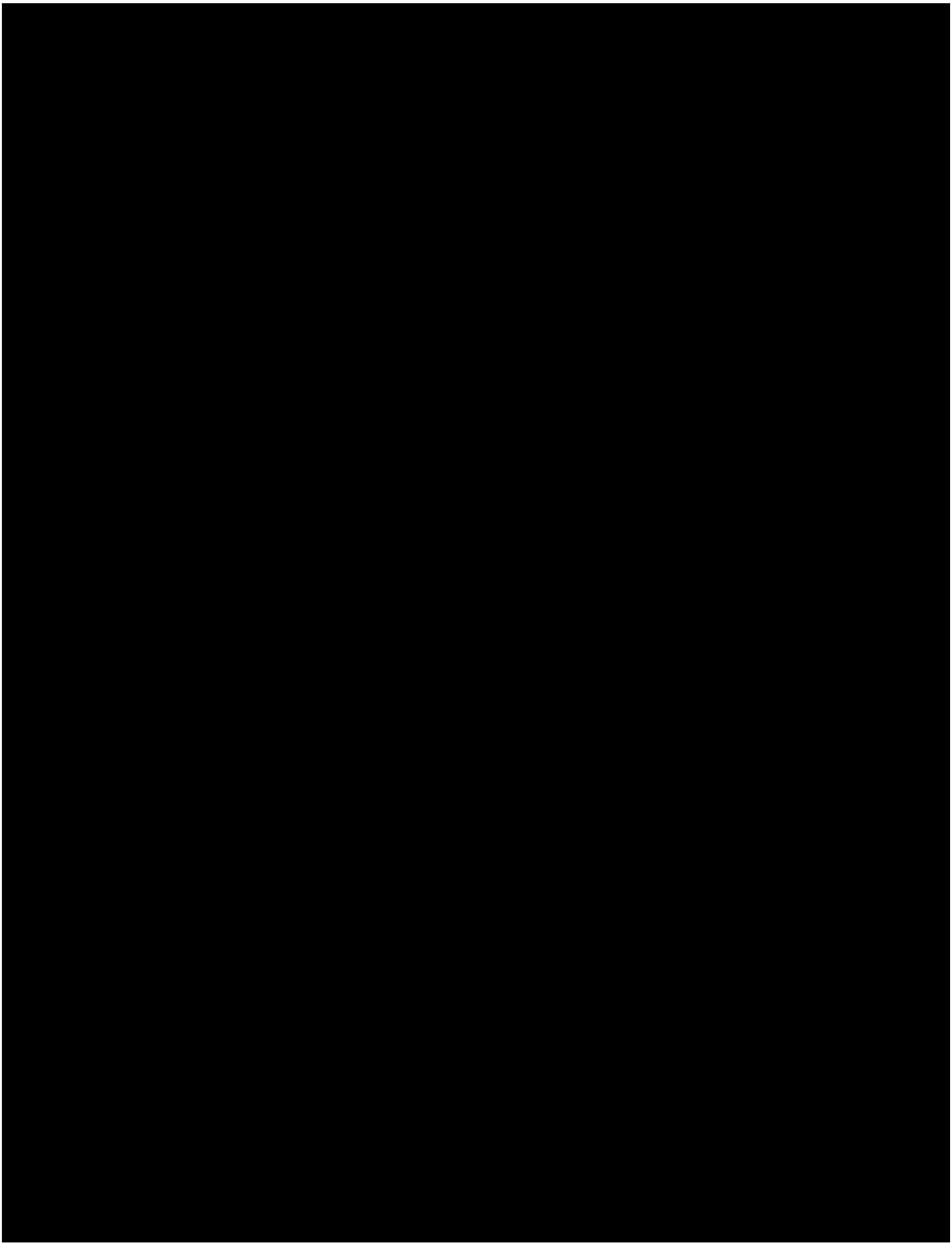


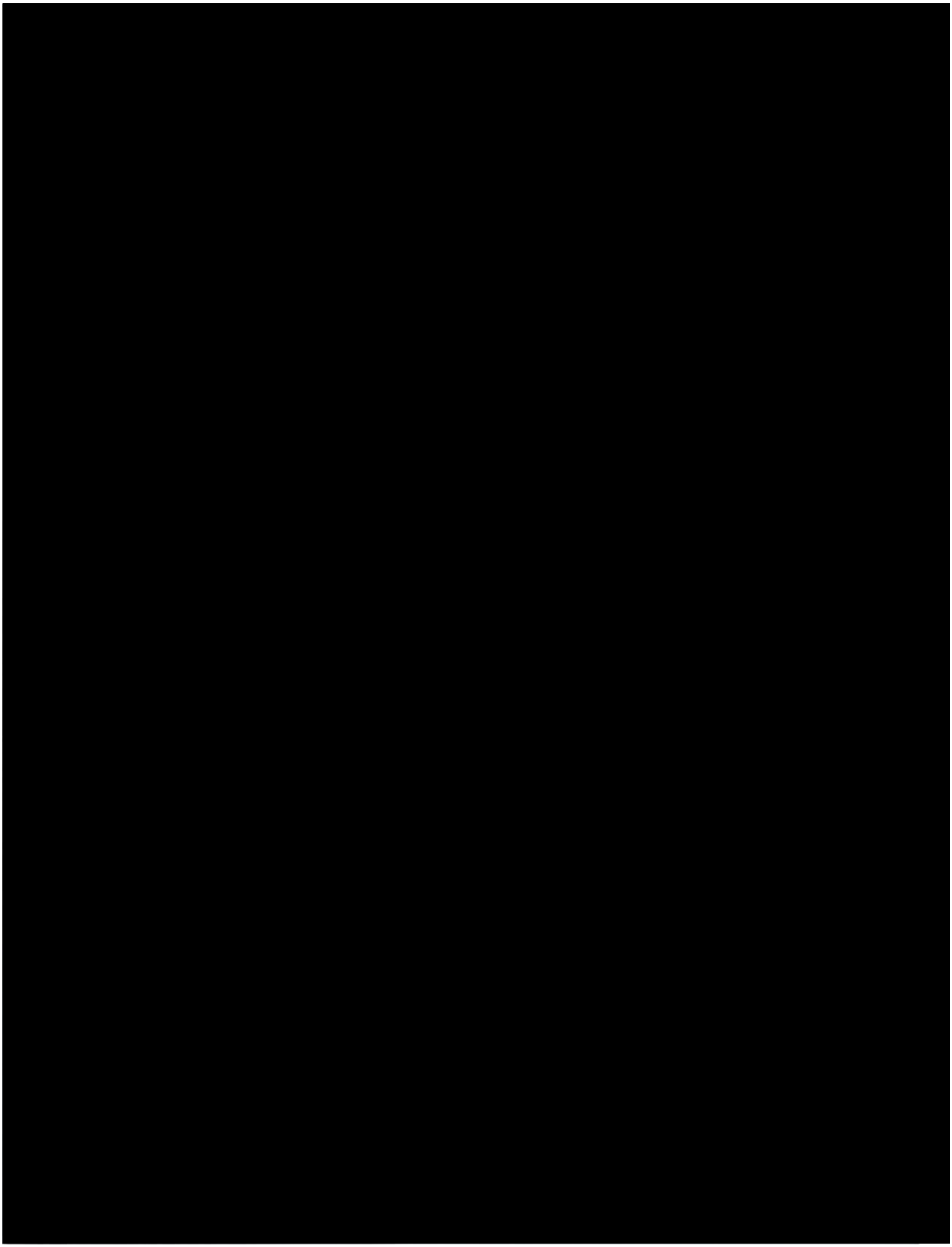


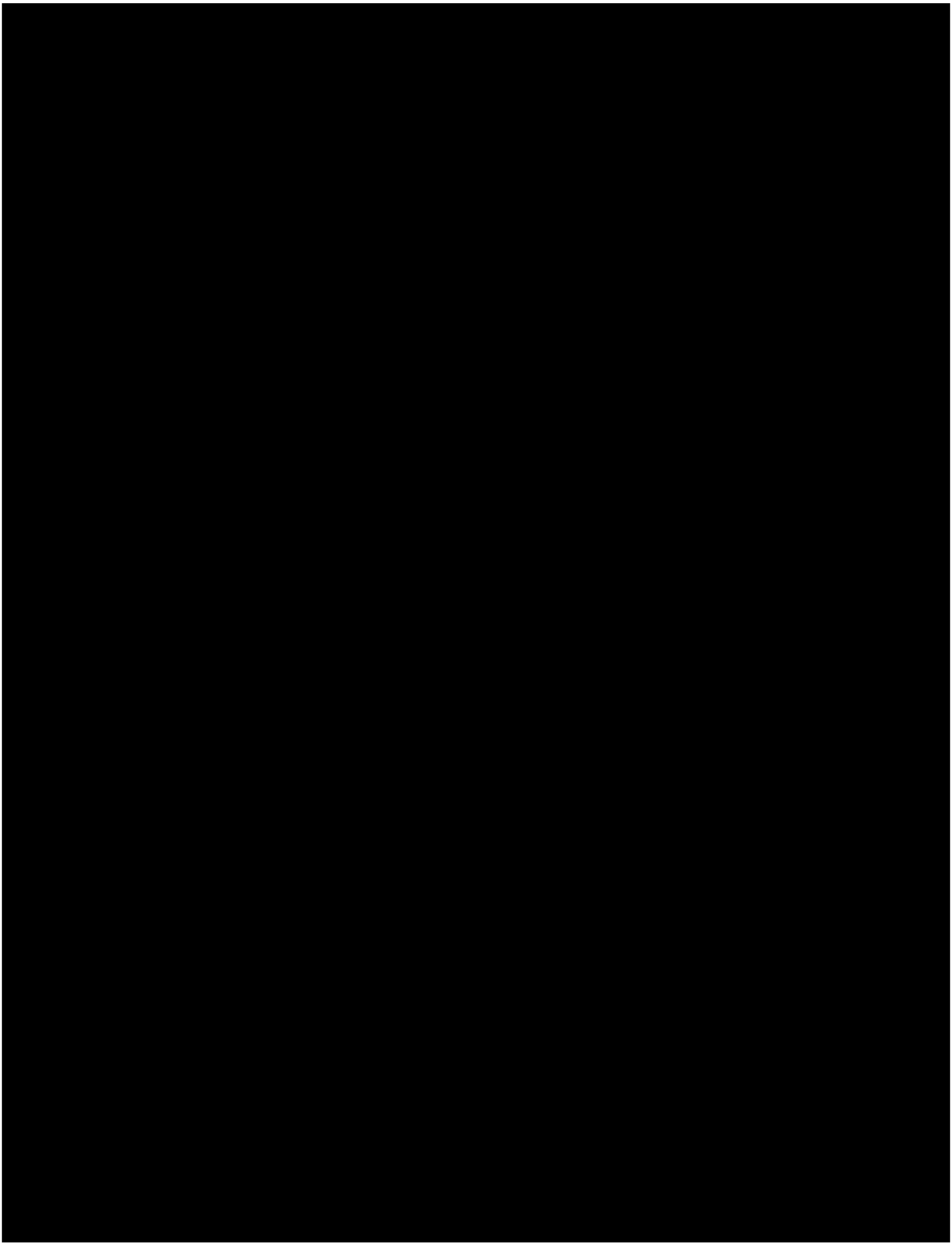


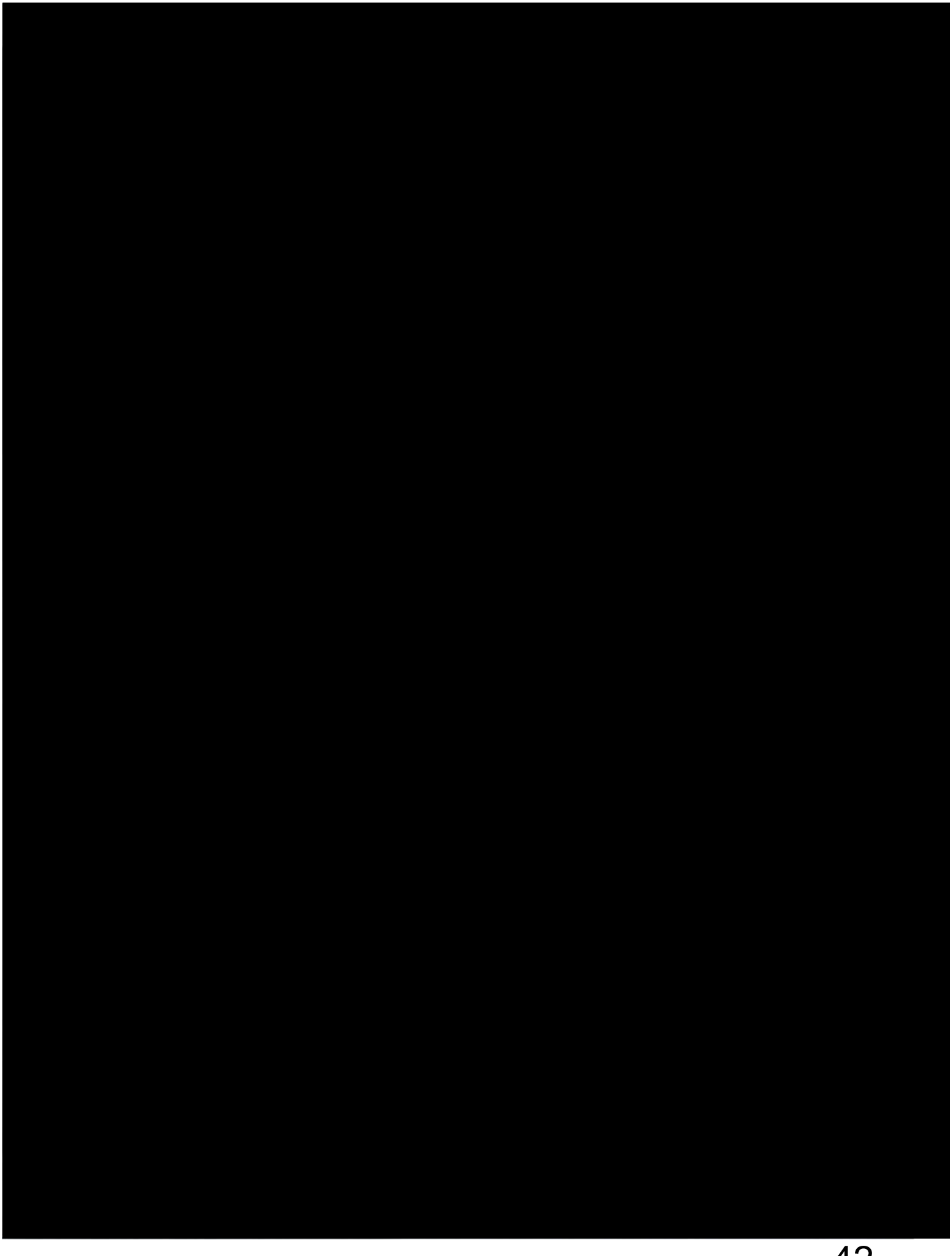


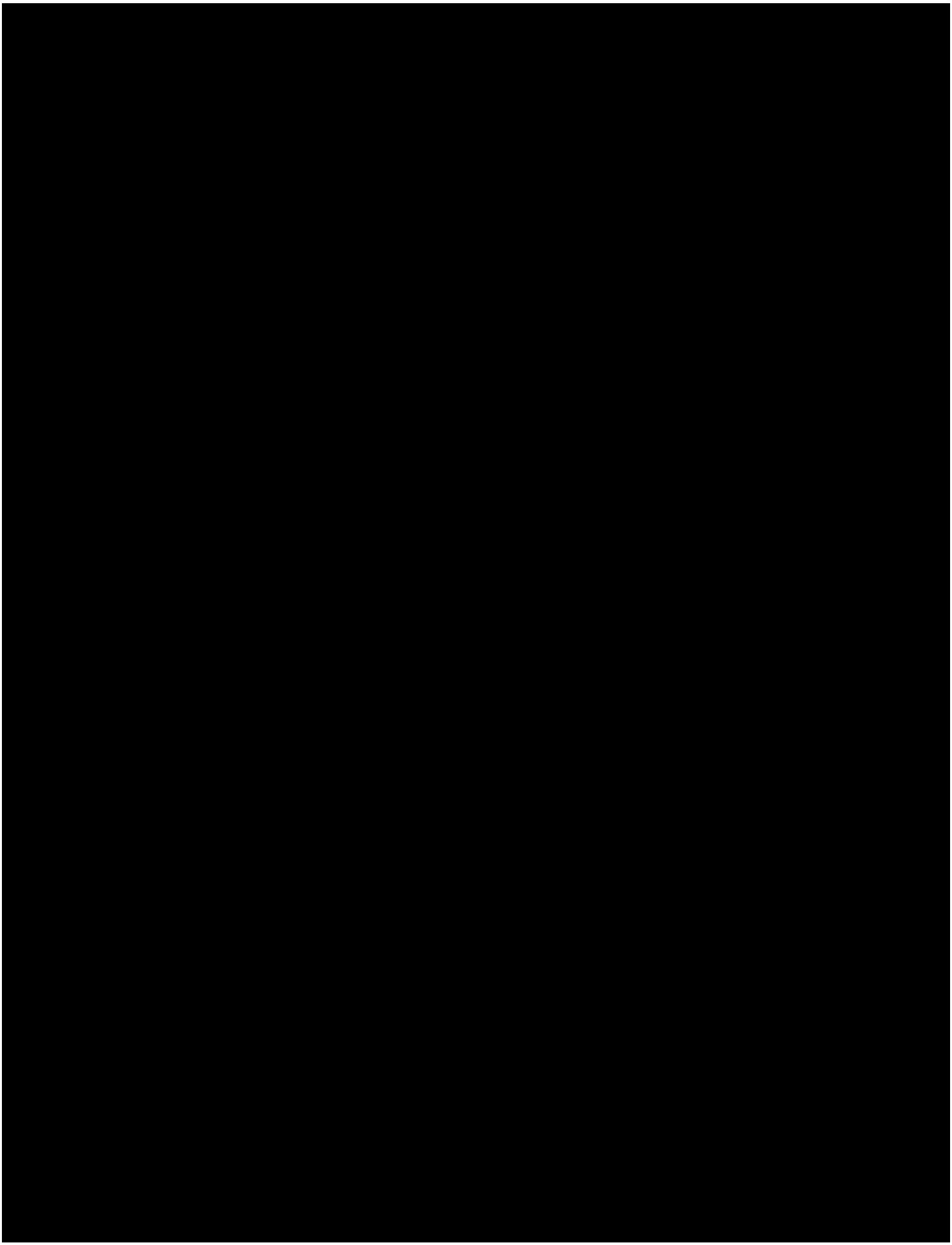


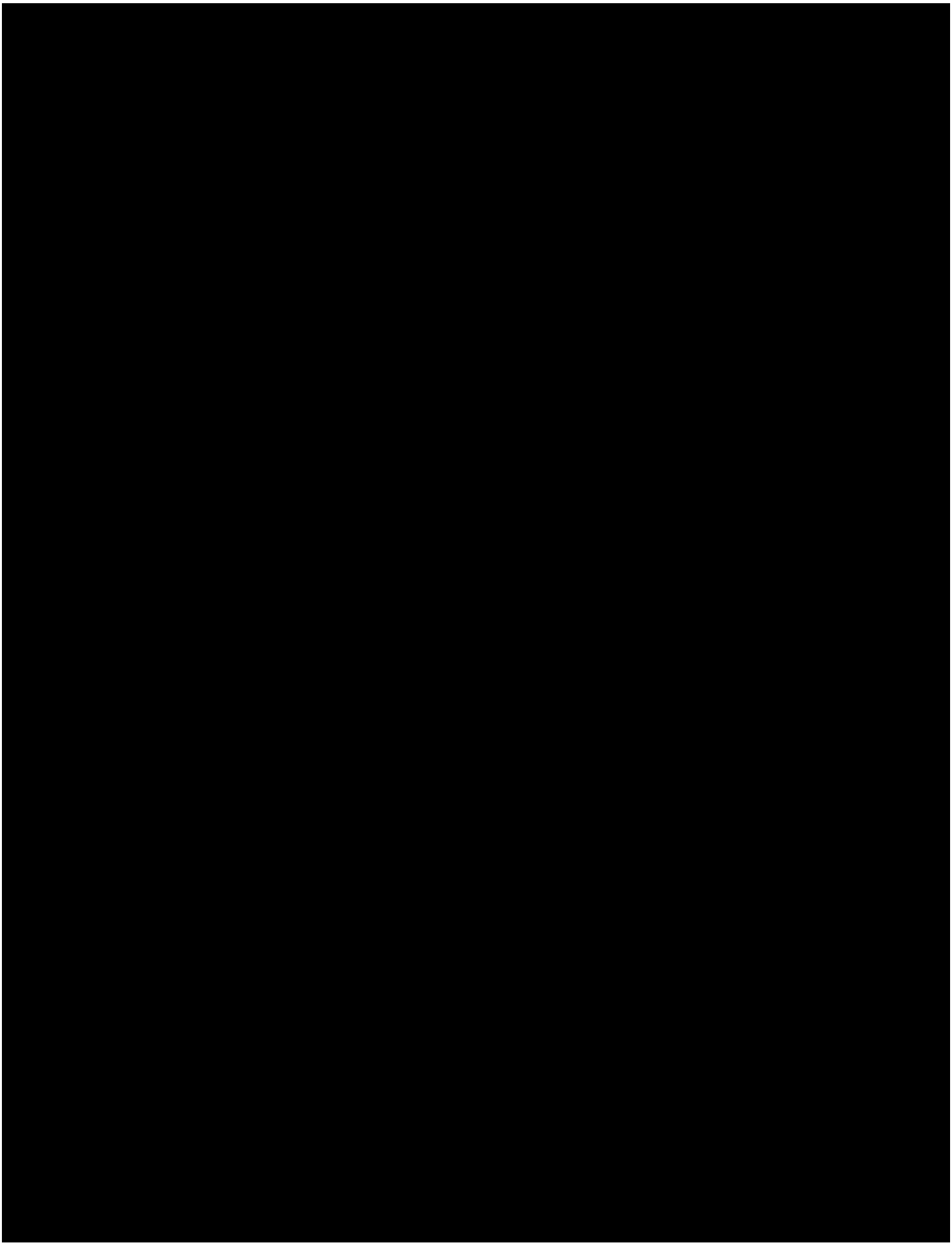


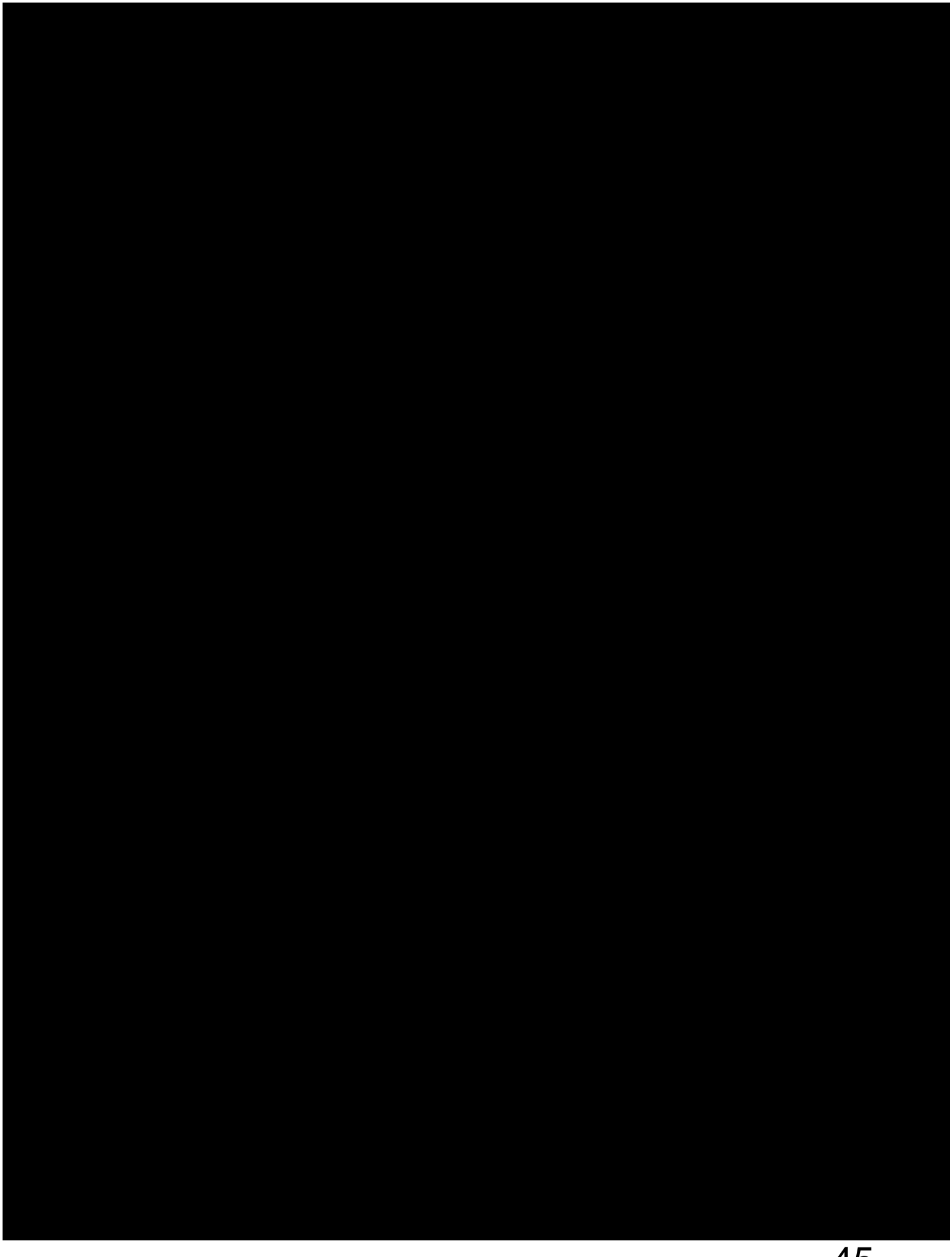


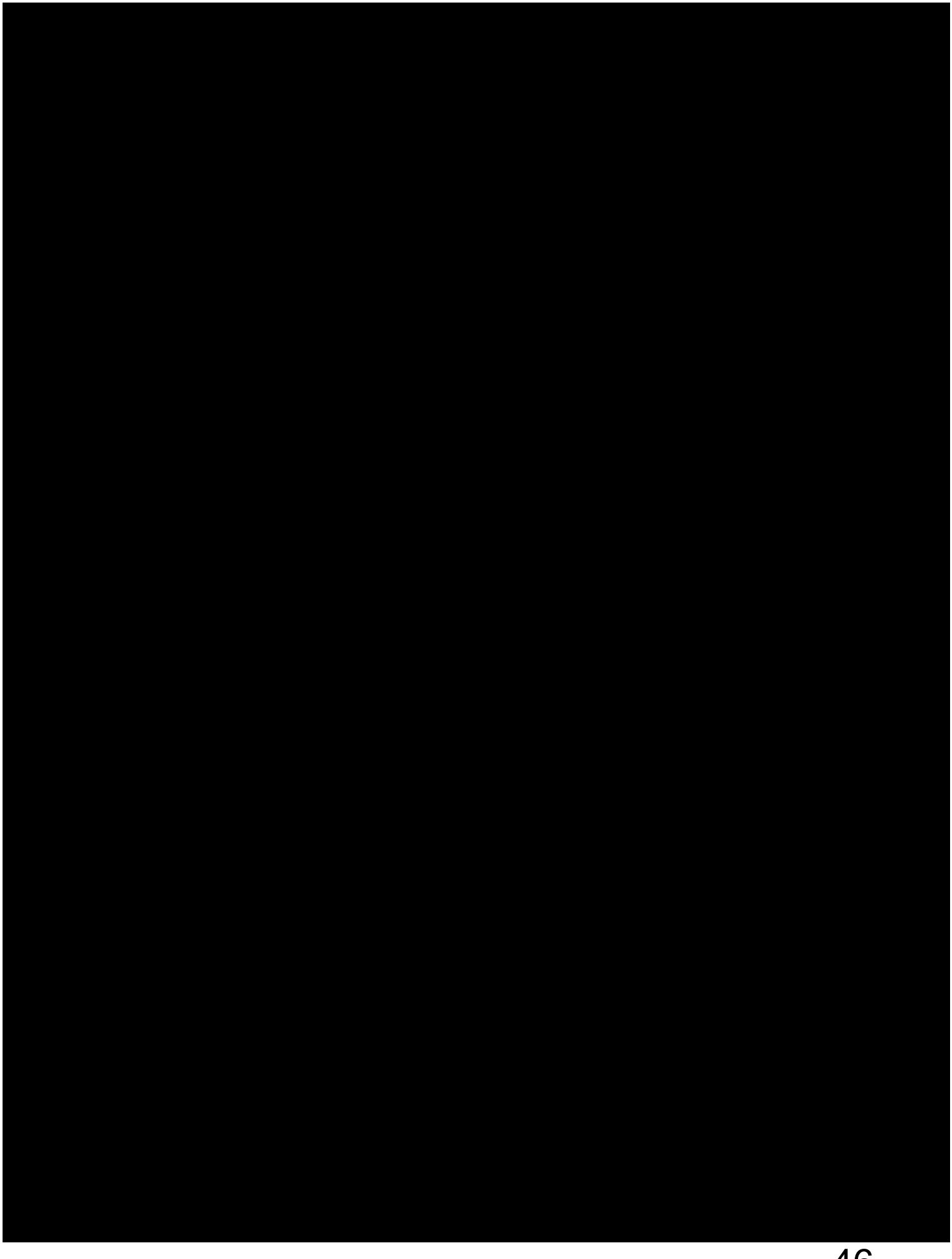


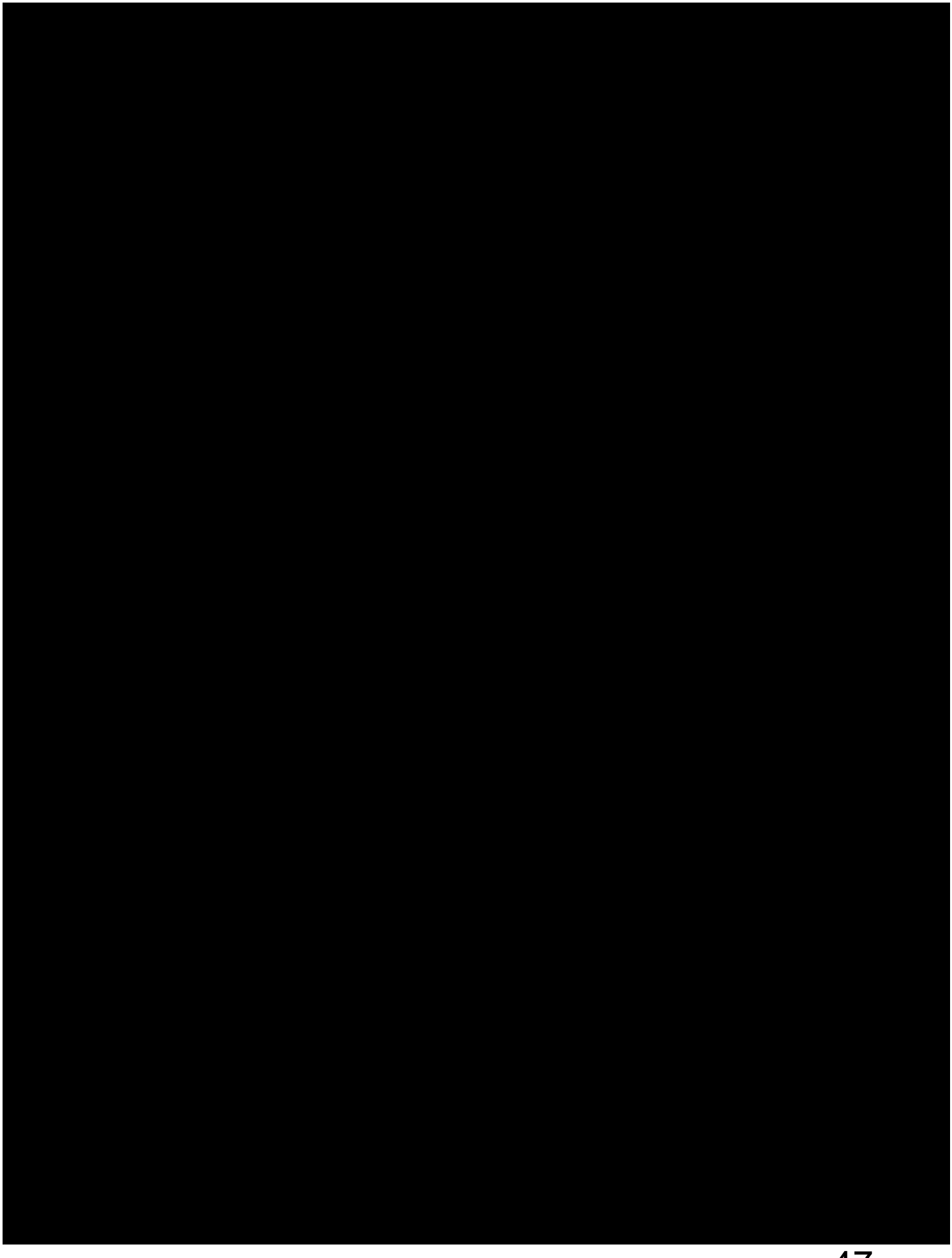












From: Kathryn Irby
To: patrick.young@bhlegal.org
Subject: INFO NEEDED: BH v. ADH, Claim No. 261308
Date: Wednesday, March 11, 2026 2:06:00 PM
Attachments: Baptist Health dba Baptist Health Medical Center - Stuttgart Claim - 261308.pdf
signature page for attorney.pdf

Patrick, thanks again for your time today.

Attached is the claim we discussed. I see now that Mr. Stubblefield's email is listed on the claim form, so I could have reached out to him via email and not bothered you, but since an attorney will need to be involved due to the dollar amount, this may end up being the most efficient route.

I'm also attaching a signature page for an attorney. That signature page and an entry of appearance (since the attorney field is blank on the claim form) is all we are missing in order to send this claim to ADH for response.

Please let me know if your office has any questions about this process.

Kathryn

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

From: Lisa Kirchner
To: Patrick Young; Kathryn Irby
Subject: RE: INFO NEEDED: BH v. ADH, Claim No. 261308
Date: Thursday, March 12, 2026 10:59:56 AM
Attachments: image001.jpg
PY Claims Commission Signature Page 03122026.pdf

You don't often get email from lisa.kirchner@bhlegal.org. Learn why this is important

EXTERNAL SENDER: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Please see the attached signature page. Please feel free to reach out if you need anything else. Thank you.

Lisa Kirchner
Paralegal – Legal Assistant
Legal Department

Baptist Health
9601 Baptist Health Drive
Little Rock, AR 72205
501-202-6480
Lisa.Kirchner@bhlegal.org

From: Patrick Young [mailto:patrick.young@bhlegal.org]
Sent: Wednesday, March 11, 2026 2:16 PM
To: Kathryn Irby <Kathryn.Irby@arkansas.gov>; Lisa Kirchner <lisa.kirchner@bhlegal.org>
Subject: RE: INFO NEEDED: BH v. ADH, Claim No. 261308

Kathryn, thank you for bringing this to my attention. You are always welcome to bother me!

Lisa, please print the signature page. I will review the claim, sign the form, and you can return to Kathryn. Thanks!

Patrick

From: Kathryn Irby [mailto:Kathryn.Irby@arkansas.gov]
Sent: Wednesday, March 11, 2026 2:07 PM
To: patrick.young@bhlegal.org
Subject: INFO NEEDED: BH v. ADH, Claim No. 261308

Patrick, thanks again for your time today.

Attached is the claim we discussed. I see now that Mr. Stubblefield's email is listed on the claim form, so I could have reached out to him via email and not bothered you, but since an attorney will need to be involved due to the dollar amount, this may end up being the most efficient route.

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Kathryn

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

IMPORTANT DISCLAIMER NOTICE

The information, both of the message and any attachments, contained in this message is intended only for the use of the individual or entity to which it is addressed. This message may contain information that is privileged, confidential, and exempt from disclosure under applicable law.

If the reader of this message is not the intended recipient or an agent responsible for delivering it to an intended recipient, or has received this message in error, you are hereby notified that we do not consent to any reading, dissemination, distribution or copying of this message and any such actions are strictly prohibited. If you have received this message in error, please notify the sender immediately and destroy the transmitted information.

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 attorney 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 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.

Patrick Young
Attorney Name (must be printed legibly)

Attorney Signature

Acknowledgement

State of Arkansas

County of Pulaski

On this the 12th day of March, 2026, before me, the undersigned notary, personally appeared Patrick Young 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.

Lisa Kirchner
Signature of Notary Public

[Seal of Office]

LISA KIRCHNER NOTARY PUBLIC #12702249 Expires 09-2027 PULASKI COUNTY, ARKANSAS

My Commission expires: 9/20/27

From: Kathryn Irby on behalf of ASCC New Claims
To: Reginald Rogers
Cc: Kathryn Irby; ASCC New Claims
Subject: NEW CLAIM: Baptist Health v. ADH, Claim No. 261308
Date: Thursday, March 12, 2026 1:27:00 PM

Mr. Rogers:

Please confirm **receipt and download** of the above-referenced claim file, which is being transmitted to your agency through the below Dropbox link. The agency may file its response to this claim electronically by sending it to asccpleadings@arkansas.gov, with a copy to the claimant pursuant to the Arkansas Rules of Civil Procedure.

https://www.dropbox.com/scl/fo/f0wtz1z7kk193pgua9g1f/AIaDdE5CP74Dd6EQqatLVXU?rlkey=hjkefc0kc1tiyzl4abzg2ix5f&st=3kuz99zg&dl=0

Please contact me with any questions.

Thanks,
Kathryn Irby

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

Kathryn Irby

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

From: Kathryn Irby
To: "Lisa Kirchner"; Patrick Young
Subject: CLAIM SENT: BH v. ADH, Claim No. 261308
Date: Thursday, March 12, 2026 1:28:00 PM
Attachments: Baptist Health v. ADH, 261308-- letter to agency.pdf
image001.jpg

Patrick, attached is a copy of the cover letter sent with the claim documents to ADH. When ADH's counsel files a response, it will send you a copy.

Let me know if you have any questions about the claim process.

Kathryn

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

From: Lisa Kirchner <lisa.kirchner@bhlegal.org>
Sent: Thursday, March 12, 2026 11:00 AM
To: Patrick Young <patrick.young@bhlegal.org>; Kathryn Irby <Kathryn.Irby@arkansas.gov>
Subject: RE: INFO NEEDED: BH v. ADH, Claim No. 261308

You don't often get email from lisa.kirchner@bhlegal.org. Learn why this is important

EXTERNAL SENDER: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Please see the attached signature page. Please feel free to reach out if you need anything else. Thank you.

Lisa Kirchner
Paralegal – Legal Assistant
Legal Department

Baptist Health
9601 Baptist Health Drive
Little Rock, AR 72205
501-202-6480
Lisa.Kirchner@bhlegal.org

From: Patrick Young [mailto:patrick.young@bhlegal.org]
Sent: Wednesday, March 11, 2026 2:16 PM
To: Kathryn Irby <Kathryn.Irby@arkansas.gov>; Lisa Kirchner <lisa.kirchner@bhlegal.org>
Subject: RE: INFO NEEDED: BH v. ADH, Claim No. 261308

Kathryn, thank you for bringing this to my attention. You are always welcome to bother me!

Lisa, please print the signature page. I will review the claim, sign the form, and you can return to Kathryn. Thanks!

Patrick

From: Kathryn Irby [mailto:Kathryn.Irby@arkansas.gov]
Sent: Wednesday, March 11, 2026 2:07 PM
To: patrick.young@bhlegal.org
Subject: INFO NEEDED: BH v. ADH, Claim No. 261308

Patrick, thanks again for your time today.

Attached is the claim we discussed. I see now that Mr. Stubblefield's email is listed on the claim form, so I could have reached out to him via email and not bothered you, but since an attorney will need to be involved due to the dollar amount, this may end up being the most efficient route.

I'm also attaching a signature page for an attorney. That signature page and an entry of appearance (since the attorney field is blank on the claim form) is all we are missing in order to send this claim to ADH for response.

Please let me know if your office has any questions about this process.

Kathryn

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

IMPORTANT DISCLAIMER NOTICE

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ARKANSAS STATE CLAIMS COMMISSION

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

KATHRYN IRBY
DIRECTOR

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

March 12, 2026

Mr. Reginald Rogers (*via email*)
Arkansas Department of Health
4815 West Markham Street
Little Rock, Arkansas 72205

RE: ***Baptist Health d/b/a Baptist Health Med. Ctr.–Stuttgart v. Ark. Dept. of Health***
Claim No. 261308

Dear Mr. Rogers,

Enclosed please find a copy of the above-styled claim filed against the Arkansas Department of Health. Pursuant to the Arkansas Rules of Civil Procedure, as well as Claims Commission Rule 2.2, you have **thirty days from the date of service** in which to file a responsive pleading.

Your responsive pleading should include your agency number, fund code, appropriation code, cost center, and activity/section/unit/element that this claim should be charged against, if liability is admitted, or if the Claims Commission approves this claim for payment. This information is necessary even if your agency denies liability.

Sincerely,

Kathryn Irby

ES: kmirby

cc: Patrick Young, *counsel for Claimant* (w/o encl.) (*via email*)

Note to Claimant or Claimant's counsel: The Claims Commission copied you on this correspondence to provide you with confirmation that your claim has been processed and served upon the respondent agency.

From: Reginald Rogers
To: ASCC New Claims; Kathryn Irby
Cc: S.Craig Smith; Charles Thompson; Chuck Hardin; Brian Nichols; Deborah Reagan; Karla Lock; Tressa Williams
Subject: FW: NEW CLAIM: Baptist Health v. ADH, Claim No. 261308 Confirmation
Date: Thursday, March 12, 2026 5:37:11 PM
Attachments: image928594.png
image691090.png
Baptist Health v. ADH, 261308-- letter to agency (1).pdf
Claim No. 261308.pdf

Kathryn: Please ignore the previous confirmation and download . Thanks!

Reginald Rogers
Chief Legal Counsel I
Office of Administration - Legal | ADH
e: Reginald.Rogers@arkansas.gov
t: 501-661-2609

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From: Reginald Rogers <Reginald.Rogers@arkansas.gov>
Sent: Thursday, March 12, 2026 5:31 PM
To: ASCC New Claims <ASCC.New.Claims@arkansas.gov>; Kathryn Irby <Kathryn.Irby@arkansas.gov>
Cc: S.Craig Smith <Stephan.Smith@arkansas.gov>; Charles Thompson <Charles.Thompson@arkansas.gov>; Chuck Hardin <Chuck.Hardin@arkansas.gov>; Brian Nichols <Brian.Nichols@arkansas.gov>; Deborah Reagan <Deborah.Reagan@arkansas.gov>; Karla Lock <Karla.A.Lock@arkansas.gov>; Tressa Williams <Tressa.Williams@arkansas.gov>
Subject: RE: NEW CLAIM: Baptist Health v. ADH, Claim No. 261308

This is to confirm receipt and download of the above-styled claim from Baptist Health. Thank you.

Reginald Rogers
Chief Legal Counsel I
Office of Administration - Legal | ADH
e: Reginald.Rogers@arkansas.gov
t: 501-661-2609

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review, use, retention, dissemination, distribution, copying, printing, or reliance on this communication is STRICTLY PROHIBITED and may be unlawful. The sender does not waive any applicable privilege by the transmission of this message. If you have received this communication in error, please notify the sender immediately by reply email and permanently delete all copies of this message and any attachments from your system. This email and any responses to it may be subject to disclosure under the Arkansas Freedom of Information Act, Ark. Code Ann. § 25-19-101 et seq.

From: ASCC New Claims <ASCC.New.Claims@arkansas.gov>
Sent: Thursday, March 12, 2026 1:27 PM
To: Reginald Rogers <Reginald.Rogers@arkansas.gov>
Cc: Kathryn Irby <Kathryn.Irby@arkansas.gov>; ASCC New Claims <ASCC.New.Claims@arkansas.gov>
Subject: NEW CLAIM: Baptist Health v. ADH, Claim No. 261308

Mr. Rogers:

Please confirm **receipt and download** of the above-referenced claim file, which is being transmitted to your agency through the below Dropbox link. The agency may file its response to this claim electronically by sending it to asccpleadings@arkansas.gov, with a copy to the claimant pursuant to the Arkansas Rules of Civil Procedure.

https://www.dropbox.com/scl/fo/f0wtz1z7kk193pgua9g1f/AIaDdE5CP74Dd6EQqatLVXU?rlkey=hjkefc0kc1tiyzl4abzg2ix5f&st=3kuz99zg&dl=0

Please contact me with any questions.

Thanks,
Kathryn Irby

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

Kathryn Irby

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

From:	Reginald Rogers
To:	ASCC Pleadings; Kathryn Irby; greg.stubblefield@baptist-health.org
Cc:	S.Craig Smith; Charles Thompson; Chuck Hardin; Brian Nichols; Deborah Reagan; Karla Lock; Tressa Williams; Joe Martin; Geray Pickle
Subject:	Baptist Health v. ADH, Claim No. 261308 : ADH "s Answer
Date:	Thursday, April 9, 2026 2:29:38 PM
Attachments:	image009372.png Arkansas Department of Health Answer Baptist Health Stuttgart Claim No. 261308.pdf

Please find the Answer (attached above) of the Respondent Arkansas Department of Health (ADH) to Claim No. 261308. We do not contest liability for the claim. I have copied the Claimant's Representative on this email. Thank you.

Reginald Rogers
Chief Legal Counsel I
Office of Administration - Legal | ADH
e: Reginald.Rogers@arkansas.gov
t: 501-661-2609

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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

BAPTIST HEALTH d/b/a
BAPTIST HEALTH MED. CTR. - STUTTGART **CLAIMANT**

vs. **CLAIM NO. 261308**

ARKANSAS DEPARTMENT OF HEALTH **RESPONDENT**

ANSWER

Comes now Respondent, Arkansas Department of Health, in the above-styled and numbered action, and for its Answer, states as follows:

1. Respondent does not contest liability in the amount of $40,000.00
2. Applicable funding codes regarding payment of said claim are:

Agency Number: [redacted]
Fund:
Cost Center:
Fund Center Code:
Appropriation:
Program Code:
Internal Order:
Division Code:

WHEREFORE, Respondent does not oppose the claim in the amount of $40,000.00.

Respectfully submitted,

ARKANSAS DEPARTMENT OF HEALTH

By: _____

Reginald A. Rogers, AR Bar No. 85138
Chief Legal Counsel
4815 W. Markham Street, Slot 31
Little Rock, AR 72205
(501) 661-2609 – Office
(501) 661-2357 – Facsimile

CERTIFICATE OF SERVICE

I, Reginald A. Rogers, Chief Legal Counsel, certify that a copy of the foregoing document has been served via email on this 9th day of April, 2026, to the following:

Greg Stubblefield, President, Baptist Health Extended Care, Vice President, Trauma Program for Claimant, at greg.stubblefield@baptist-health.org.

Reginald A. Rogers

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

BAPTIST HEALTH DBA BAPTIST HEALTH MEDICAL CENTER-STUTTGART **CLAIMANTS**

V. **CLAIM NO. 261308**

ARKANSAS DEPARTMENT OF HEALTH **RESPONDENT**

ORDER

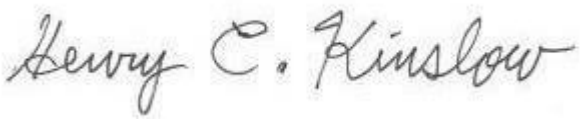
Now before the Arkansas State Claims Commission (the "Commission") is the claim filed by Baptist Health dba Baptist Health Medical Center-Stuttgart (the "Claimant") against the Arkansas Department of Health (the "Respondent") for an unpaid bill in the amount of $40,000.00.

Respondent filed an answer on April 9, 2026, recommending payment in the amount of $40,000.00.

The Commission unanimously allows this claim in the amount of $40,000.00 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

ARKANSAS STATE CLAIMS COMMISSION
Paul Morris, chair

DATE: May 8, 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).