



Insurance | Risk Management | Consulting

1000 Center Parkway, Suite 100  
Little Rock, AR  
72202

501-664-7708  
www.ajg.com

September 23, 2025

Laura Hammett,  
16 Gold Lake Club Road  
Conway, Arkansas 72032

RE: Sean Lynn  
Our File: 177427  
Insured: The Individual Named Health Care Providers of UAMS  
DOI: January 13, 2024

Dear Mrs. Hammett:

I am writing in response to your September 19, 2025, telephone conversation with Jessica Dietrich. While Jessica and I are co-workers, she does not have any responsibilities related to claim or litigation management. As such, she will not be able to assist you or Sean with this matter moving forward. Please direct all future communications regarding this matter to my attention.

A.J. Gallagher Risk Management Services LLC, doing business as Risk Management Resources, serves as the third-party administrator (TPA) for The Individual Named Health Care Providers of UAMS and their professional liability carrier, The Doctors Company (TDC). Our role is limited to reviewing and investigating claims, hiring defense counsel, and engaging in settlement discussions on behalf of TDC and the Individual Named Health Care Providers of UAMS insured by TDC. Neither our involvement nor TDC's policy extends to claims or litigation involving UAMS as an institution.

Based on the information provided, the claims you and Sean have filed with the Claims Commission appear to pertain to Sean Lynn's medical care at UAMS in January 2024. I understand that you are seeking compensation for the alleged negligence by UAMS in Sean's medical care. However, I must clarify that our office and The Doctors Company are not involved in, nor will we participate in, any proceedings before the Claims Commission, including the hearing scheduled for November 7, 2025.

While I understand and acknowledge the theory you are advancing regarding your loss, I must respectfully confirm that your claim(s) would not be part of our investigation or evaluation at any time, as you were not the recipient of medical care.

Thank you for your understanding. Should you have any questions or require additional clarification, please do not hesitate to contact me directly.

Sincerely,

*Steve Hillis*

Steve Hillis

Vice President – HealthCare Claims

A.J. Gallagher Risk Management Services LLC dba Risk Management Resources



Insurance | Risk Management | Consulting

17000 Chenal Parkway Suite 100  
Little Rock, AR  
USA

501-664-7705  
www.ajg.com

September 30, 2025

Sean Lynn  
10 Theresa Drive  
N. Little Rock, AR 72118

RE: Sean Lynn  
Our File: 177427  
Insured: The Individual Named Health Care Providers of UAMS  
DOI: January 13, 2024

Dear Mr. Lynn:

Enclosed is the medical authorization in the event this was not included in the original packet.

Sincerely,

*Steve Hillis*

Steve Hillis  
Vice President – HealthCare Claims  
A.J. Gallagher Risk Management Services LLC dba Risk Management Resources

## Authorization for Release of Information

I, **Sean Lynn**, hereby authorize the health care providers of **Sean Lynn**, DOB \_\_\_\_\_, SS# xxx-xx-\_\_\_\_\_, the disclosure of individually identifiable health information as described below of **Sean Lynn** as defined by the HIPAA regulations, including but not limited to, information and records concerning physical and mental condition and treatment, any and all x-rays, cardiograms, or other material in graphic form any information relating to sexually transmitted diseases, HIV or AIDS-related illnesses, and substance abuse or treatment. All records of other providers in your possession and all billing records. **This authorization does not allow any healthcare provider to discuss the medical care of Tyler Burton with the requestor or his representative(s).** Payment for any and all copy cost and reports is the sole responsibility of **Cadence Insurance F/K/A BancorpSouth Insurance Services/Ramsey, Krug, Farrell & Lensing and Risk Management Resources a division of Arthur Gallagher Companies.** The requestor agrees that they will forward a copy of any medical record/billing or other document to me or my representative.

I authorize the following persons to disclose the requested information:

Physicians, hospitals and other health care providers who have provided treatment or who have medical records concerning the person identified above.

I authorize the following persons to receive the requested information:

**A.J. Gallagher Risk Management Services LLC dba Risk Management Resources, 17900 Chenal Parkway Suite 100, Little Rock, AR 72223**

Information is to be limited to the **Medical Care and related charges provided from 02/01/2021 to 12/31/2025**

Purpose of access or release: At request of the patient or individual authorized to act on behalf of the patient in connection with a legal proceeding instituted by or on behalf of the patient.

I understand that once the above information is disclosed, there is potential for the designated recipient or recipients to re-disclose the information, and the information may no longer be protected by federal privacy laws and regulations.

I understand the provider furnishing the copies may receive compensation for doing so.

I understand that this Authorization is voluntary and that I may refuse to sign this Authorization. Unless allowed by law, my refusal to sign this Authorization will not affect my ability to obtain treatment, receive payment or eligibility for benefits.

This authorization expires two (2) years from the date signed below.

I understand that I may revoke this Authorization at any time by giving written notice to the persons authorized to receive this information as designated above, except that a revocation of this Authorization will not apply to records and information already released in reliance upon the Authorization.

A photocopy of this signed Authorization shall constitute a valid Authorization.

X \_\_\_\_\_  
Signature -**Sean Lynn** -

Date: \_\_\_\_\_

If Legal Representative, authority of Legal Representative to act on behalf of patient: (court-appointed guardian,)

**PROVIDE COPY OF AUTHORIZATION TO PATIENT/LEGAL REPRESENTATIVE**