

**Madison County, MS  
Comptroller's Office**

**To:** Board of Supervisors

**From:** Buddy Voelkel

Comptroller

**cc:** Shelton Vance, Administrator

**Date:** March 22, 2018

**Re:** Payment from CCMSI received in error

---

Madison County received and deposited an insurance claim payment from CCMSI that should have been directed and paid to Capitol Body Shop. CCMSI has requested a reimbursement check to MASIT in the amount of \$6,910.90 (amount paid to Madison County) so that they can issue a check to Capitol Body Shop. Please authorize return of these funds to CCMSI.

## Buddy Voelkel

---

**From:** Lisa Wells <lwells@ccmsi.com>  
**Sent:** Thursday, March 22, 2018 10:06 AM  
**To:** Buddy Voelkel  
**Cc:** Sandra Frazier  
**Subject:** Claim number 17F39G983520, 2011 Kenworth Fire Truck

Buddy,

We paid \$6910.90 on this claim back in January 2017. The check was made payable to Madison County when it should have been issued to Capitol Body Shop. Please issue a reimbursement check to MASIT for this amount and mail to us at the address below so that we can issue the check to Capitol Body Shop.

Thanks so much!



### CCMSI | Claim Supervisor

PO Box 1378

Ridgeland, MS 39157

601.608.1002 phone

217.477.6913 fax

lwells@ccmsi.com email

[www.ccmsi.com](http://www.ccmsi.com)



**EMAIL NOTICE:** This CCMSI generated email (and any attached files) is intended only for the designated recipient(s), and may contain information that is proprietary, privileged, confidential or protected by law. If you are not the designated recipient or if you believe you have received this email in error, please notify the sender immediately and delete all copies of the original email from your computer system. Please do not copy the email or use it for any purposes, or disclose its contents to any other party. Thank you for your cooperation.

**INFORMATION SECURITY NOTICE:** Recipients of privileged, confidential or protected data from CCMSI are responsible for the handling of such data in accordance with applicable federal and state laws or regulations and industry best practices.

**FRAUD WARNING:** Any person who, knowingly and with intent to injure, defraud, or deceive any employer, insurance company, third party administrator, self-insured program, or any other third party, files an insurance claim containing any false or misleading information, which violates an applicable state statute, is guilty of a crime and subject to prosecution.

Transaction No. 170554 Status P (Open,Posted,Hold,Void) Amount 6910.90  
 Date 1 31 2017 Rcpt No 170524 Cash Acct 000 001 Bank 100 CLEARED 1 30 2017  
 Vendor Number Payor CCMSI OBO MISSISSIPPI ASSOCIATION OF  
 Accrue into Month 1 SUPERVISORS INSURANCE TRUST Added Changed  
 Deposit Number 170200 20170209 00000000  
 Deposit Date 1 31 2017 MHAWKINS

Voided by Rsn GJ

Line Account No. Description Amount

1) 1 115000346 INSURANCE SETTLEMENT 6910.90  
 2) 2 115000346 SOUTH MADISON FIRE TRUCK

- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)

Copyright 2009, Delta Computer Systems, Inc. - All Rights Reserved 11/30-GNJ

F14 PAPERLINK

F3 Next Record, PAGE-UP For Previous, F4 Prev, F5 Next