LAW OFFICES OF

DUKES, DUKES, KEATING & FANECA, P.A.

2909 13th Street, Sixth Floor
Gulfport, Mississippi 39501
Telephone: 228-868-1111
Facsimile: 228-863-2886
www.ddkf.com

Walter W. Dukes
Hugh D. Keating
Cy Faneca
Phillip W. Jarrell *
W. Edward Hatten, Jr.
Trace D.McRaney
Bobby R. Long
Je'Nell B. Blum **
Haley N. Broom
~~~~~~~
Matthew M. Williams
Adam B. Harris
Seth M. Hunter

*also licensed in TX
**also licensed in CA

WILLIAM F. DUKES
(1927 - 2003)

Gulfport Mailing Address:
Post Office Drawer W
Gulfport, Mississippi 39502
Toll Free: (888) 542-2034

~~~~~~~

Hattiesburg Office:
100 Dudley W. Conner Street
Hattiesburg, Mississippi 39401
Telephone: 601-583-0999
Facsimile: 601-583-0997

May 4, 2011

VIA HAND DELIVERY
Pam Ulrich
Harrison County Administrator
1801 23rd Avenue
Gulfport, MS 39501

RECEIVED
MAY 04 2011
COUNTY ADMINISTRATOR

Re: Joseph Westbrook
Our File No. 1811.0166

Dear Pam:

Enclosed herewith please find the Agreed Full Release of Claims and the check from Hopkins County, Texas in the amount of $30,000.00 made payable to Sheriff Melvin Brisolara and Harrison County, Mississippi as settlement of the above referenced matter. The Sheriff has endorsed the check and signed the Agreed Full Release of Claims.

Additionally, I have enclosed herewith for your convenience a copy of the bills from Memorial Hospital at Gulfport and Dr. George Dagher. Please forward payment to Memorial Hospital at Gulfport in the amount of $19,206.50, and to Dr. George Dagher in the amount of $4,625.00. The remaining $6,168.50 represents reimbursement for attorney's fees and costs in this case.

Very truly yours,

Haley N. Broom /tam

Haley N. Broom

agenda 5/9/11

HNB/tam

Enclosures

THE TREASURER
COUNTY OF HOPKINS
STATE OF TEXAS
Sulphur Springs, Texas 75482
MAIN ACCOUNT

ALLIANCE BANK
SULPHUR SPRINGS, TX 75482
88-197/1119

4431
004431

DATE 04/13/2011

PAY TO THE ORDER OF $

****30,000 DOLLARS 00 CENTS

$30,000.00 DOLLARS

8129 SHERIFF MELVIN BRISOLARA
AND HARRISON COUNTY MISSISSIPP

COUNTY OF HOPKINS - VOID AFTER 90 DAYS

COUNTY TREASURER

COUNTY AUDITOR

MEMO

⑈004431⑈ ⑆111901975⑆ 0001495⑈

Security features included. Details on back.

COUNTY OF HOPKINS

4431

04/13/2011 004431

GENERAL FUND 010 401 490 CV-61- WJG-RHW 04132011 30,000.00

COUNTY OF HOPKINS

4431

January 31, 2010

Hopkins Sheriff's Department
298 Rosemont
Sulphur Springs, TX 75482

Dear Sheriff:

Attached is the invoice for payment due on outstanding accounts for Hopkins Sheriff Department inmates. We applied the municipal rate of 40.9% to charges due.

We ask that you please remit payment in the amount of "total due" on the invoice.

If you have any questions or need additional information, please do not hesitate me at (228) 865-3448 or by email at mdavis@mhg.com.

Sincerely,

Mindy Davis
Business Office Team Leader
Patient Financial Services

COUNTY OF HOPKINS SULPHUR SPRINGS, TEXAS INMATES - JANUARY 2010 INVOICE						
ACCT#	PATIENT NAME	DATE OF SERVICE	CURRENT ACCOUNT BALANCE $	MHG ADJUSTMENT $	AMOUNT DUE $	
	PAST DUE ACCTS					MONTH BILLED
906201109	WESTBROOK, JOSEPH C	03/03/2009	$37,604.75	$22,224.41	$15,380.34	Aug-09
906600198	WESTBROOK, JOSEPH C	03/07/2009	$9,354.90	$5,528.75	$3,826.15	Aug-09
	TOTALS		$46,959.65	$27,753.15	$19,206.50	
	TOTAL DUE				$19,206.50	

MEMORIAL HOSPITAL AT GULF
4500 13TH STREET
GULFPORT MS 39501
2288674000

MEMORIAL HOSPITAL GPT
P O BOX 1810
GULFPORT MS 39502

3a PAT. CNTL # G0906201109
b. MED. REC. # 0000441349
4 TYPE OF BILL 0111
5 FED. TAX NO. 64-6010232
6 STATEMENT COVERS PERIOD FROM 030309 THROUGH 030509

8 PATIENT NAME: WESTBROOK, JOSEPH C.
9 PATIENT ADDRESS: 6900 SMITHFIELD RD, NORTH RICHLAND TX 76180

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
09101975	M	030309	22	1	7	12	01

JAIL,HARRISON CO
10452 LARKIN SMITH RD
GULFPORT MS 39503

39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT
80	2	01	885.00

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0200	INTENSIVE CARE GENERAL	3018.00		1	3018.00	
0209	TELEMETRY/OTHER INTENSIV	1563.00		1	1563.00	
0250	PHARMACY			36	2078.30	
0254	PHARMACY/DIAGNOSTIC SERV			100	707.90	
0255	PHARMACY/INCIDENT TO RAD			200	674.20	
0258	PHARMACY IV SOLUTIONS			1	145.70	
0259	PHARMACY/OTHER			12	189.25	
0260	IV THERAPY/GENERAL			4	764.00	
0270	MEDICAL/SURGICAL SUPPLIE			2	538.10	
0271	NON STERILE SUPPLY			11	541.90	
0272	STERILE SUPPLY			30	5015.50	
0278	SUPPLY/OTHER IMPLANTS			2	621.40	
0300	LABORATORY			15	2053.50	
0301	LAB/CHEMISTRY			3	635.40	
0305	LAB/HEMATOLOGY			2	586.40	
0324	DIAGNOSTIC RADIOLOGY/CHE			1	439.90	
0352	CT SCAN/BODY			1	2742.60	
0450	EMERGENCY ROOM			2	1882.80	
0460	PULMONARY FUNCTION			1	226.70	
0481	CARDIOLOGY, CARDIAC CATH			1	9833.40	
0636	DRUGS/DETAIL CODE			27	1723.00	
0730	EKG/ECG			2	835.00	
	PAGE 001 OF 002	CREATION DATE	031309	TOTALS		

50 PAYER NAME: HARRISON COUNTY JAIL — 52 REL. INFO: Y — 53 ASG. BEN.: Y
56 NPI: 1073606901

58 INSURED'S NAME: WESTBROOK,JOSEPH C. — 59 P. REL: 18 — 60 INSURED'S UNIQUE ID: 414559488 — 61 GROUP NAME: HARRISON COUNT

65 EMPLOYER NAME: NOT EMPLOYED

67: 78650 Y 4019 Y 79431 Y 7905 Y

69 ADMIT DX: 78650 — 71 PPS CODE: 0287

74 PRINCIPAL PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
3722	030409	8856	030409	8853	030409
8848	030409				

76 ATTENDING NPI 1023234242 QUAL 0B MS19696 LAST DAGHER FIRST GEO
77 OPERATING NPI 1023234242 QUAL 0B MS19696 LAST DAGHER FIRST GEO
78 OTHER NPI QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST

80 REMARKS HARRISON COUNTY JAIL
PO BOX 1480
GULFPORT MS 39502

81CC B3 282N00000X

MEMORIAL HOSPITAL AT GULF
4500 13TH STREET
GULFPORT MS 39501
2288674000

2 MEMORIAL HOSPITAL GPT
P O BOX 1810
GULFPORT MS 39502

3a PAT. CNTL # G0906201109
b. MED. REC. # 0000441349
4 TYPE OF BILL 0111
5 FED. TAX NO. 64-6010232
6 STATEMENT COVERS PERIOD FROM 030309 THROUGH 030509

8 PATIENT NAME WESTBROOK, JOSEPH C.
9 PATIENT ADDRESS 6900 SMITHFIELD RD
NORTH RICHLAND TX 76180

10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
09101975	M	030309	22	1	7	12	01

38 JAIL,HARRISON CO
10452 LARKIN SMITH RD
GULFPORT MS 39503

39 CODE	AMOUNT	40 CODE	AMOUNT
80	2	01	885.00

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0981	E&M LEVEL V	99285		1	737.50	
0985	RF EKG	93010		1	51.30	
0001	PAGE 002 OF 002	CREATION DATE	031309	TOTALS	37604.75	

50 PAYER NAME HARRISON COUNTY JAIL — 52 REL. INFO Y — 53 ASG. BEN. Y
56 NPI 1073606901
57 OTHER PRV ID

58 INSURED'S NAME WESTBROOK,JOSEPH C.
59 P. REL 18
60 INSURED'S UNIQUE ID 414559488
61 GROUP NAME HARRISON COUNT
62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME NOT EMPLOYED

67 78650 Y 4019 Y 79431 Y 7905 Y

69 ADMIT DX 78650
70 PATIENT REASON DX
71 PPS CODE 0287

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE
3722	030409	8856	030409	8853	030409

c. OTHER PROCEDURE CODE	DATE
0046	030409

76 ATTENDING NPI 1023234242 QUAL 0B MS19696
LAST DAGHER FIRST GEO
77 OPERATING NPI 1023234242 QUAL 0B MS19696
LAST DAGHER FIRST GEO
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS HARRISON COUNTY JAIL
PO BOX 1480
GULFPORT MS 39502

81CC a B3 282N00000X

UB-04 CMS-1450 NLCF-UB04-1 APPROVED OMB NO. 0938-0997 OCR/Original NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

1 MEMORIAL HOSPITAL AT GULF
4500 13TH STREET
GULFPORT MS 39501
2288674000

2 MEMORIAL HOSPITAL GPT
P O BOX 1610
GULFPORT MS 39502

3a PAT. CNTL # G0906600198
b. MED. REC. # 0000441349
4 TYPE OF BILL 0131
5 FED. TAX NO. 64-6010232
6 STATEMENT COVERS PERIOD FROM 030709 THROUGH 030809

8 PATIENT NAME: WESTBROOK, JOSEPH C.
9 PATIENT ADDRESS: 6900 SMITHFIELD RD, NORTH RICHLAND TX 76180

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
09101975	M	030709	19		7	00	01

38:
JAIL,HARRISON CO
10452 LARKIN SMITH RD
GULFPORT MS 39503

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0250	PHARMACY			1	113 10	
0259	PHARMACY/OTHER			2	2 50	
0270	MEDICAL/SURGICAL SUPPLIE			2	538 10	
0271	NON STERILE SUPPLY			3	199 20	
0272	STERILE SUPPLY			6	2443 40	
0300	VENIPUNCTURE/CAPILLARY C	36415	030709	1	23 00	
0300	COMPREHENSIVE METABOLIC	80053	030709	1	386 70	
0300	URINALYSIS ROUTINE	81001	030709	1	231 20	
0300	CK-TOTAL WITH MB	82550	030709	2	373 00	
0300	CKMB	82553	030709	2	364 80	
0300	PT-PT/PTT	85610	030709	1	84 00	
0300	PTT-PT/PTT	85730	030709	1	84 80	
0301	TROPONIN I CH	84484	030709	2	423 60	
0305	CBC AUTO DIFF	85025	030709	1	293 20	
0309	DRUG SCREEN-URINE RAPID	80100	030709	1	728 50	
0324	XR CHEST PA/AP PORTABLE	71010	030709	1	399 70	
0450	LEVEL VB-W DIAG TEST/PRO	99285 25	030809	1	1466 90	
0460	PULSE OXIMETER	94760		1	226 70	
0730	EKG	93005	030709	1	417 50	
0981	E&M LEVEL IV	99284	030809	1	502 90	
0985	RF EKG	93010	030709	1	51 30	
0001	PAGE 001 OF 001	CREATION DATE	031609	TOTALS	9354 90	

50 PAYER NAME: HARRISON COUNTY JAIL
52 REL. INFO: Y 53 ASG. BEN.: Y
56 NPI: 1073606901

58 INSURED'S NAME: WESTBROOK,JOSEPH C.
59 P. REL: 18
60 INSURED'S UNIQUE ID: 414559488
61 GROUP NAME: HARRISON COUNT

65 EMPLOYER NAME: NOT EMPLOYED

67: 78650 7336 4019 4299

69 ADMIT DX: 78650
70 PATIENT REASON DX: 78650 7336

76 ATTENDING NPI 1417039546 QUAL 0B MS16325
LAST COUVILLO FIRST LAR

77 OPERATING NPI QUAL
LAST FIRST

78 OTHER NPI QUAL
LAST FIRST

79 OTHER NPI QUAL 0B MS16325
LAST COUVILLON FIRST LARRY

80 REMARKS:
HARRISON COUNTY JAIL
P O BOX 1480
GULFPORT MS 39502

81CC a B3 282N00000X
b B2 M

Received Time Aug. 9. 2010 2:40PM No.6114

(1500)

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

HARRISON COUNTY JAIL
P O BOX 1480
GULFPORT MS 39502

M/RF
OFF# 003 # 1

CARRIER

PICA

1. MEDICARE (Medicare #) / MEDICAID (Medicaid #) / TRICARE CHAMPUS (Sponsor's SSN) / CHAMPVA (Member ID#) / GROUP HEALTH PLAN (SSN or ID) / FECA BLK LUNG (SSN) / OTHER (ID): [X] OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 414559488

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): WESTBROOK, JOSEPH C

3. PATIENT'S BIRTH DATE (MM DD YY): 09 10 1975 — SEX: M [X] F [ ]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): SAME

5. PATIENT'S ADDRESS (No., Street): 6900 SMITHFIELD RD

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street): SAME

CITY: NORTH RICHLAND — STATE: TX

8. PATIENT STATUS: Single [X] Married [ ] Other [ ]; Employed [ ] Full-Time Student [ ] Part-Time Student [ ]

CITY / STATE (insured):

ZIP CODE: 76180 — TELEPHONE (Include Area Code): (817) 500 1524

ZIP CODE (insured): — TELEPHONE (Include Area Code): ( ) 000 0000

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

a. OTHER INSURED'S POLICY OR GROUP NUMBER

b. OTHER INSURED'S DATE OF BIRTH (MM DD YY) SEX M [ ] F [ ]

c. EMPLOYER'S NAME OR SCHOOL NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)

c. OTHER ACCIDENT? YES [ ] NO [X]

10d. RESERVED FOR LOCAL USE

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH (MM DD YY) SEX M [ ] F [ ]

b. EMPLOYER'S NAME OR SCHOOL NAME

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] *If yes, return to and complete item 9 a-d.*

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED SIGNATURE ON FILE DATE 8/09/10

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) (MM DD YY)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE (MM DD YY)

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM / TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: GEORGE DAGHER

17a. 1G100000

17b. NPI 1023234242

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM / TO

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 786 51
2.
3.
4.

22. MEDICAID RESUBMISSION CODE — ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From (MM DD YY)	To (MM DD YY)	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	03 03 09		21		99223		1	250 00	1		NPI	1023234242
2	03 04 09		21		93510	26	1	2425 00	1		NPI	1023234242
3	03 04 09		21		93543		1	400 00	1		NPI	1023234242
4	03 04 09		21		93545		1	525 00	1		NPI	1023234242
5	03 04 09		21		93555	26	1	425 00	1		NPI	1023234242
6	03 04 09		21		93556	26	1	450 00	1		NPI	1023234242

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER: 640885079 — SSN [ ] EIN [X]

26. PATIENT'S ACCOUNT NO.: 34353

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X] NO [ ]

28. TOTAL CHARGE: $ 4475 00

29. AMOUNT PAID: $

30. BALANCE DUE: $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

DAGHER GEORGE

SIGNED DATE 08 09 10

32. SERVICE FACILITY LOCATION INFORMATION

MEM HOSP OF GULFPORT
4500 13TH STREET
GULFPORT MS 39501

a. b.

33. BILLING PROVIDER INFO & PH # ( )

DAGHER GEORGE
4300 HOSPITAL ST. SUITE 102
PASCAGOULA, MS 39581

a. 1023234242 b.

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

AUG-10-2010 04:45 FROM: TO:2288968608 P.2/3

Received Time Aug. 9. 2010 2:40PM No. 6114

HARRISON COUNTY JAIL
P O BOX 1480
GULFPORT MS 39502

M/RF
OFF# 003 # 1

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE / MEDICAID / TRICARE CHAMPUS / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER [X] (ID)

1a. INSURED'S I.D. NUMBER: 414559488

2. PATIENT'S NAME: WESTBROOK, JOSEPH C

3. PATIENT'S BIRTH DATE: 09 10 1975 SEX: M [X]

4. INSURED'S NAME: SAME

5. PATIENT'S ADDRESS: 6900 SMITHFIELD RD

6. PATIENT RELATIONSHIP TO INSURED: Self [X]

7. INSURED'S ADDRESS: SAME

CITY: NORTH RICHLAND STATE: TX

8. PATIENT STATUS: Single [X]

ZIP CODE: 76180 TELEPHONE: (817) 500 1524

TELEPHONE (Insured): ( ) 000 0000

9. OTHER INSURED'S NAME

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? NO [X]
b. AUTO ACCIDENT? NO [X]
c. OTHER ACCIDENT? NO [X]

11. INSURED'S POLICY GROUP OR FECA NUMBER

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES / NO

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED SIGNATURE ON FILE DATE 8/09/10

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: GEORGE DAGHER

17a. 1G100000

17b. NPI 1023234242

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? NO [X] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: 1. 786 51

22. MEDICAID RESUBMISSION CODE / ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24 A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID QUAL.	J. RENDERING PROVIDER ID #
1 03 05 09		21		99238		1	150 00	1		NPI	1023234242
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER: 640885079 SSN EIN [X]

26. PATIENT'S ACCOUNT NO.: 34353

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X]

28. TOTAL CHARGE: $ 150 00

29. AMOUNT PAID: $

30. BALANCE DUE: $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
DAGHER GEORGE
SIGNED DATE 08 09 10

32. SERVICE FACILITY LOCATION INFORMATION
MEM HOSP OF GULFPORT
4500 13TH STREET
GULFPORT MS 39501

33. BILLING PROVIDER INFO & PH # ( )
DAGHER GEORGE
4300 HOSPITAL ST. SUITE 102
PASCAGOULA, MS 39581
a. 1023234242

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

AUG-10-2010 04:45 FROM: TO:2288968608 P.3/3

HARRISON COUNTY, MISSISSIPPI
V.
HOPKINS COUNTY, TEXAS:
HOPKINS COUNTY SHERIFF'S OFFICE;
and SHERIFF CHARLES D. "BUTCH" ADAMS
IN HIS OFFICIAL CAPACITY

PLAINTIFF
CIVIL ACTION NO. 1:11CV61-RHW

AGREED FULL RELEASE OF CLAIMS

COMES NOW HOPKINS COUNTY, TEXAS, HOPKINS COUNTY SHERIFF'S OFFICE and SHERIFF CHARLES D. "BUTCH" ADAMS IN HIS OFFICIAL CAPACITY, Defendant, and **HARRISON COUNTY, MISSISSIPPI, BY AND THROUGH THE HARRISON COUNTY, MISSISSIPPI, SHERIFF, MELVIN BRISOLARA, IN HIS OFFICIAL CAPACITY,** Plaintiff, as Movants herein, bring this Agreed Full Release of Claims as stated in Plaintiff's Original Petition and in support thereof, would show the following:

I.

All matters of fact and things of controversy have been fully and finally compromised and settled by and between the Plaintiff and Defendant; to-wit: all hospital, physician and medical expenses incurred by Harrison County Sheriff's Department while retaining **Joseph Cornelius Westbrook** for Hopkins County, Texas, under the Federal Extradition Act, as well as claims for interest, costs of court and attorney's fees have been paid in full at the agreed amount of thirty thousand dollars,($30,000.00).

II.

Plaintiff and Defendant further state that the parties have reached an agreement to settle and compromise their differences. Both parties have agreed to this joint full release of claims to the rights of either party with an agreement that no further action will be taken. Plaintiff agrees to file a voluntary stipulation of dismissal, dismissing the above-referenced lawsuit with prejudice.

WHEREFORE, PREMISES CONSIDERED, Plaintiff and Defendant request a full release of all claims by all parties with costs of court taxed to the party that incurred them.

Agreed to for Defendant this 12th day of April, 2011.

By:
Chris Brown
Hopkins County Judge

Agreed to for Plaintiff this 28th day of April, 2011.

By:
Melvin Brisolara
Sheriff, Harrison County, Mississippi