COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

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January 8, 2004

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BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED – 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Christopher M. Matthews, in amount of $26,647.20
Hui Min Shi, in amount of $5,000
Juan A. Rodriguez, in amount of $1,079.99
Manuel Velasquez, in amount of $4,840.99
Paula Deleon, in amount of $4,400
Emilio Calleja, in amount of $4,625.50
Richard Reyes, in amount of $14,597.67
James A. Maxwell, in amount of $4,638.05

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

Respectfully submitted,

MARK J. SALADINO
Treasurer and Tax Collector

MJS:DA:efh
z:Comp.59

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
LLOYD W. PELLMAN
County Counsel

By

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 59A
DATE: January 8, 2004

Amount of Aid	$132,740.00	Account Number	10642849
Amount Paid	0.00	Name	Matthews, Christopher M.
Balance Due	132,740.00	Service Date	01/12/01 to 10/29/01
Compromise Amount Offered	26,647.20	Facility	Harbor UCLA Med. Ctr.
Amount to be Written Off	$106,092.80	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Matthews was a victim of a third party stabbing incident. He was treated at Harbor UCLA Medical Center at a cost of $132,740.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $100,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 40,000.00	$ 23,294.40	23.29%
Attorney Cost	30,116.78	26,763.98	26.76%
County of Los Angeles	132,740.00	26,647.20	26.66%
Net to Client	N/A	23,294.42	23.29%
Total	**$202,856.78**	**$100,000.00**	**100.00%**

Our financial investigation reveals that Mr. Matthews supports himself and family of three with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 59B
DATE: January 8, 2004

Amount of Aid	$44,820.00	Account Number	10746040
Amount Paid	0.00	Name	Shi, Hui Min
Balance Due	44,820.00	Service Date	06/16/03 to 07/07/03
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	$39,820.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

Ms. Shi was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of $44,820.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $15,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 5,000.00	$ 5,000.00	33.33%
County of Los Angeles	44,820.00	5,000.00	33.33%
Net to Client	N/A	5,000.00	33.34%
Total	**$49,820.00**	**$15,000.00**	**100.00%**

Our financial investigation reveals that Ms. Shi is unemployed and receives support from friends. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 59C
DATE: January 8, 2004

Amount of Aid	$42,304.00	Account Number	10629787
Amount Paid	0.00	Name	Rodriguez, Juan A.
Balance Due	42,304.00	Service Date	05/24/01 to 05/31/01
Compromise Amount Offered	1,079.99	Facility	LAC USC Medical Center
Amount to be Written Off	$41,224.01	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Rodriguez was involved in an automobile versus motorcycle accident. He was treated at LAC USC Medical Center at a cost of $42,304.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $5,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$ 1,172.11	$1,172.11	23.44%
Attorney Cost	1,483.65	1,483.65	29.67%
Metropolitan Medical Clinic	3,150.00	80.42	1.62%
American Medical Response	458.75	11.71	0.24%
County of Los Angeles	42,304.00	1,079.99	21.59%
Net to Client	NA	1,172.12	23.44%
Total	$48,568.51	$5,000.00	100.00%

Our financial investigation reveals that Mr. Rodriguez supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 59D
DATE: January 8, 2004

Amount of Aid	$61,620.00	Account Number	10642029
Amount Paid	0.00	Name	Velasquez, Manuel
Balance Due	61,620.00	Service Date	10/27/01 to 11/20/01
Compromise Amount Offered	4,840.99	Facility	LAC USC Medical Center
Amount to be Written Off	$56,779.01	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Velasquez was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of $61,620.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$ 5,000.00	$ 5,000.00	33.33%
Attorney Cost	477.03	477.03	3.18%
County of Los Angeles	61,620.00	4,840.99	32.28%
Net to Client	N/A	4,681.98	31.21%
Total	$67,097.03	$15,000.00	100.00%

Our financial investigation reveals that Mr. Velasquez is supported by Social Security Benefits. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 59E
DATE: January 8, 2004

Amount of Aid	$37,292.00	Account Number	10671180
Amount Paid	0.00	Name	Deleon, Paula
Balance Due	37,292.00	Service Date	08/17/02 to 09/09/02
Compromise Amount Offered	4,400.00	Facility	LAC USC Medical Center
Amount to be Written Off	$32,892.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

Ms. Deleon was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of $37,292.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$ 6,000.00	$ 4,720.26	31.46%
Attorney Cost	568.72	568.72	3.79%
Vanowen Radiology	157.00	18.84	0.13%
Valley Presbyterian	808.65	97.04	0.65%
Team Physicians of California	164.99	19.68	0.14%
Los Angeles City Fire	343.25	41.19	0.28%
Scott Mintz, D.C.	3,455.00	414.00	2.76%
County of Los Angeles	37,292.00	4,400.00	29.33%
Net to Client	N/A	4,720.27	31.46%
Total	**$48,789.61**	**$15,000.00**	**100.00%**

Our financial investigation reveals that Ms. Deleon is supported by relatives. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 59F
DATE: January 8, 2004

Amount of Aid	$22,023.00	Account Number	10603988
Amount Paid	0.00	Name	Calleja, Emilio
Balance Due	22,023.00	Service Date	08/16/01 to 08/21/01
Compromise Amount Offered	4,625.50	Facility	Harbor UCLA Medical Ctr.
Amount to be Written Off	$17,397.50	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Calleja was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of $22,023.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $15,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 5,000.00	$5,000.00	33.33%
Imperial Clinic	1,110.00	800.00	5.33%
Harbor Radiology Medical Group	40.00	40.00	0.26%
Stephen R. Snea, MD	501.00	0.00	0.00%
San Pedro Peninsula Hospital	630.65	600.00	4.00%
County of Los Angeles	22,023.00	4,625.50	30.85%
Net to Client	N/A	3,934.50	26.23%
Total	**$29,304.65**	**$15,000.00**	**100.00%**

Our financial investigation reveals that Mr. Calleja is employed and supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 59G
DATE: January 8, 2004

Amount of Aid	$43,793.00	Account Number	10721020
Amount Paid	0.00	Name	Reyes, Richard M.
Balance Due	43,793.00	Service Date	05/14/02 to 05/30/02
Compromise Amount Offered	14,597.67	Facility	LAC USC Medical Center
Amount to be Written Off	$29,195.33	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Reyes was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost $43,793.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $43,793.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$17,517.20	$17,517.20	40.00%
Attorney Cost	279.50	279.50	0.63%
County of Los Angeles	43,793.00	14,597.67	33.33%
Net to Client	N/A	11,398.63	26.04%
Total	**$61,589.70**	**$43,793.00**	**100.00%**

Our financial investigation reveals that Mr. Reyes is employed and supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 59H
DATE: January 8, 2004

Amount of Aid	$66,562.00	Account Number	10740435
Amount Paid	0.00	Name	Maxwell, James A.
Balance Due	66,562.00	Service Date	03/19/03 to 04/23/03
Compromise Amount Offered	4,638.05	Facility	Harbor UCLA Medical Ctr.
Amount to be Written Off	$61,923.95	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Maxwell was involved in an automobile versus bicycle accident. He was treated at Harbor UCLA Medical Center at a cost of $66,562.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $15,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 5,000.00	$ 2,935.57	19.57%
Attorney Cost	395.00	395.00	2.63%
Torrance Memorial Medical	2,192.00	400.00	2.66%
Gerber Ambulance Services	760.25	760.25	5.06%
County of Los Angeles	66,562.00	4,638.05	30.94%
Net to Client	N/A	5,871.13	39.14%
Total	**$74,909.25**	**$15,000.00**	**100.00%**

Our financial investigation reveals that Mr. Maxwell supports himself with a marginal income. He has no other source of income or tangible assets.