COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012

MARK J. SALADINO
TREASURER AND TAX COLLECTOR

2004 OCT 12 AM 8:56

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

October 14, 2004

Telephone
(213) 974-2101
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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:

Account Number 10845282, in amount of $4,837.56
Account Number 10800943, in amount of $4,947.66
Account Number 10811017, in amount of $7,216.67
Account Number 10749872, in amount of $7,344.53
Account Number 10820574, in amount of $8,267
Account Number 10681407, in amount of $4,619.94
Account Number 10602396, in amount of $5,000

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.

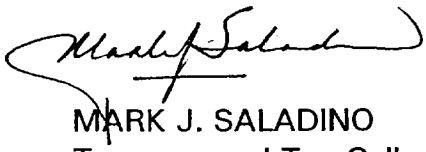
IMPLEMENTATION OF STRATEGIC PLAN GOALS:

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

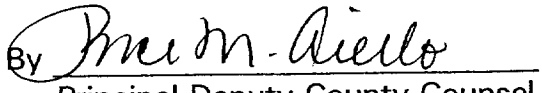
MJS:SFJ:efh
X:Comp.68

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED AS TO FORM:

OFFICE OF THE COUNTY COUNSEL

By 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 68A
DATE: October 14, 2004

Amount of Aid	$129,138.00	Account Number	10845282
Amount Paid	.00	Name	Adult Male
Balance Due	129,138.00	Service Date	07/17/02 to 10/08/03
Compromise Amount Offered	4,837.56	Facility	Martin Luther King Medical Center
Amount to be Written Off	$124,300.44	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at Martin Luther King Medical Center at a cost of $129,138.00. 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	$ 4,837.57	$ 4,837.57	32.25%
Attorney Cost	487.30	487.30	3.25%
County of Los Angeles	129,138.00	4,837.56	32.25%
Net to Client	N/A	4,837.57	32.25%
Total	**$134,462.87**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and his income is Workers' Compensation 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. 68B
DATE: October 14, 2004

Amount of Aid	$27,328.00	Account Number	10800943
Amount Paid	.00	Name	Adult Male
Balance Due	27,328.00	Service Date	09/07/03 to 09/30/03
Compromise Amount Offered	4,947.66	Facility	LAC USC Medical Center
Amount to be Written Off	$22,380.34	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of $27,328.00. 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	$ 4,946.67	$ 4,947.67	32.98%
Attorney Cost	157.00	157.00	1.06%
County of Los Angeles	27,328.00	4,947.66	32.98%
Net to Client	N/A	4,947.67	32.98%
Total	**$32,431.67**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and lives with his mother. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 68C
DATE: October 14, 2004

Amount of Aid	$24,328.00	Account Number	10811017
Amount Paid	.00	Name	Adult Male
Balance Due	24,328.00	Service Date	12/08/03 to 12/12/03
Compromise Amount Offered	7,216.67	Facility	LAC USC Medical Center
Amount to be Written Off	$17,111.33	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus bicycle accident. He was treated at LAC USC Medical Center at a cost of $24,328.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $25,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 8,333.33	$ 8,333.33	33.33%
AMR	998.00	300.00	1.20%
A.B.C. Pharmacy	344.00	100.00	.40%
Khalid, Ahmed, M.D.	1,195.00	358.00	1.43%
Arcadia Radiology	1,200.00	358.33	1.43%
County of Los Angeles	24,328.00	7,216.67	28.88%
Net to Client	N/A	8,333.67	33.33%
Total	**$36,398.33**	**$25,000.00**	**100.00%**

Our financial investigation reveals that the client is employed 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. 68D
DATE: October 14, 2004

Amount of Aid	$40,566.00	Account Number	10749872
Amount Paid	.00	Name	Adult Female
Balance Due	40,566.00	Service Date	05/23/03 to 07/07/03
Compromise Amount Offered	7,344.53	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$33,221.47	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at Harbor UCLA Medical Center at a cost of $40,566.00. Medi-Cal covered physician charges only. There is no private insurance involvement.

The attorney has settled the case for the amount of $25,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 8,333.00	$ 8,333.00	33.33%
Attorney Fees	400.46	400.46	1.63%
Suchandra Turner, M.D.	3,570.00	1,140.00	4.58%
California Dept. of Health Services	437.47	437.47	1.74%
County of Los Angeles	40,566.00	7,344.53	29.36%
Net to Client	N/A	7,344.54	29.36%
Total	**$53,306.93**	**$25,000.00**	**100.00%**

Our financial investigation reveals that the client receives disability payments. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 68E
DATE: October 14, 2004

Amount of Aid	$43,374.00	Account Number	10820574
Amount Paid	.00	Name	Adult Male
Balance Due	43,374.00	Service Date	09/08/03 to 09/24/03
Compromise Amount Offered	8,267.00	Facility	LAC USC Medical Center
Amount to be Written Off	$35,107.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of $43,374.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $25,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 8,333.00	$ 8,333.00	33.33%
Attorney Cost	200.00	200.00	.81%
County of Los Angeles	43,374.00	8,267.00	33.06%
Net to Client	N/A	8,200.00	32.80%
Total	**$51,907.00**	**$25,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and receives support from relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 68F
DATE: October 14, 2004

Amount of Aid	$69,068.00	Account Number	10681407
Amount Paid	.00	Name	Adult Male
Balance Due	69,068.00	Service Date	07/27/02 to 09/24/02
Compromise Amount Offered	4,619.94	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$64,448.06	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of $69,068.00. 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	$ 4,806.92	$ 4,806.92	32.04%
Attorney Cost	579.25	579.25	3.86%
San Pedro Peninsula Hospital	1,585.73	106.24	.71%
Harborside Radiology	40.21	2.89	.02%
Stephen R. Shea, M.D.	595.61	39.90	.27%
Los Angeles City Fire	576.25	38.94	.26%
County of Los Angeles	69,068.00	4,619.94	30.80%
Net to Client	N/A	4,805.92	32.04%
Total	**$77, 251.97**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and receives support from family and friends. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 68G
DATE: October 14, 2004

Amount of Aid	$106,284.00	Account Number	10602396
Amount Paid	.00	Name	Adult Male
Balance Due	106,284.00	Service Date	10/10/01 to 11/15/01
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	$101,284.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of $106,284.00. 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	106,284.00	5,000.00	33.33%
Net to Client	N/A	5,000.00	33.34%
Total	**$111,284.00**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and is supported by relatives. He has no other source of income or tangible assets.