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

Telephone
(213) 974-2101
Telecopier
(213) 626-1812

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BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

February 17, 2005

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 10854805, in amount of $3,630.98
Account Number 10726149, in amount of $13,048.10
Account Number 10690088, in amount of $9,105.68
Account Number 10800653, in amount of $25,679.02
Account Number 10868188, in amount of $5,000
Account Number 10744584, in amount of $31,783.32

JUSTIFICATION:

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

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.

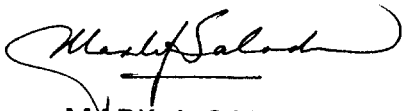
FISCAL IMPACT:

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.

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.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:efh
X:Comp.72

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 72A
DATE: February 17, 2005

Amount of Aid	$20,701.00	Account Number	10854805
Amount Paid	.00	Name	Adult Male
Balance Due	20,701.00	Service Date	07/05/04 to 08/05/04
Compromise Amount Offered	3,630.98	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$17,070.02	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of $20,701.00. 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	445.00	445.00	2.96%
Emergency Ambulance	937.00	369.02	2.46%
Freeman Emergency Medical Group	128.00	100.00	.66%
Freeman Marina Imaging	187.00	100.00	.66%
Daniel Freeman Memorial Hospital	5,657.00	800.00	5.33%
County of Los Angeles	20,701.00	3,630.98	24.24%
Net to Client	N/A	4,555.00	30.36%
Total	**$33,055.00**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and lives with 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. 72B
DATE: February 17, 2005

Amount of Aid	$50,942.00	Account Number	10726149
Amount Paid	.00	Name	Adult Male
Balance Due	50,942.00	Service Date	06/19/01 to 08/17/01
Compromise Amount Offered	13,048.10	Facility	LAC USC Medical Center
Amount to be Written Off	$37,893.90	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 $50,942.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $45,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$18,000.00	$18,000.00	40.00%
Attorney Cost	674.03	674.03	1.49%
Edwin Gromis, M.D.	6,744.21	1,350.00	3.00%
County of Los Angeles	50,942.00	13,048.10	28.99%
Net to Client	N/A	11,927.87	26.52%
Total	**$76,360.24**	**$45,000.00**	**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. 72C
DATE: February 17, 2005

Amount of Aid	$21,176.00	Account Number	10690088
Amount Paid	.00	Name	Adult Female
Balance Due	21,176.00	Service Date	10/09/02 to 02/27/03
Compromise Amount Offered	9,105.68	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$12,070.32	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 $21,176.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$ 7,500.00	$ 7,500.00	25.00%
Attorney Cost	829.52	829.52	2.77%
American Medical Response	399.25	399.25	1.33%
Columbia Emergency Medical Group Inc.	301.00	301.00	1.00%
Long Beach Memorial Medical Center	2,421.65	1,041.31	3.47%
County of Los Angeles	21,176.00	9,105.68	30.35%
Net to Client	N/A	10,823.24	36.08%
Total	**$32,627.42**	**$30,000.00**	**100.00%**

Our financial investigation reveals that the client supports herself and family of five with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 72D
DATE: February 17, 2005

Amount of Aid	$86,044.00	Account Number	10800653
Amount Paid	.00	Name	Adult Male
Balance Due	86,044.00	Service Date	04/27/03 to 05/08/03
Compromise Amount Offered	25,679.02	Facility	LAC USC Medical Center
Amount to be Written Off	$60,364.98	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of $86,044.00. 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	$ 32,989.48	$32,989.48	32.99%
Attorney Cost	1,031.58	1,031.58	1.03%
Veterans Hospital	5,550.00	1,659.38	1.66%
Robert Lawrence, M.D.	1,244.00	372.79	.37%
American Medical Response	611.25	184.75	.19%
In Home Care	17,098.75	5,093.52	5.09%
County of Los Angeles	86,044.00	25,679.02	25.68%
Net to Client	N/A	32,989.48	32.99%
Total	**$144,569.06**	**$100,000.00**	**100.00%**

Our financial investigation reveals that the client 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. 72E
DATE: February 17, 2005

Amount of Aid	$69,355.00	Account Number	10868188
Amount Paid	.00	Name	Adult Male
Balance Due	69,355.00	Service Date	12/12/03 to 05/11/04
Compromise Amount Offered	5,000.00	Facility	Rancho Los Amigos Medical Center
Amount to be Written Off	$64,355.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Rancho Los Amigos Medical Center at a cost of $69,355.00. 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	$ 6,600.00	$ 6,600.00	44.00%
Attorney Cost	12,821.96	1,400.00	9.33%
County of Los Angeles	69,355.00	5,000.00	33.34%
Net to Client	N/A	2,000.00	13.33%
Total	**$88,776.96**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client receives State disability 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. 72F
DATE: February 17, 2005

Amount of Aid	$93,480.00	Account Number	10744584
Amount Paid	.00	Name	Adult Male
Balance Due	93,480.00	Service Date	06/08/03 to 07/28/03
Compromise Amount Offered	31,783.32	Facility	LAC USC Medical Center
Amount to be Written Off	$61,696.68	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 $93,480.00. 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	$ 33,333.00	$ 33,333.00	33.33%
Integrative Industrial	1,200.00	408.00	.40%
Karl Epstein, M.D.	1,107.50	376.55	.39%
Larchmont Radiology	2,000.00	765.13	.76%
County of Los Angeles	93,480.00	31,783.32	31.79%
Net to Client	N/A	33,334.00	33.33%
Total	**$131,120.50**	**$100,000.00**	**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.