County of Los Angeles
CHIEF EXECUTIVE OFFICE
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LOS ANGELES, CALIFORNIA 90012
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WILLIAM T FUJIOKA
Chief Executive Officer

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December 11, 2007

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:

DEPARTMENT OF TREASURER AND TAX COLLECTOR:
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:

1. Account Number 11217800 in amount of $3,173.95
2. Account Number 11330055 in amount of $15,450.00
3. Account Number 11111400 in amount of $16,666.66
4. Account Number 11089266 in amount of $30,498.40
5. Account Number 11233052 in amount of $4,217.89
6. Account Number 10910909 in amount of $4,227.40

PURPOSE /JUSTIFICATION OF RECOMMENDED ACTION

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

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.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not Applicable

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No Impact

Respectfully submitted,

WILLIAM T FUJIOKA
Chief Executive Officer

WTF:LN:
GS:LM:ap

Attachments (6)

c: Auditor-Controller
County Counsel

Reviewed by:

RAYMOND G. FORTNER, JR.
County Counsel

by _____
Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 96A

Amount of Aid	$36,792.00	Account Number	11217800
Amount Paid	0.00	Name	Adult Female
Balance Due	36,792.00	Service Date	04/15/06 thru 04/26/06
Compromise Amount Offered	3,173.95	Facility	LAC USC Medical Center
Amount to be Written Off	$33,618.05	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of $36,792.00. 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	750.00	750.00	5.00%
Edward G. Stokes, M.D.	1,415.00	110.20	0.73%
Nedstar Physical Therapy	1,632.00	127.30	0.85%
Beverly Hills 3T Imaging Center	11,500.00	896.80	5.98%
LA City Fire Dept.	582.25	45.60	0.30%
Kevin Aminian Rajagopalan, M.D.	1,662.75	129.68	0.86%
Bob's Rexall Drug Store	1,012.75	78.83	0.53%
Advanced Radiology	2,788.00	217.55	1.45%
Beverly Hills Chiro	1,720.00	133.95	0.90%
Babak Omarani, M.D.	750.00	58.43	0.40%
Studio City Orthopedics	1,050.00	81.70	0.54%
County of Los Angeles	36,792.00	3,173.95	21.16%
Net to Client	N/A	4,196.01	27.97%
Total	**$66,654.75**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client is a self-employed babysitter and supports herself 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. 96B

Amount of Aid	$220,017.00	Account Number	11330055
Amount Paid	57,697.00	Name	Adult Male
Balance Due	162,320.00	Service Date	10/26/06 thru 02/20/07
Compromise Amount Offered	15,450.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$146,870.00	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 $220,017.00. Cigna insurance covered a portion of the charges. The balance of $162,320.00 is the patient's responsibility.

The attorney has settled the case for the amount of $50,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 16,666.66	$16,666.66	33.33%
Attorney Cost	74.42	74.42	0.15%
Harbor UCLA MED. Foundation	12,089.00	12,089.00	24.18%
West Cliff Medical Labs	345.00	345.00	0.69%
County of Los Angeles	162,320.00	15,450.00	30.90%
Net to Client	N/A	5,374.92	10.75%
Total	**$191,495.08**	**$50,000.00**	**100.00%**

Our financial investigation reveals that this client 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. 96C

Amount of Aid	$241,186.00	Account Number	11111400
Amount Paid	0.00	Name	Adult Male
Balance Due	241,186.00	Service Date	06/17/05 thru 08/11/05
Compromise Amount Offered	16,666.66	Facility	Rancho Los Amigos Medical Center
Amount to be Written Off	$224,519.34	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a slip and fall accident. He was treated at Rancho Los Amigos Medical Center at a cost of $241,186.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $50,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 16,666.66	$16,666.66	33.33%
County of Los Angeles	241,186.00	16,666.66	33.33%
Net to Client	N/A	16,666.68	33.34%
Total	**$257,852.66**	**$50,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed, and supported by relatives and 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. 96D

Amount of Aid	$96,656.00	Account Number	11089266
Amount Paid	0.00	Name	Adult Male
Balance Due	96,656.00	Service Date	12/21/05 thru 12/29/05
Compromise Amount Offered	30,498.40	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$66,157.60	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 $96,656.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $95,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$ 31,666.66	$31,666.66	33.33%
Attorney Cost	2,073.75	2,073.75	2.18%
LA County Fire Department	920.00	143.00	0.15%
Frederic G. Nicola, M.D.	600.00	93.26	0.10%
County of Los Angeles	96,656.00	30,498.40	32.11%
Net to Client	N/A	30,524.93	32.13%
Total	**$131,916.41**	**$95,000.00**	**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. 96E

Amount of Aid	$31,460.00	Account Number	11233052
Amount Paid	0.00	Name	Adult Male
Balance Due	31,460.00	Service Date	08/02/06 thru 08/21/06
Compromise Amount Offered	4,217.89	Facility	LAC USC Medical Center
Amount to be Written Off	$27,242.11	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 $31,460.00. 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	$ 4,950.00	33.00%
Attorney Cost	150.00	150.00	1.00%
Antelope Valley Hospital	2,165.25	290.07	1.93%
AV Emergency Medical Assoc.	376.00	50.00	0.33%
Renaissance Imaging	51.00	8.91	0.06%
American Medical Response	740.00	99.00	0.66%
Advanced Imaging	400.00	53.46	0.36%
Eab Ha'eri, M.D.	800.00	106.92	0.71%
South Pacific Rehab	925.00	123.75	0.83%
County of Los Angeles	31,460.00	4,217.89	28.12%
Net to Client	N/A	4,950.00	33.00%
Total	**$42,067.25**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client was a self-employed water truck sub-contractor; however, he has not been able to work since the accident, and is now living with and supported by his parents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 96F

Amount of Aid	$33,125.00	Account Number	10910909
Amount Paid	0.00	Name	Adult Female
Balance Due	33,125.00	Service Date	08/25/04 thru 11/30/04
Compromise Amount Offered	4,227.40	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$28,897.60	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a slip and fall accident. She was treated at Harbor UCLA Medical Center at a cost of $33,125.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $17,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 5,196.56	$ 5,196.56	30.57%
Attorney Cost	1,410.32	1,410.32	8.30%
Lakewook Regional Medical Center	2,207.25	281.65	1.66%
E.R. Doctors at LRMC	335.00	42.62	0.25%
Century Radiology	114.00	14.55	0.09%
Archie Mays, M.D.	1,400.00	178.76	1.05%
Stephanie Liang, M.D.	3,459.85	441.71	2.60%
Cal Pharmacy Management	76.38	9.87	0.06%
County of Los Angeles	33,125.00	4,227.40	24.85%
Net to Client	N/A	5,196.56	30.57%
Total	**$47,324.36**	**$17,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and receives Social Security disability benefits. She has no other source of income or tangible assets.