Revised

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

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

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TREASURER AND TAX COLLECTOR

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February 3, 2009

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)

SUBJECT

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

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 11374797 in amount of $4,835.00
2. Account Number 11384730 in amount of $2,500.00
3. Account Number 11082761 in amount of $7,982.33
4. Account Number 11385764 in amount of $11,201.74
5. Account Number 10946820 in amount of $5,000.00
6. Account Number 11428526 in amount of $21,000.00

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,

MARK J. SALADINO
Treasurer and Tax Collector

MJS:RC:ts
X:COMP.100

Attachments (6)

c: Chief Executive Officer
Auditor-Controller
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by_____
Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 100A

Amount of Aid	$17,836.00	Account Number	11374797
Amount Paid	0.00	Name	Adult Male
Balance Due	17,836.00	Service Date	12/06/06 thru 12/14/06
Compromise Amount Offered	4,835.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$13,001.00	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 $17,836.00. 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	$ 6,000.00	$ 6,000.00	40.00%
Attorney Cost	493.75	493.75	3.29%
McCormick Ambulance	1,098.25	232.01	1.55%
County of Los Angeles	17,836.00	4,835.00	32.23%
Net to Client	N/A	3,439.24	22.93%
Total	**$25,428.00**	**$15,000.00**	**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. 100B

Amount of Aid	$34,590.00	Account Number	11384730
Amount Paid	0.00	Name	Adult Male
Balance Due	34,590.00	Service Date	05/09/05 thru 07/05/05
Compromise Amount Offered	2,500.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$32,090.00	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 $34,590.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $7,500.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 3,000.00	$2,446.66	32.62%
Attorney Cost	1,053.34	1,053.34	14.04%
Russell J. Shah, M.D.	4,350.00	1,500.00	20.00%
County of Los Angeles	34,590.00	2,500.00	33.34%
Total	**$42,993.34**	**$7,500.00**	**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. 100C

Amount of Aid	$69,452.00	Account Number	11082761
Amount Paid	0.00	Name	Adult Male
Balance Due	69,452.00	Service Date	06/06/05 thru 10/26/05
Compromise Amount Offered	7,982.33	Facility	LAC USC Medical Center
Amount to be Written Off	$61,469.67	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 $69,452.00. There was 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	$10,000.00	$10,000.00	40.00%
Attorney Cost	1,031.57	1,031.53	4.13%
County of Los Angeles	69,452.00	7,982.33	31.93%
Net to Client	N/A	5,986.14	23.94%
Total	**$80,483.57**	**$25,000.00**	**100.00%**

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 100D

Amount of Aid	$59,849.00	Account Number	11385764
Amount Paid	0.00	Name	Adult Female
Balance Due	59,849.00	Service Date	12/30/06 thru 01/08/07
Compromise Amount Offered	11,201.74	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$48,647.26	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at Harbor UCLA Medical Center at a cost of $59,849.00. There was 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	$ 16,665.00	$16,665.00	33.33%
Attorney Cost	1,965.45	1,965.45	3.93%
Kaiser	25,000.00	4,722.27	9.44%
County of Los Angeles	59,849.00	11,201.74	22.40%
Net to Client	N/A	15,445.54	30.90%
Total	**$103,479.45**	**$50,000.00**	**100.00%**

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 100E

Amount of Aid	$88,936.00	Account Number	10946820
Amount Paid	0.00	Name	Adult Male
Balance Due	88,936.00	Service Date	12/25/04 thru 01/12/05
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	$83,936.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a motorcycle versus automobile accident. He was treated at LAC USC Medical Center at a cost of $88,936.00. 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	$ 5,000.00	33.33%
Attorney Cost	1,455.00	1,455.00	9.70%
Los Angeles Occupational Health Center	3,763.00	1,200.00	8.00%
Fred L. Hafezi, M.D.	1,152.00	500.00	3.33%
Covina Pharmacy, Inc.	69.00	35.00	0.24%
County of Los Angeles	88,936.00	5,000.00	33.33%
Net to Client	N/A	1,810.00	12.07%
Total	**$100,375.00**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and receives support from the church, 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. 100F

Amount of Aid	$72,984.00	Account Number	11428526
Amount Paid	0.00	Name	Adult Female
Balance Due	72,984.00	Service Date	11/26/06 thru 12/08/06
Compromise Amount Offered	21,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	$51,984.00	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of $72,984.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $70,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 24,000.00	$23,333.00	33.33%
Attorney Cost	1,000.00	1,000.00	1.43%
Lee & Rodriguez Physical Therapy	300.00	150.00	0.21%
Pristine Medical Group	600.00	400.00	0.57%
Whitefield Radiology Medical Group	65.00	50.00	0.08%
County of Los Angeles	72,984.00	21,000.00	30.00%
Net to Client	N/A	24,067.00	34.38%
Total	**$ 98,949.00**	**$70,000.00**	**100.00%**

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