COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
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LOS ANGELES, CALIFORNIA 90012

MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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March 10, 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 11412100 in amount of $ 3,608.66
2. Account Number 11426779 in amount of $ 7,500.00
3. Account Number 10924166 in amount of $474,842.25
4. Account Number 10649932 in amount of $ 5,000.00
5. Account Number 11290671 in amount of $ 4,660.51
6. Account Number 11626973 in amount of $ 5,055.85
7. Account Number 11329753 in amount of $ 9,036.09

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.102

Attachments (7)

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. 102A

Amount of Aid	$28,909.00	Account Number	11412100
Amount Paid	0.00	Name	Adult Female
Balance Due	$28,909.00	Service Date	07/17/07 thru 08/02/07
Compromise Amount Offered	3,608.66	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$25,300.34	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of $28,909.00. 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	0.00	0.00	0.00%
Dr. David Cantong, D.C.	4,755.00	593.56	3.96%
Dr. Victor Tong, D.C.	165.00	20.60	0.14%
Dr. Isaac Regev	650.00	81.14	0.54%
Advanced Radiology	5,576.00	696.04	4.64%
County of Los Angeles	28,909.00	3,608.66	24.06%
Net to Client	N/A	5,000.00	33.33%
Total	**$45,055.00**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client is employed and earns 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. 102B

Amount of Aid	$97,030.00	Account Number	11426779
Amount Paid	0.00	Name	Adult Male
Balance Due	$97,030.00	Service Date	09/21/07 thru 10/22/07
Compromise Amount Offered	7,500.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$89,530.00	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 $97,030.00. There is no Medi-Cal or private insurance involvement.

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

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
County of Los Angeles	$97,030.00	$ 7,500.00	50.00%
Net to Client	N/A	7,500.00	50.00%
Total	**$97,030.00**	**$15,000.00**	**100.00%**

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 102C

Amount of Aid	$633,123.00	Account Number	10924166
Amount Paid	0.00	Name	Adult Male
Balance Due	633,123.00	Service Date	11/06/03 thru 01/16/04
Compromise Amount Offered	474,842.25	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$158,280.75	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a helicopter accident. He was treated at Harbor UCLA Medical Center at a cost of $633,123.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $4,600,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$1,165,000.00	$1,165,000.00	25.33%
Attorney Cost	353,393.00	330,320.12	7.18%
Harbor UCLA Foundation	73,489.85	73,489.85	1.60%
Torrance Fire Department	336.50	336.50	0.007%
Gerber Ambulance	661.75	661.75	0.015%
Dr. Robert Audell	3,568.00	3,568.00	0.07%
Western Imaging	2,683.00	2,683.00	0.06%
Dr. David K. Wellisch	6,750.00	6,750.00	0.15%
Dr. Michel Brones	6,451.00	6,451.00	0.14%
Conservative Care Specialists	375.00	375.00	0.008%
Longwood Plastic Surgery	4,760.00	4,760.00	0.10%
Calderbank Medical Chambers	1,235.34	1,235.34	0.03%
County of Los Angeles	633,123.00	474,842.25	10.32%
Net to Client	N/A	2,529,527.19	54.99%
Total	**$2,251,826.44**	**$4,600,000.00**	**100.00%**

Our financial investigation reveals that the client is permanently disabled and requires ongoing medical and psychological treatment. He supports himself and his family from proceeds of the settlement.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES TRANSMITTAL NO. 102D
TREASURER AND TAX COLLECTOR

Amount of Aid	$30,475.00	Account Number	10649932
Amount Paid	0.00	Name	Adult Male
Balance Due	$30,475.00	Service Date	06/01/02 thru 06/20/02
Compromise Amount Offered	5,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$25,475.00	Service Type	Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of $30,475.00. 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	$ 6,000.00	40.00%
Attorney Cost	453.90	453.90	3.03%
HP Sears Collectors	6,400.00	1,890.15	12.60%
County of Los Angeles	30,475.00	5,000.00	33.33%
Net to Client	N/A	1,655.95	11.04%
Total	**$43,328.90**	**$15,000.00**	**100.00%**

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 102E

Amount of Aid	$53,706.00	Account Number	11290671
Amount Paid	0.00	Name	Adult Female
Balance Due	$53,706.00	Service Date	04/26/06 thru 09/11/06
Compromise Amount Offered	4,660.51	Facility	LAC USC Medical Center
Amount to be Written Off	$49,045.49	Service Type	Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of $53,706.00. 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	250.00	250.00	1.67%
Dr. George Leung	2,950.00	1,000.00	6.67%
County of Los Angeles	53,706.00	4,660.51	31.07%
Net to Client	N/A	4,089.49	27.26%
Total	**$61,906.00**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client 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. 102F

Amount of Aid	$11,015.00	Account Number	11626973
Amount Paid	0.00	Name	Adult Female
Balance Due	$11,015.00	Service Date	05/06/08 thru 05/29/08
Compromise Amount Offered	5,055.85	Facility	Olive View UCLA Medical Center
Amount to be Written Off	$ 5,959.15	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Olive View UCLA Medical Center at a cost of $11,015.00. 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	$ 8,013.61	$ 8,013.61	32.06%
Attorney Cost	319.72	319.72	1.28%
Santa Monica Fire Department	729.13	334.67	1.34%
St. John's Medical Center	4,192.92	1,924.55	7.70%
City of Santa Monica	185.26	185.26	0.74%
2nd Ambulance	744.13	341.55	1.37%
Pathology Medical Group	107.00	48.03	0.19%
Dr. Robert Applebaum	950.00	443.43	1.77%
County of Los Angeles	11,015.00	5,055.85	20.22%
Net to Client	N/A	8,333.33	33.33%
Total	**$26,256.77**	**$25,000.00**	**100.00%**

Our financial investigation reveals that the client is employed and earns 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. 102G

Amount of Aid	$26,034.00	Account Number	11329753
Amount Paid	0.00	Name	Adult Male
Balance Due	$26,034.00	Service Date	05/25/06 thru 05/26/06
Compromise Amount Offered	9,036.09	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$16,997.91	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of $26,034.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $40,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$16,000.00	$16,000.00	40.00%
Attorney Cost	4,707.38	2,640.23	6.60%
Long Beach Prime Medical Group	1,250.00	250.00	0.63%
Foothill Rehabilitation	1,300.00	260.00	0.65%
Advance Radiology	3,183.00	636.60	1.59%
Dr. Willious Lanier, Jr.	3,205.00	641.00	1.60%
Los Angeles Fire Department	906.75	181.35	0.45%
County of Los Angeles	26,034.00	9,036.09	22.59%
Net to Client	N/A	10,354.73	25.89%
Total	**$56,586.13**	**$40,000.00**	**100.00%**

Our financial investigation reveals that the client is employed and earns a marginal income. He has no other source of income or tangible assets.