Health Services
LOS ANGELES COUNTY

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To improve health through leadership, service and education

July 7, 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:

REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT:

To request Board approval for the Interim Director of Health Services (Director) to accept compromise offers of settlement for patients who received medical care at County facilities. The compromise offers of settlement referenced below are not within the Director's authority to accept.

IT IS RECOMMENDED THAT YOUR BOARD:

Authorize the Director or his designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, of the following individual accounts:

(1)	Account Number	LAC+USC – Various	$ 3,250
(2)	Account Number	LAC+USC – Various	$ 3,443
(3)	Account Number	LAC+USC – Various	$ 4,565
(4)	Account Number	LAC+USC – Various	$ 5,000
(5)	Account Number	LAC+USC – 7248198	$ 5,000
(6)	Account Number	LAC+USC – Various	$ 5,000
(7)	Account Number	LAC+USC – Various	$ 5,000
(8)	Account Number	LAC+USC – Various	$ 7,000
(9)	Account Number	LAC+USC – 3157638	$ 7,500
(10)	Account Number	LAC+USC – Various	$ 8,333
(11)	Account Number	LAC+USC – Various	$ 16,522
(12)	Account Number	LAC+USC – Various	$ 83,251
(13)	Account Number	LAC+USC – Various	$ 135,000
(14)	Account Number	H/UCLA – 9530120	$ 477,781

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PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The compromise offers of settlement for patient accounts (1) – (13) are recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department was able to negotiate or was offered under the legal settlement involved in this case. The compromise offer of settlement for patient account (14) is recommended because the amount is the highest amount that could be negotiated with the patient's insurance provider (Commercial or HMO) under the circumstances of the case, and receipt of such insurance proceeds prevents further collection from the patient, except for possible beneficiary co-insurance or deductible obligations.

The best interests of the County would be served by approving the acceptance of these compromises, as it will enable the Department of Health Services (DHS) to maximize net revenue on these accounts.

Implementation of Strategic Plan Goals

The recommended action supports Goal 1, Operational and Effectiveness, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

This will expedite the County's recovery of revenue totaling approximately $766,645.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Chapter Section 2.76.046, the Director has the authority to reduce patient account liabilities by the greater of i) $15,000, or ii) $75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director's authority requires Board approval.

On January 15, 2002, your Board adopted an ordinance granting the Director authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

Typically, recoveries in legal settlements are divided approximately into thirds between plaintiff, plaintiff's attorney, and all medical lien holders, which would include the County's lien. Factors that contribute to each party receiving more or less than one-third of the recovery include the number of medical lien holders, the patient's attorney retainer agreement, and costs accrued by the patient during the legal process.

CONTRACTING PROCESS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts.

Respectfully submitted,

John F. Schunhoff, Ph.D.
Interim Director

JFS: lg

Attachments (14)

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

Compromise #78 BL

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 1
DATE: JULY 7, 2009

Total Charges	$18,896	**Account Number**	Various
Amount Paid	$0	**Service Type**	Inpatient & Outpatient
Balance Due	$18,896	**Date of Service**	Various
Compromise Amount Offered	$3,250	**% Of Charges**	17 %
Amount to be Written Off	$15,646	**Facility**	LAC+USC Medical Center

JUSTIFICATION

This patient was a passenger involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of $18,896 for medical services rendered. The patient was denied Medi-Cal (not eligible) and no other coverage was identified. The patient's third party liability (TPL) claim settled for $15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	$5,450	$3,000	20 %
Lawyer's Cost			
LAC+USC Medical Center **	$18,896	$3,250	22 %
Other Lien Holders **	$10,000	$2,000	13 %
Patient		$6,750	45 %
Total		$15,000	100%

* The attorney agreed to reduce his fees from $5,450 (36%) to $3,000 (20%).

** Lien holders are receiving 35% of the settlement (22% to LAC+USC Medical Center and 13% to others).

Based the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 2
DATE: JULY 7, 2009

Total Charges	$37,142	**Account Number**	Various
Amount Paid	$0	**Service Type**	Inpatient & Outpatient
Balance Due	$37,142	**Date of Service**	Various
Compromise Amount Offered	$3,442.50	**% Of Charges**	9 %
Amount to be Written Off	$33,699.50	**Facility**	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of $37,142 for medical services rendered. The patient's third party liability (TPL) claim settled for $13,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	$5,200	$4,200	32 %
Lawyer's Cost	$1,235	$1,235	10 %
LAC+USC Medical Center **	$37,142	$3,442.50	27 %
Other Lien Holders **	$22,178	$3,678	28 %
Patient		$444.50	3 %
Total		$13,000	100%

* The attorney agreed to reduce his fees from $5,200 (40%) to $4,200 (32%).

** Lien holders are receiving 55% of the settlement (27% to LAC+USC Medical Center and 28% to others).

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 3
DATE: JULY 7, 2009

Total Charges	$61,770	**Account Number**	Various
Amount Paid	$0	**Service Type**	Inpatient & Outpatient
Balance Due	$61,770	**Date of Service**	Various
Compromise Amount Offered	$4,565.41	**% Of Charges**	7 %
Amount to be Written Off	$57,204.59	**Facility**	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus pedestrian accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of $61,770 for medical services rendered. The patient's third party liability (TPL) claim settled for $15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	$5,000	$5,000	33 %
Lawyer's Cost *	$369		
LAC+USC Medical Center **	$61,770	$4,565.41	31 %
Other Lien Holders **	$5,880	$434.58	3 %
Patient		$5,000.01	33 %
Total		$15,000	100%

* The attorney agreed to waive his cost.

** Lien holders are receiving 34% of the settlement (31% to LAC+USC Medical Center and 3% to others).

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 4
DATE: JULY 7, 2009

Total Charges	$52,206	**Account Number**	Various
Amount Paid	$0	**Service Type**	Inpatient & Outpatient
Balance Due	$52,206	**Date of Service**	Various
Compromise Amount Offered	$5,000	**% Of Charges**	10 %
Amount to be Written Off	$47,206	**Facility**	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus pedestrian accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of $52,206 for medical services rendered. The patient is a General Relief patient. The patient's third party liability (TPL) claim settled for $15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	$5,000	$5,000	33 %
Lawyer's Cost	$482	$482	3 %
LAC+USC Medical Center	$52,206	$5,000	33 %
Other Lien Holders			
Patient		$4,518	31 %
Total		$15,000	100%

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 5
DATE: JULY 7, 2009

Total Charges	$68,246	**Account Number**	7248198
Amount Paid	$0	**Service Type**	Inpatient
Balance Due	$68,246	**Date of Service**	6/6/08 – 4/14/08
Compromise Amount Offered	$5,000	**% Of Charges**	7 %
Amount to be Written Off	$63,246	**Facility**	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient charges of $68,246 for medical services rendered. The patient's third party liability (TPL) claim settled for $15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	$5,000	$5,000	33.33 %
Lawyer's Cost *	$150		
LAC+USC Medical Center	$68,246	$5,000	33.34 %
Other Lien Holders			
Patient		$5,000	33.33 %
Total		$15,000	100%

* The attorney agreed to waive his cost.

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 6
DATE: JULY 7, 2009

Total Charges	$80,866	**Account Number**	Various
Amount Paid	$0	**Service Type**	Inpatient & Outpatient
Balance Due	$80,866	**Date of Service**	Various
Compromise Amount Offered	$5,000	**% Of Charges**	6 %
Amount to be Written Off	$75,866	**Facility**	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus cyclist accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of $80,866 for medical services rendered. The patient was not eligible for Medi-Cal and has ATP with no liability. The patient's third party liability (TPL) claim settled for $15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	$5,000	$3,500	23 %
Lawyer's Cost	$406.93	$406.93	3 %
LAC+USC Medical Center	$80,866	$5,000	33 %
Other Lien Holders			
Patient		$6,093.07	41 %
Total		$15,000	100%

* The attorney agreed to reduce his fees from $5,000 (33%) to $3,500 (23%).

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 7
DATE: JULY 7, 2009

Total Charges	$56,038	**Account Number**	Various
Amount Paid	$0	**Service Type**	Inpatient & Outpatient
Balance Due	$56,038	**Date of Service**	Various
Compromise Amount Offered	$5,000	**% Of Charges**	9 %
Amount to be Written Off	$51,038	**Facility**	LAC+USC Medical Center

JUSTIFICATION

This patient was a passenger involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of $56,038 for medical services rendered. The patient's third party liability (TPL) claim settled for $15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	$5,000	$3,500	23 %
Lawyer's Cost			
LAC+USC Medical Center **	$56,038	$5,000	33 %
Other Lien Holders **	$6,556.86	$1,900	13 %
Patient		$4,600	31 %
Total		$15,000	100%

* The attorney agreed to reduce his fees from $5,000 (33%) to $3,500 (23%).
** Lien holders are receiving 46% of the settlement (33% to LAC+USC Medical Center and 13% to others).

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 8
DATE: JULY 7, 2009

Total Charges	$32,578	**Account Number**	Various
Amount Paid	$0	**Service Type**	Inpatient & Outpatient
Balance Due	$32,578	**Date of Service**	Various
Compromise Amount Offered	$7,000	**% Of Charges**	21 %
Amount to be Written Off	$25,578	**Facility**	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus pedestrian accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of $32,578 for medical services rendered. The patient was not eligible for Medi-Cal and has ATP with no liability. The patient's third party liability (TPL) claim settled for $15,000, the policy limit carried by the party responsible at the time of the accident, and the patient is proposing (no attorney involved in this case) the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees			
Lawyer's Cost			
LAC+USC Medical Center *	$32,578	$7,000	47 %
Other Lien Holders			
Patient		$8,000	53 %
Total		$15,000	100%

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 9
DATE: JULY 7, 2009

Total Charges	$30,410	**Account Number**	3157638
Amount Paid	$0	**Service Type**	Inpatient
Balance Due	$30,410	**Date of Service**	7/29/05 – 8/3/05
Compromise Amount Offered	$7,500	**% Of Charges**	25 %
Amount to be Written Off	$22,910	**Facility**	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus pedestrian accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient charges of $30,410 for medical services rendered. The patient did not apply for Medi-Cal or any of Los Angeles County's low cost/no cost programs. The patient's third party liability (TPL) claim settled for $20,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	$6,666.66	$3,000	15 %
Lawyer's Cost	$438.96	$438.96	2 %
LAC+USC Medical Center **	$30,410	$7,500	38 %
Other Lien Holders **	$15,835.20	$6,061.04	30 %
Patient		$3,000	15 %
Total		$20,000	100%

* The attorney agreed to reduce his fees from $6,666.66 (33%) to $3,000 (15%).
** Lien holders are receiving 68% of the settlement (38% to LAC+USC Medical Center and 30% to others).

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 10
DATE: JULY 7, 2009

Total Charges	$35,810	**Account Number**	Various
Amount Paid	$0	**Service Type**	Inpatient & Outpatient
Balance Due	$35,810	**Date of Service**	Various
Compromise Amount Offered	$8,333.33	**% Of Charges**	23 %
Amount to be Written Off	$27,476.67	**Facility**	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of $35,810 for medical services rendered. The patient had no identifiable coverage. The patient's third party liability (TPL) claim settled for $25,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	$8,333.33	$8,333.33	33 %
Lawyer's Cost	$129	$129	1 %
LAC+USC Medical Center	$35,810	$8,333.33	33 %
Other Lien Holders			
Patient		$8,204.34	33 %
Total		$25,000	100%

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 11
DATE: JULY 7, 2009

Total Charges	$206,392	**Account Number**	Various
Amount Paid	$0	**Service Type**	Inpatient & Outpatient
Balance Due	$206,392	**Date of Service**	Various
Compromise Amount Offered	$16,521.95	**% Of Charges**	8 %
Amount to be Written Off	$189,870.05	**Facility**	LAC+USC Medical Center

JUSTIFICATION

This patient suffered burns at his place of residence. As a result of his injuries, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of $206,392 for medical services rendered. The patient did not apply for Medi-Cal or any of Los Angeles County's low cost/no cost programs. The patient's third party liability (TPL) claim settled for $50,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	$16,666	$16,666	33 %
Lawyer's Cost	$290.09	$290.09	1 %
LAC+USC Medical Center	$206,392	$16,521.95	33 %
Other Lien Holders			
Patient		$16,521.96	33 %
Total		$50,000	100%

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 12
DATE: JULY 7, 2009

Total Charges	$315,649	**Account Number**	Various
Amount Paid	$0	**Service Type**	Inpatient & Outpatient
Balance Due	$315,649	**Date of Service**	Various
Compromise Amount Offered	$83,250.84	**% Of Charges**	26 %
Amount to be Written Off	$232,398.16	**Facility**	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of $315,649 for medical services rendered. The patient was denied Medi-Cal (not eligible) and did not apply for any of Los Angeles County's low cost/no cost programs. The patient's third party liability (TPL) claim settled for $250,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	$83,333.33	$83,333.33	33.33 %
Lawyer's Cost	$165	$165	.07 %
LAC+USC Medical Center *	$315,649	$83,250.84	33.30 %
Other Lien Holders *	$445	$445	.18 %
Patient		$82,805.83	33.12 %
Total		$250,000	100%

* Lien holders are receiving 34.48% of the settlement (33.30% to LAC+USC Medical Center and .18% to others.

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 13
DATE: JULY 7, 2009

Total Charges	$223,470	**Account Number**	Various
Amount Paid	$0	**Service Type**	Inpatient & Outpatient
Balance Due	$223,470	**Date of Service**	Various
Compromise Amount Offered	$135,000	**% Of Charges**	60 %
Amount to be Written Off	$88,470	**Facility**	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of $223,470 for medical services rendered. The patient was denied Medi-Cal (not eligible) and has ATP with no liability. The patient's third party liability (TPL) claim settled for $475,000 and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	$190,000	$190,000	40 %
Lawyer's Cost	$5,000	$5,000	1 %
LAC+USC Medical Center	$223,470	$135,000	28 %
Other Lien Holders			
Patient		$145,000	31 %
Total		$475,000	100%

* Attorney's fee of 40% was agreed upon in the retainer agreement between the patient and her attorney.

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 14
DATE: JULY 7, 2009

Total Charges	$597,226	**Account Number**	9530120
Amount Paid	$0	**Service Type**	Inpatient
Balance Due	$597,226	**Date of Service**	11/29/08 - 1/18/09
Compromise Amount Offered	$477,780.80	**% Of Charges**	80 %
Amount to be Written Off	$119,445.20	**Facility**	H/UCLA Medical Center

JUSTIFICATION

The above compromise offer of settlement is the highest amount that could be negotiated with the patient's insurance (Commercial or HMO) under the circumstances of this case, and receipt of such insurance proceeds prevents further collection from the patient, except for possible beneficiary coinsurance or deductible obligations.