COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

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MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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January 29, 2004

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:

Linda Henry, in amount of $5,000
Mari M. Bicakci, in amount of $522.65
Lucinia R. Points, in amount of $4,736.58
Samuel K. Bowie, in amount of $4,974.11
Guillermo Garcia, in amount of $3,977
Michael Sanchez, in amount of $5,000

JUSTIFICATION:

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

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.

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.

Respectfully submitted,

MARK J. SALADINO
Treasurer and Tax Collector

MJS:DA:efh
z:Comp.60

Attachments

C: Chief Administrative Officer
County Counsel

APPROVED
LLOYD W. PELLMAN
County Counsel

By

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 60A
DATE: January 29, 2004

Amount of Aid	$30,410.00	Account Number	10730874
Amount Paid	0.00	Name	Henry, Linda
Balance Due	30,410.00	Service Date	11/12/02 to 11/17/02
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	$25,410.00	Service Type	Inpatient

JUSTIFICATION

Ms. Henry was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical center at a cost of $30,410.00. 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	275.74	274.74	1.84%
Kaiser Hospital	206.00	206.00	1.38%
Providence Holy Cross Medical Center	232.00	232.00	1.54%
County of Los Angeles	30,410.00	5,000.00	33.33%
Net to Client	N/A	4,287.26	28.58%
Total	**$36,123.74**	**$15,000.00**	**100.00%**

Our financial investigation reveals that Ms. Henry is unemployed and lives with her parents. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 60B
DATE: January 29, 2004

Amount of Aid	$28,840.00	Account Number	10596873
Amount Paid	.00	Name	Bicakci, Mari M.
Balance Due	28,840.00	Service Date	09/06/01 to 10/18/01
Compromise Amount Offered	522.65	Facility	LAC USC Medical Center
Amount to be Written Off	$28,317.35	Service Type	Inpatient/Outpatient

JUSTIFICATION

Ms. Bicakci was involved in a slip and fall accident. She was treated at LAC USC Medical Center at a cost of $28,840.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $2,001.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$ 800.00	$ 657.52	32.85%
Attorney Cost	820.83	820.83	41.02%
Orthopedic Care	1,000.00	0.00	0.00%
County of Los Angeles	28,840.00	522.65	26.13%
Net to Client	N/A	0.00	0.00%
Total	**$31,460.83**	**$2,001.00**	**100.00%**

Our financial investigation reveals that Ms. Bicakci is unemployed and is supported by relatives. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 60C
DATE: January 29, 2004

Amount of Aid	$31,254.00	Account Number	10733212
Amount Paid	0.00	Name	Points, Lucinia R.
Balance Due	31,254.00	Service Date	02/01/02 to 02/0602
Compromise Amount Offered	4,736.58	Facility	MLK Drew Medical Center
Amount to be Written Off	$26,517.42	Service Type	Inpatient/Outpatient

JUSTIFICATION

Ms. Points was involved in an automobile versus automobile accident. She was treated at Martin Luther King Drew Medical Center at a cost of $31,254.00. 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	$ 4,736.57	$ 4,736.57	31.57%
Attorney Cost	790.28	790.28	5.29%
County of Los Angeles	31,254.00	4,736.58	31.57%
Net to Client	N/A	4,736.57	31.57%
Total	**$36,780.85**	**$15,000.00**	**100.00%**

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 60D
DATE: January 29, 2004

Amount of Aid	$22,893.00	Account Number	10567569
Amount Paid	.00	Name	Garcia, Guillermo
Balance Due	22,893.00	Service Date	12/27/00 to 01/02/01
Compromise Amount Offered	3,977.00	Facility	Harbor UCLA Medical Ctr.
Amount to be Written Off	$18,916.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Garcia was involved in an accident while riding a scooter down the sidewalk and fell into an uncovered cable vault. He was treated at Harbor UCLA Medical Center at a cost of $22,893.00. 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	$ 4,362.00	29.08%
Attorney Cost	1,914.00	1,914.00	12.76%
Dr. Schmidit	720.00	135.00	0.90%
San Pedro Hospital	1,139.00	175.00	1.16%
Dr. Shea	233.00	50.00	0.33%
Harborside Radiology	124.00	25.00	0.16%
County of Los Angeles	22,893.00	3,977.00	26.53%
Net to Client	N/A	4,362.00	29.08%
Total	**$33,023.00**	**$15,000.00**	**100.00%**

Our financial investigation reveals that Mr. Garcia lives and works in Tijuana, Mexico. He supports himself and family of three with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 60E
DATE: January 29, 2004

Amount of Aid	$81,116.00	Account Number	10750375
Amount Paid	.00	Name	Bowie, Samuel K.
Balance Due	81,116.00	Service Date	05/04/03 to 08/20/03
Compromise Amount Offered	4,974.11	Facility	LAC USC Medical Center
Amount to be Written Off	$76,141.89	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Bowie was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of $81,116.00. 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	51.78	51.78	0.35%
County of Los Angeles	81,116.00	4,974.11	33.16%
Net to Client	N/A	4,974.11	33.16%
Total	**$86,167.78**	**$15,000.00**	**100.00%**

Our financial investigation reveals that Mr. Bowie is unemployed and receives Workers' Compensation insurance benefits. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 60F
DATE: January 29, 2004

Amount of Aid	$24,328.00	Account Number	10708139
Amount Paid	.00	Name	Sanchez, Michael
Balance Due	24,328.00	Service Date	09/18/02 to 09/21/02
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	$19,328.00	Service Type	Inpatient

JUSTIFICATION

Mr. Sanchez was involved in an automobile versus bicycle accident. He was treated at LAC USC Medical Center at a cost of $24,328.00. 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	721.00	721.00	4.80%
County of Los Angeles	24,328.00	5,000.00	33.33%
Net to Client	N/A	4,279.00	28.54%
Total	**$30,049.00**	**$15,000.00**	**100.00%**

Our financial investigation reveals that Mr. Sanchez is unemployed and receives support from relatives. He has no other source of income or tangible assets.