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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June 3, 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:

Account Number 10771593, in amount of $4,336
Account Number 10687248, in amount of $4,506.07
Account Number 10707105, in amount of $14,545.98
Account Number 10800944, in amount of $4,882.90
Account Number 10768995, in amount of $8,070.73
Account Number 10785359, in amount of $3,563.81
Account Number 10778403, in amount of $4,910.34
Account Number 10815143, in amount of $27,496.34
Account Number 10807733, in amount of $977
Account Number 10671198, in amount of $11,195.55
Account Number 10549216, in amount of $4,000

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,

Anthony Sgrignowich (for)

MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:efh
e:Comp.64

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED AS TO FORM

OFFICE OF THE COUNTY COUNSEL

By Mae M. Cuello
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64A
DATE: June 3, 2004

Amount of Aid	$20,496.00	Account Number	10771593
Amount Paid	.00	Client	Adult Female
Balance Due	20,496.00	Service Date	12/20/02 to 02/24/03
Compromise Amount Offered	4,336.00	Facility	LAC USC Medical Ctr.
Amount to be Written Off	$16,160.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. The client was treated at LAC USC Medical Center at a cost of $20,496.00. 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%
Los Angeles Health Care	3,140.00	664.00	4.42%
County of Los Angeles	20,496.00	4,336.00	28.92%
Net to Client	N/A	5,000.00	33.33%
Total	**$28,636.00**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and receives support from 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. 64B
DATE: June 3, 2004

Amount of Aid	$44,423.00	Account Number	10687248
Amount Paid	.00	Client	Adult Male
Balance Due	44,423.00	Service Date	05/20/02 to 08/13/02
Compromise Amount Offered	4,506.07	Facility	Harbor UCLA Medical Ctr.
Amount to be Written Off	$39,916.93	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. The client was treated at Harbor UCLA Medical Center at a cost of $44,423.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $17,400.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$ 5,742.00	$ 5,742.00	33.00%
Attorney Cost	1,569.50	669.50	3.85%
City of Long Beach Ambulance	567.75	61.37	.35%
St. Mary's Medical	9,177.50	917.37	5.28%
St. Mary's Radiology	18.00	1.80	.01%
St. Mary's Pathology	73.45	7.35	.04%
Greater Long Beach Ortho	261.00	26.10	.15%
Care Ambulance	567.75	56.78	.32%
County of Los Angeles	44,423.00	4,506.07	25.90%
Net to Client	N/A	5,411.66	31.10%
Total	**$62,399.95**	**$17,400.00**	**100.00%**

Our financial investigation reveals that the client receives General Relief. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64C
DATE: June 3, 2004

Amount of Aid	$49,082.00	Account Number	10707105
Amount Paid	.00	Client	Adult Female
Balance Due	49,082.00	Service Date	06/10/02 to 06/24/02
Compromise Amount Offered	14,545.98	Facility	Harbor UCLA Medical Ctr.
Amount to be Written Off	$34,536.02	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a pedestrian versus bus accident. The client was treated at Harbor UCLA Medical Center at a cost of $49,082.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $45,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$14,545.98	$14,545.98	32.32%
Attorney Cost	1,362.05	1,362.05	3.03%
County of Los Angeles	49,082.00	14,545.98	32.32%
Net to Client	N/A	14,545.99	32.33%
Total	**$64,990.03**	**$45,000.00**	**100.00%**

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64D
DATE: June 3, 2004

Amount of Aid	$254,850.00	Account Number	10800944
Amount Paid	.00	Client	Adult Female
Balance Due	254,850.00	Service Date	05/08/03 to 08/07/03
Compromise Amount Offered	4,882.90	Facility	LAC USC Medical Center
Amount to be Written Off	$249,967.10	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a pedestrian versus automobile accident. The client was treated at LAC USC Medical Center at a cost of $254,850.00. 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	15.45	15.45	.10%
Los Angeles Fire Department	610.00	11.69	.08%
Huntington Park	2,155.00	41.29	.28%
Health Plus Care	990.00	18.97	.13%
Ali A. Dini, M.D.	1,550.00	29.70	.20%
County of Los Angeles	254,850.00	4,882.90	32.55%
Net to Client	N/A	5,000.00	33.33%
Total	**$265,170.45**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client 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. 64E
DATE: June 3, 2004

Amount of Aid	$34,160.00	Account Number	10768995
Amount Paid	.00	Client	Adult Female
Balance Due	34,160.00	Service Date	08/10/03 to 10/01/03
Compromise Amount Offered	8,070.73	Facility	LAC USC Medical Center
Amount to be Written Off	$26,089.27	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. The client was treated at LAC USC Medical Center at a cost of $34,160.00. 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	$ 8,333.34	$ 8,333.34	33.33%
Attorney Cost	248.23	248.23	1.00%
City of Alhambra Fire Department	764.00	764.00	3.06%
County of Los Angeles	34,160.00	8,070.73	32.28%
Net to Client	N/A	7,583.70	30.33%
Total	**$43,505.57**	**$25,000.00**	**100.00%**

Our financial investigation reveals that the client is currently unemployed and receives support from her mother. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64F
DATE: June 3, 2004

Amount of Aid	$54,723.00	Account Number	10785359
Amount Paid	1,276.00	Client	Adult Female
Balance Due	53,447.00	Service Date	10/15/03 to 12/05/03
Compromise Amount Offered	3,563.81	Facility	LAC USC Medical Center
Amount to be Written Off	$49,883.19	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. The client was treated at LAC USC Medical Center at a cost of $54,723.00. There is no Medi-Cal or private insurance involvement, however, the client made a personal payment of $1,276.00.

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	50.00	50.00	.33%
Ambulance	419.00	419.00	2.79%
Torrance Memorial Hospital	1,276.00	1,276.00	8.50%
County of Los Angeles	54,723.00	3,563.81	32.29%
Net to Client	N/A	4,691.19	22.76%
Total	**$61,468.00**	**$15,000.00**	**100.00%**

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64F
DATE: June 3, 2004

Amount of Aid	$54,723.00	Account Number	10785359
Amount Paid	1,276.00	Client	Adult Female
Balance Due	53,447.00	Service Date	10/15/03 to 12/05/03
Compromise Amount Offered	3,563.81	Facility	LAC USC Medical Center
Amount to be Written Off	$49,883.19	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. The client was treated at LAC USC Medical Center at a cost of $54,723.00. There is no Medi-Cal or private insurance involvement, however, the client made a personal payment of $1,276.00.

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	50.00	50.00	.33%
Ambulance	419.00	419.00	2.79%
Torrance Memorial Hospital	1,276.00	1,276.00	8.50%
County of Los Angeles	54,723.00	3,563.81	32.29%
Net to Client	N/A	4,691.19	22.76%
Total	**$61,468.00**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and receives unemployment benefits. She has no other income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 64G
DATE: June 3, 2004

Amount of Aid	$18,246.00	Account Number	10778403
Amount Paid	.00	Client	Adult Male
Balance Due	18,246.00	Service Date	08/23/03 to 08/25/03
Compromise Amount Offered	4,910.34	Facility	LAC USC Medical Center
Amount to be Written Off	$13,335.66	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. The client was treated at LAC USC Medical Center at a cost of $18,246.00. 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	$ 4,910.33	32.73%
Attorney Cost	268.99	268.99	1.79%
County of Los Angeles	18,246.00	4,910.34	32.74%
Net to Client	N/A	4,910.34	32.74%
Total	**$23,514.99**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client supports himself and a three year old child 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. 64H
DATE: June 3, 2004

Amount of Aid	$68,727.00	Account Number	10815143
Amount Paid	.00	Client	Adult Female
Balance Due	68,727.00	Service Date	01/23/03 to 04/30/03
Compromise Amount Offered	27,496.34	Facility	MLK Drew Medical Center
Amount to be Written Off	$41,230.66	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. The client was treated at Martin Luther King Drew Medical Center at a cost of $68,727.00. Medi-Cal covered the ER Airlift charge.

The attorney has settled the case for the amount of $100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$ 32,296.12	$ 25,000.00	25.00%
Attorney Cost	3,111.66	.00	.00%
King Drew Medical Foundation	9,262.00	2,778.00	2.78%
California Department of Health Services	5,310.00	2,021.78	2.02%
County of Los Angeles	68,727.00	27,496.34	27.50%
Net to Client	N/A	42,703.88	42.70%
Total	**$118,706.78**	**$100,000.00**	**100.00%**

Our financial investigation reveals that the client is supported by her spouse 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. 641
DATE: June 3, 2004

Amount of Aid	$10,576.00	Account Number	10807733
Amount Paid	.00	Client	Adult Female
Balance Due	10,576.00	Service Date	08/19/01 to 08/21/01
Compromise Amount Offered	977.00	Facility	MLK Drew Medical Center
Amount to be Written Off	$ 9,599.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a trip and fall accident. The client was treated at Martin Luther King Drew Medical Center at a cost of $10,576.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $10,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$ 4,000.00	$ 3,333.00	33.33%
Attorney Cost	1,456.08	1,868.58	18.69%
St. Joseph Medical Center	2,432.00	244.00	2.44%
LA Metropolitan Medical Center	21,809.95	1,988.00	19.88%
Dr. Harold Markowitz	1,051.00	124.00	1.24%
County of Los Angeles	10,576.00	977.00	9.77%
Net to Client	N/A	1,465.42	14.65%
Total	**$41,325.03**	**$10,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and receives support from 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. 64J
DATE: June 3, 2004

Amount of Aid	$125,290.00	Account Number	10671198
Amount Paid	.00	Client	Adult Male
Balance Due	125,290.00	Service Date	10/13/01 to 12/27/01
Compromise Amount Offered	11,195.55	Facility	LAC USC Medical Center
Amount to be Written Off	$114,094.45	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a pedestrian versus automobile accident. The client was treated at LAC USC Medical Center at a cost of $125,290.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $38,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$ 11,195.54	$11,195.54	29.08%
Attorney Cost	4,913.36	4,913.36	12.76%
County of Los Angeles	125,290.00	11,195.55	29.08%
Net to Client	N/A	11,195.55	29.08%
Total	**$141,398.90**	**$38,500.00**	**100.00%**

Our financial investigation reveals that the client supports himself and family 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. 64K
DATE: June 3, 2004

Amount of Aid	$19,564.00	Account Number	10549216
Amount Paid	.00	Client	Adult Female
Balance Due	19,564.00	Service Date	10/28/00 to 01/18/01
Compromise Amount Offered	4,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	$15,564.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. The client was treated at LAC USC Medical Center at a cost of $19,564.00. 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	$4,000.00	26.66%
Attorney Cost	980.00	.00	.00%
American Medical Response	604.50	103.83	.69%
Emergency Ambulance	390.50	67.07	.45%
Kaiser	1,200.00	206.12	1.38%
Su Kim Lee M.D.	1,750.00	300.60	2.00%
Richard Tsai, M.D.	240.00	41.22	.28%
Allied Chiropractic	985.00	169.20	1.13%
Jimmy Wu/Excel	10,197.00	1,751.51	11.68%
County of Los Angeles	19,564.00	4,000.00	26.66%
Net to Client	N/A	4,360.45	29.07%
Total	**$40,911.00**	**$15,000.00**	**100.00%**

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