COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

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

MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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February 2, 2006

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 SUPERVISORIAL 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 10821034 in amount of $6,388.84
Account Number 10967652 in amount of $7,871.51
Account Number 10933420 in amount of $33,040.62
Account Number 10971491 in amount of $7,500

JUSTIFICATION:

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

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.

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.

Respectfully submitted,

MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:efh
X:Comp.78

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 78A
DATE: February 2, 2006

Amount of Aid	$64,670.00	Account Number	10821034
Amount Paid	.00	Name	Adult Male
Balance Due	64,670.00	Service Date	12/24/03 to 04/02/04
Compromise Amount Offered	6,388.84	Facility	LAC USC Medical Center
Amount to be Written Off	$58,281.16	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 $64,670.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $20,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 8,000.00	$ 6,388.83	31.94%
Attorney Costs	833.50	833.50	4.17%
County of Los Angeles	64,670.00	6,388.84	31.95%
Net to Client	N/A	6,388.83	31.94%
Total	**$73,503.50**	**$20,000.00**	**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. 78B
DATE: February 2, 2006

Amount of Aid	$27,063.00	Account Number	10967652
Amount Paid	.00	Name	Adult Male
Balance Due	27,063.00	Service Date	02/24/05 to 03/14/05
Compromise Amount Offered	7,871.51	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$19,191.49	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at Harbor UCLA Medical Center at a cost of $27,063.00. 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	$ 8,173.33	$ 8,173.33	32.69%
Attorney Costs	480.00	480.00	1.92%
Los Angeles County Fire Department	488.75	301.82	1.21%
County of Los Angeles	27,063.00	7,871.51	31.49%
Net to Client	N/A	8,173.34	32.69%
Total	**$36,205.08**	**$25,000.00**	**100.00%**

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 78C
DATE: February 2, 2006

Amount of Aid	$124,633.00	Account Number	10933420
Amount Paid	.00	Name	Adult Female
Balance Due	124,633.00	Service Date	11/24/04 to 02/07/05
Compromise Amount Offered	33,040.62	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$ 91,592.38	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at Harbor UCLA Medical Center at a cost of $124,633.00. There is no Medi-Cal or private insurance involvement.

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	$ 33,040.62	$ 33,040.62	33.04%
Attorney Cost	878.13	878.13	.88%
County of Los Angeles	124,633.00	33,040.62	33.04%
Net to Client	N/A	33,040.63	33.04%
Total	**$158,551.75**	**$100,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and receives State disability 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. 78D
DATE: February 2, 2006

Amount of Aid	$43,477.00	Account Number	10971491
Amount Paid	.00	Name	Adult Male
Balance Due	43,477.00	Service Date	04/05/05 to 05/06/05
Compromise Amount Offered	7,500.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$35,977.00	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 $43,477.00. There is no Medi-Cal or private insurance involvement.

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

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
County of Los Angeles	$43,477.00	$ 7,500.00	50.00%
Net to Client	N/A	7,500.00	50.00%
Total	**$43,477.00**	**$15,000.00**	**100.00%**

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