



County of Los Angeles
CHIEF EXECUTIVE OFFICE

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LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
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WILLIAM T FUJIOKA
Chief Executive Officer

June 4, 2008

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 11366226 in the amount of \$7,448.37
2. Account Number 11006008 in the amount of \$9,742.94
3. Account Number 11401701 in the amount of \$4,721.75
4. Account Number 11414403 in the amount of \$3,550.00
5. Account Number 11166494 in the amount of \$125,703.43
6. Account Number 11403912 in the amount of \$4,028.19

PURPOSE /JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

Honorable Board of Supervisors
June 4, 2008
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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

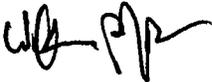
Not Applicable

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No Impact

Respectfully submitted,

Reviewed by:



WILLIAM T FUJIOKA
Chief Executive Officer

RAYMOND G. FORTNER, JR.
County Counsel

WTF:MJS

by 
Deputy County Counsel

Attachments (6)

c: Auditor-Controller
County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 98A

Amount of Aid	\$166,264.00	Account Number	11366226
Amount Paid	0.00	Name	Adult Male
Balance Due	166,264.00	Service Date	07/14/06 thru 03/02/07
Compromise Amount Offered	7,448.37	Facility	LAC USC / Olive View Medical Centers
Amount to be Written Off	\$158,815.63	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a slip and fall accident. He was treated at LAC USC and Olive View Medical Centers at a cost of \$166,264.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$34,735.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	11,046.07	\$11,046.07	31.79%
Attorney Cost	1,596.78	1,596.78	4.60%
Los Angeles Fire Department	1,813.00	81.74	0.24%
Pacifica Hospital	1,065.50	47.50	0.14%
Kaiser Hospital	673.00	29.82	0.09%
Providence Holy Cross Medical Ctr.	2,287.47	102.73	0.30%
Bakersfield Memorial Hospital	60,050.67	2,691.09	7.75%
San Joaquin Community Hospital	1,730.42	77.32	0.22%
Central California Emergency Medical	4,961.13	222.03	0.64%
Adventist Health	957.82	43.08	0.12%
Silver Orthopedics/Radiology Medical	6,762.80	302.40	0.87%
County of Los Angeles	166,264.00	7,448.37	21.44%
Net to Client	N/A	11,046.07	31.80%
Total	\$259,208.66	\$34,735.00	100.00%

Our financial investigation reveals that this client is unemployed and is supported by his parents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 98B

Amount of Aid	\$120,242.00	Account Number	11006008
Amount Paid	0.00	Name	Adult Male
Balance Due	120,242.00	Service Date	03/15/05 thru 04/07/05
Compromise Amount Offered	9,742.94	Facility	LAC USC Medical Center
Amount to be Written Off	\$110,499.06	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 \$120,242.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 10,000.00	\$10,000.00	33.33%
Attorney Cost	771.18	771.18	2.57%
County of Los Angeles	120,242.00	9,742.94	32.48%
Net to Client	N/A	9,485.88	31.62%
Total	\$131,013.18	\$30,000.00	100.00%

Our financial investigation reveals that the client is employed and 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. 98C

Amount of Aid	\$70,125.00	Account Number	11401701
Amount Paid	0.00	Name	Adult Male
Balance Due	70,125.00	Service Date	05/04/07 thru 05/31/07
Compromise Amount Offered	4,721.75	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$65,403.25	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 \$70,125.00. 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	556.50	556.50	3.71%
McCormick Ambulance	1,150.50	1,150.50	7.67%
County of Los Angeles	70,125.00	4,721.75	31.48%
Net to Client	N/A	3,571.25	23.81%
Total	\$76,832.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and supports himself with public assistance. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 98D

Amount of Aid	\$91,366.00	Account Number	11414403
Amount Paid	0.00	Name	Adult Male
Balance Due	91,366.00	Service Date	05/12/06 thru 05/13/06
Compromise Amount Offered	3,550.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$87,816.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a motorcycle versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$91,366.00. 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%
St. Mary's Medical Center	37,314.28	1,400.00	9.34%
Ambulance Service, Inc.	717.75	50.00	0.33%
County of Los Angeles	91,366.00	3,550.00	23.67%
Net to Client	N/A	5,000.00	33.33%
Total	\$134,398.03	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his friends and family. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 98E

Amount of Aid	\$342,756.00	Account Number	11166494
Amount Paid	0.00	Name	Adult Male
Balance Due	342,756.00	Service Date	10/06/05 thru 09/27/06
Compromise Amount Offered	125,703.43	Facility	LAC USC / Rancho Los Amigos Medical Centers
Amount to be Written Off	\$217,052.57	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a trip and fall accident. He was treated at LAC USC and Rancho Los Amigos Medical Centers at the cost of \$342,756.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$390,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$125,703.43	\$125,703.43	32.23%
Attorney Cost	12,889.71	12,889.71	3.31%
County of Los Angeles	342,756.00	125,703.43	32.23%
Net to Client	N/A	125,703.43	32.23%
Total	\$481,349.14	\$390,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives social security 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. 98F

Amount of Aid	\$61,532.00	Account Number	11403912
Amount Paid	0.00	Name	Adult Male
Balance Due	61,532.00	Service Date	07/12/07 thru 08/03/07
Compromise Amount Offered	4,028.19	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$57,503.81	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus bicycle accident. He was treated at Harbor UCLA Medical Center at a cost of \$61,532.00. 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	\$ 4,868.33	32.46%
Attorney Cost	395.00	395.00	2.63%
Good Samaritan Hospital	13,396.79	840.15	5.60%
County of Los Angeles	61,532.00	4,028.19	26.85%
Net to Client	N/A	4,868.33	32.46%
Total	\$80,323.79	\$15,000.00	100.00%

Our financial investigation reveals that the client is disabled, unemployed, and supported by family and friends. He has no other source of income or tangible assets.