



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

November 12, 2013

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFERS 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 THE 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 12768176 in amount of \$32,883.47
2. Account Number 12572151 in amount of \$ 5,206.47
3. Account Number 12528920 in amount of \$ 4,822.30
4. Account Number 12354362 in amount of \$ 4,933.34
5. Account Number 12678996 in amount of \$72,331.32
6. Account Number 12748553 in amount of \$ 6,997.10
7. Account Number 12790996 in amount of \$ 7,250.00
8. Account Number 12497179 in amount of \$23,501.95
9. Account Number 12429291 in amount of \$16,775.23
10. Account Number 12449545 in amount of \$ 4,298.05

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

13 November 12, 2013

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation. 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 Sustainability in pursuing collection of charges owed for County services.

Strategic Asset Management Principles Compliance

Not applicable.

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.

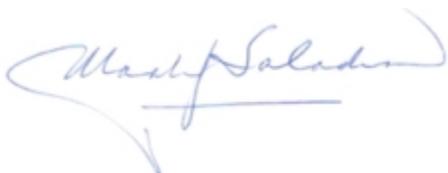
FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No Impact.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Mark J. Saladino", with a horizontal line underneath the name.

MARK J. SALADINO
Treasurer and Tax Collector

MJS:FR:apl

Enclosures

c: c: Chief Executive Officer

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.127A

Amount of Aid	\$99,751.00	Account Number	12768176
Amount Paid	0.00	Name	Adult Male
Balance Due	99,751.00	Service Date	06/30/2012 - 01/30/2013
Compromise Amount Offered	32,883.47	Facility	LAC USC Medical Center
Amount to be Written Off	\$66,867.53	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus scooter accident. He was treated at LAC USC Medical Center at a cost of \$99,751.00. There was 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	\$ 40,000.00	\$ 40,000.00	40.00%
Attorney Cost	1,349.60	1,349.60	1.35%
County of Los Angeles	99,751.00	32,883.47	32.88%
Net to Client	N/A	25,766.93	25.77%
Total	\$141,100.60	\$100,000.00	100.00%

Our financial investigation reveals that the client is an unemployed student who receives financial assistance from his family and friends. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.127B

Amount of Aid	\$63,303.00	Account Number	12572151
Amount Paid	0.00	Name	Adult Male
Balance Due	63,303.00	Service Date	08/14/2010 - 01/25/2011
Compromise Amount Offered	5,206.47	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$58,096.53	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 \$63,303.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$23,812.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 7,937.33	\$ 7,937.33	33.33%
Attorney Cost	267.55	267.55	1.12%
Edward Komberg, D.C.	5,974.26	700.00	2.94%
Jacqueline B. Aguiluz, DO, Inc.	700.00	60.00	0.25%
Advanced Professional Imaging	1,393.00	200.00	0.84%
Tri-City Regional Medical Center	9,307.35	1,100.00	4.62%
The Rawlings Company	14,750.00	1,500.00	6.30%
County of Los Angeles	63,303.00	5,206.47	21.86%
Net to Client	N/A	6,840.65	28.74%
Total	\$103,632.49	\$23,812.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 127C

Amount of Aid	\$85,716.00	Account Number	12528920
Amount Paid	0.00	Name	Adult Female
Balance Due	85,716.00	Service Date	05/27/2011 - 06/16/2011
Compromise Amount Offered	4,822.30	Facility	LAC USC Medical Center
Amount to be Written Off	\$80,893.70	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$85,716.00. There was 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	350.00	350.00	2.33%
Orange County Memorial Med. Ctr.	1,086.00	61.53	0.41%
County of Los Angeles	85,716.00	4,822.30	32.15%
Net to Client	N/A	4,766.17	31.78%
Total	\$92,152.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by her 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.127D

Amount of Aid	\$310,338.00	Account Number	12354362
Amount Paid	0.00	Name	Adult Male
Balance Due	310,338.00	Service Date	05/23/2010 - 08/11/2010
Compromise Amount Offered	4,933.34	Facility	LAC USC Medical Center
Amount to be Written Off	\$305,404.66	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 \$310,338.00. There was 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	200.00	200.00	1.34%
County of Los Angeles	310,338.00	4,933.34	32.88%
Net to Client	N/A	4,866.66	32.45%
Total	\$315,538.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his 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.127E

Amount of Aid	\$153,528.00	Account Number	12678996
Amount Paid	0.00	Name	Adult Male
Balance Due	153,528.00	Service Date	07/13/2012 - 07/24/2012
Compromise Amount Offered	72,331.32	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$81,196.68	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 \$153,528.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$250,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$100,000.00	\$100,000.00	40.00%
Attorney Cost	3,733.24	3,733.24	1.49%
El Segundo Fire Department	1,685.00	794.68	0.32%
Spine Care and Orthopedic Physicians	5,285.00	2,489.43	1.00%
West Star Physical Therapy	10,385.00	4,897.77	1.96%
Andrew Berman, M.D.	1,250.00	591.95	0.24%
County of Los Angeles	153,528.00	72,331.32	.28.93%
Net to Client	N/A	65,161.61	26.06%
Total	\$275,866.24	\$250,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives unemployment 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.127F

Amount of Aid	\$37,108.00	Account Number	12748553
Amount Paid	0.00	Name	Adult Male
Balance Due	37,108.00	Service Date	02/14/2013 - 02/18/2013
Compromise Amount Offered	6,997.10	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$30,110.90	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$37,108.00. There was 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	\$ 8,333.33	\$ 8,333.33	33.33%
Attorney Cost	289.85	289.85	1.16%
McCormick Ambulance	1,751.25	325.04	1.30%
Key Health Medical Group	1,895.00	350.64	1.40%
LAX Medical Group	1,706.00	315.67	1.26%
Orthopedic Care Center of LA	1,225.00	226.67	0.91%
County of Los Angeles	37,108.00	6,997.10	27.99%
Net to Client	N/A	8,161.70	32.65%
Total	\$52,308.43	\$25,000.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.127G

Amount of Aid	\$44,835.00	Account Number	12790996
Amount Paid	0.00	Name	Adult Male
Balance Due	44,835.00	Service Date	05/09/2012 - 05/30/2012
Compromise Amount Offered	7,250.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$37,585.00	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 \$44,835.00. There was 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	\$ 8,333.33	\$ 8,333.33	33.33%
Pacific West Wellness	5,380.00	833.33	3.34%
City of Pasadena Fire Department	1,523.00	250.00	1.00%
County of Los Angeles	44,835.00	7,250.00	29.00%
Net to Client	N/A	8,333.34	33.33%
Total	\$60,071.33	\$25,000.00	100.00%

Our financial investigation reveals that the client is recently unemployed and receives unemployment 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.127H

Amount of Aid	\$72,984.00	Account Number	12497179
Amount Paid	0.00	Name	Adult Male
Balance Due	72,984.00	Service Date	07/16/2010 - 07/28/2010
Compromise Amount Offered	23,501.95	Facility	LAC USC Medical Center
Amount to be Written Off	\$49,482.05	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$72,984.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$450,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$202,500.00	\$202,500.00	45.00%
Attorney Cost	44,742.00	44,742.00	9.94%
Los Angeles Fire Department	1,051.00	338.43	0.07%
Bowers Ambulance	787.00	253.42	0.06%
Olympia Medical Center	307,117.00	98,896.63	21.98%
David Ramin, M.D.	5,260.00	1,693.79	0.38%
Century Radiology	1,174.00	378.04	0.08%
M. Agahi, M.D.	350.00	112.70	0.02%
T. Nikravesh, M.D.	1,350.00	434.70	0.09%
M. Ganjianpour, M.D.	47,628.00	15,336.93	3.41%
Westside Anesthesia	7,500.00	2,415.06	0.53%
E. Gonzalez, P.A.	10,943.00	3,523.80	0.78%
UCLA Pathology	50.00	16.09	0.01%
Complete Care Supply	3,245.00	1,044.93	0.23%
Living Well	2,177.00	701.02	0.16%
Physical Medical Institute	6,580.00	2,118.85	0.47%
Beverly Radiology	1,430.00	460.47	0.10%
Integrated RPT	13,045.00	4,200.67	0.94%
Global Psychological	3,290.00	1,059.42	0.24%

Unicare Diagnostic Center	7,067.00	2,275.67	0.51%
Marathon Express	2,154.00	693.61	0.15%
Advanced Pro Imaging	1,760.00	566.73	0.12%
Yakov Treyzon, M.D.	674.00	217.03	0.05%
Sergey Lyass, M.D.	500.00	161.00	0.04%
Maldonado Medical	8,833.00	2,844.36	0.63%
Progressive Ortho	3,245.00	1,044.93	0.24%
Surgitech Pain Management	5,490.00	1,767.86	0.39%
Laboratory Medical Cons	145.00	46.68	0.01%
A. Muccigrosso, PA-C	3,000.00	966.04	0.22%
C. Zarrabi, D.C.	250.00	80.50	0.02%
Sam Tabibian, M.D.	173.00	55.69	0.01%
County of Los Angeles	72,984.00	23,501.95	5.23%
Net to Client	N/A	35,551.00	7.89%
Total	\$766,494.00	\$450,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his 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.1271

Amount of Aid	\$46,459.00	Account Number	12429291
Amount Paid	0.00	Name	Adult Female
Balance Due	46,459.00	Service Date	02/12/2010 - 09/17/2010
Compromise Amount Offered	16,775.23	Facility	LAC USC Medical Center
Amount to be Written Off	\$29,683.77	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a slip and fall accident. She was treated at LAC USC Medical Center at a cost of \$46,459.00. There was no Medi-Cal covered three outpatient charges.

The attorney has settled the case for the amount of \$95,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$38,000.00	\$38,000.00	40.00%
Attorney Cost	23,727.24	23,727.24	24.98%
California Department of Health Services	937.71	305.16	0.32%
Cedars Sinai Medical Center	1,498.90	1,098.00	1.16%
Rajari Patel, M.D.	1,510.00	1,000.00	1.05%
H. Ronald Fisk, M.D., PHD	8,810.00	4,500.00	4.74%
MRI Centers	6,585.00	4,702.32	4.95%
County of Los Angeles	46,459.00	16,775.23	17.65%
Net to Client	N/A	4,892.05	5.15%
Total	\$127,527.85	\$95,000.00	100.00%

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.127J

Amount of Aid	\$36,492.00	Account Number	12449545
Amount Paid	0.00	Name	Adult Female
Balance Due	36,492.00	Service Date	12/26/2010 - 01/01/2011
Compromise Amount Offered	4,298.05	Facility	LAC USC Medical Center
Amount to be Written Off	\$32,193.95	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$36,492.00. Medi-Cal covered the inpatient charges only.

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	395.00	395.00	2.63%
CA Department of Health Services	2,973.80	1,000.00	6.67%
Agare Chiropractic	2,986.00	1,000.00	6.67%
County of Los Angeles	36,492.00	4,298.05	28.65%
Net to Client	N/A	3,306.95	22.05%
Total	\$47,846.80	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by her parents. She has no other source of income or tangible assets.