



**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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January 12, 2010

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

Dear Supervisors:

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

14 JAN 12 2010

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

**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 11702694 in amount of \$ 4,666.71
2. Account Number 11612072 in amount of \$ 2,950.00
3. Account Number 11328984 in amount of \$ 4,928.56
4. Account Number 11427102 in amount of \$ 5,875.77
5. Account Number 11680362 in amount of \$ 5,000.00

PURPOSE /JUSTIFICATION OF RECOMMENDED ACTION

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

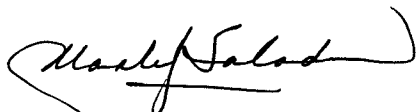
FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not Applicable

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No Impact

Respectfully submitted,



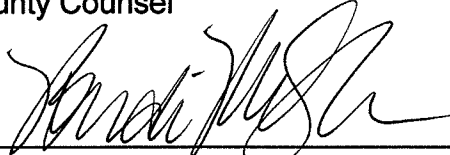
MARK J. SALADINO
Treasurer and Tax Collector

MJS:KW:ts
X:COMP.106

Attachments (5)

c: Chief Executive Officer
Auditor-Controller
County Counsel

APPROVED
ROBERT E. KALUNIAN, Acting
County Counsel

by 
Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 106A

Amount of Aid	\$25,788.00	Account Number	11702694
Amount Paid	0.00	Name	Adult Male
Balance Due	25,788.00	Service Date	03/18/07 thru 03/30/07
Compromise Amount Offered	4,666.71	Facility	LAC USC Medical Center
Amount to be Written Off	\$21,121.29	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 \$25,788.00. 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	33.34%
Attorney Cost	333.29	333.29	2.20%
County of Los Angeles	25,788.00	4,666.71	31.12%
Net to Client	N/A	5,000.00	33.34%
Total	\$31,121.29	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives disability 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. 106B

Amount of Aid	\$79,066.00	Account Number	11612072
Amount Paid	1,512.78	Name	Adult Female
Balance Due	77,553.22	Service Date	06/22/07 thru 07/05/07
Compromise Amount Offered	2,950.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$74,603.22	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of \$79,066.00. There was Medi-Cal 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	0.00	0.00	0.00%
Medi-Cal	2,733.66	2,050.00	13.67%
County of Los Angeles	79,066.00	2,950.00	19.67%
Net to Client	N/A	5,000.00	33.33%
Total	\$86,799.66	\$15,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income received from Social Security 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. 106C

Amount of Aid	\$38,222.00	Account Number	11328984
Amount Paid	0.00	Name	Adult Male
Balance Due	38,222.00	Service Date	09/04/06 thru 12/07/06
Compromise Amount Offered	4,928.56	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$33,293.44	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 \$38,222.00. 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	\$ 4,928.56	\$ 4,928.55	32.86%
Attorney Cost	214.33	214.33	1.42%
County of Los Angeles	38,222.00	4,928.56	32.86%
Net to Client	N/A	4,928.56	32.86%
Total	\$43,364.89	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives 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. 106D

Amount of Aid	\$19,607.00	Account Number	11427102
Amount Paid	0.00	Name	Adult Female
Balance Due	19,607.00	Service Date	09/29/07 thru 11/15/07
Compromise Amount Offered	5,875.77	Facility	Olive View Medical Center
Amount to be Written Off	\$13,731.23	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a slip and fall accident. She was treated at Olive View Medical Center at a cost of \$19,607.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$27,989.13 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,387.96	\$ 8,387.96	29.97%
Attorney Cost	2,825.25	2,825.25	10.09%
Sherman Oaks Hospital	7,731.13	2,316.75	8.28%
Los Angeles Fire Department	651.00	195.44	0.70%
County of Los Angeles	19,607.00	5,875.77	20.99%
Net to Client	N/A	8,387.96	29.97%
Total	\$39,202.34	\$27,989.13	100.00%

Our financial investigation reveals that the client is deceased.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 106E

Amount of Aid	\$424,762.00	Account Number	11680362
Amount Paid	0.00	Name	Adult Male
Balance Due	424,762.00	Service Date	03/17/07 thru 10/14/08
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$419,762.00	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 \$424,762.00. 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	420.00	420.00	2.80%
County of Los Angeles	424,762.00	5,000.00	33.34%
Net to Client	N/A	4,580.00	30.53%
Total	\$430,182.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is deceased.