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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June 7, 2011

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:

DEPARTMENT OF TREASURER AND TAX COLLECTOR:
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 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 Numbers 11964748 & 11539007 in amount of $13,648.85
2. Account Number 12085333 in amount of $32,000.00
3. Account Number 12248533 in amount of $16,666.66
4. Account Number 12192796 in amount of $4,908.00
5. Account Number 12399003 in amount of $33,297.14
6. Account Number 10722735 in amount of $9,198.30

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:FR:ke
Z:COMP. 112

Attachments (6)

c: Chief Executive Officer
Auditor-Controller
County Counsel

APPROVED
ANDREA SHERIDAN ORDIN
County Counsel

by
Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 112A

Amount of Aid	$169,036.00	Account Number	11964748 companion 11539007
Amount Paid	0.00	Name	Adult Male
Balance Due	169,036.00	Service Date	01/29/07 thru 07/15/09
Compromise Amount Offered	13,648.85	Facilities	LAC USC Medical Center and Olive View-UCLA Medical Center
Amount to be Written Off	$155,387.15	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was injured on private property. He was treated at LAC USC Medical Center at a cost of $102,398.00, and Olive View-UCLA Medical Center at a cost of $66,638.00. 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	$ 40,000.00	$ 19,789.55	19.79%
Attorney Cost	40,631.36	40,631.36	40.63%
United Health & Rehab Center	885.00	71.25	0.07%
Balderrama Medical Clinic	3,570.00	288.94	0.29%
John M. Larsen, M.D.	3,442.98	277.05	0.28%
Benjamin Broukhim, M.D.	23,181.61	1,806.68	1.81%
Advance Radiology	2,788.00	225.60	0.23%
Kamran Hakimian, M.D.	1,390.00	112.80	0.11%
Doctors Outpatient Surgery Center	13,046.61	1,185.44	1.18%
Natalia L. Ratiner, M.D.	650.00	53.44	0.05%
Long Beach Pain Center	18,734.00	1,517.86	1.52%
Diogenes Anesthesia Group, Inc.	1,170.00	95.00	0.10%
Atlas Pain Management	3,200.00	259.24	0.26%
Professional Imaging Medical Grp.	548.00	43.54	0.04%
California Pharmacy Management	407.79	33.64	0.03%
JJR Emergency Med. Group of CA	247.00	23.75	0.02%
Anthony Bledin Medical Imaging	1,800.00	146.46	0.15%
LAC USC Medical Center	102,398.00	5,380.78	5.38%
Olive View-UCLA Medical Center	66,638.00	8,268.07	8.27%
Net to Client	NA	19,789.55	19.79%
Total	**$324,728.35**	**$100,000.00**	**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. 112B

Amount of Aid	$124,258.00	Account Number	12085333
Amount Paid	0.00	Name	Adult Female
Balance Due	124,258.00	Service Date	10/03/03 thru 03/12/04
Compromise Amount Offered	32,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	$ 92,258.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was injured on private property. She was treated at LAC USC Medical Center at a cost of $124,258.00. 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	$ 10,000.00	$ 10,000.00	10.00%
Attorney Cost	8,928.06	8,928.06	8.93%
Southwest Ambulance Las Vegas	533.47	0.00	0.00%
Valley Hospital Medical Center	20,605.90	5,151.47	5.15%
Shadow Emergency Physicians	414.00	0.00	0.00%
Radiology Associates of Nevada	86.00	0.00	0.00%
Nevada Orthopedic & Spine Center	4,032.00	1,008.00	1.01%
Viren Patel, D.O.	370.00	92.50	0.09%
PBS Anesthesia	1,840.00	0.00	0.00%
Chandrasekha R. Narala, M.D.	75.00	0.00	0.00%
Magan Medical Clinic	66.00	0.00	0.00%
County of Los Angeles	124,258.00	32,000.00	32.00%
Net to Client	N/A	42,819.97	42.82%
Total	**$171,208.43**	**$100,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and receives 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.112C

Amount of Aid	$216,124.00	Account Number	12248533
Amount Paid	0.00	Name	Adult Female
Balance Due	216,124.00	Service Date	09/22/09 thru 12/17/09
Compromise Amount Offered	16,666.66	Facility	LAC USC Medical Center
Amount to be Written Off	$199,457.34	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 $216,124.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $50,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 16,666.67	$16,666.67	33.33%
Attorney Cost	0.00	0.00	0.00%
County of Los Angeles	216,124.00	16,666.66	33.33%
Net to Client	N/A	16,666.67	33.34%
Total	**$232,790.67**	**$50,000.00**	**100.00%**

Our financial investigation reveals that the client is not employed and receives financial assistance 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.112D

Amount of Aid	$243,626.00	Account Number	12192796
Amount Paid	0.00	Name	Adult Female
Balance Due	243,626.00	Service Date	12/06/09 thru 05/12/10
Compromise Amount Offered	4,908.00	Facility	LAC USC Medical Center
Amount to be Written Off	$238,718.00	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 $243,626.00. 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	276.00	276.00	1.84%
County of Los Angeles	243,626.00	4,908.00	32.72%
Net to Client	N/A	4,816.00	32.10%
Total	**$248,902.00**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client is not employed and receives financial assistance from friends and 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.112E

Amount of Aid	$126,429.00	Account Number	12399003
Amount Paid	0.00	Name	Adult Male
Balance Due	126,429.00	Service Date	09/04/10 thru 12/22/10
Compromise Amount Offered	33,297.14	Facility	LAC USC Medical Center
Amount to be Written Off	$ 93,131.86	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of $126,429.00. 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	108.57	108.57	0.11%
County of Los Angeles	126,429.00	33,297.14	33.30%
Net to Client	N/A	26,594.29	26.59%
Total	**$166,537.37**	**$100,000.00**	**100.00%**

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 112F

Amount of Aid	$95,505.00	Account Number	10722735
Amount Paid	0.00	Name	Adult Female
Balance Due	95,505.00	Service Date	12/22/02 thru 03/24/03
Compromise Amount Offered	9,198.30	Facility	LAC USC Medical Center
Amount to be Written Off	$86,306.70	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a fall on private property. She was treated at LAC USC Medical Center at a cost of $95,505.00. There was 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	$ 9,990.00	$ 9,990.00	33.30%
Attorney Cost	949.69	949.69	3.17%
Los Angeles City Fire Department	587.50	587.50	1.96%
Schaffer Ambulance Service	609.00	609.00	2.03%
Kaiser Permanente	3,844.09	3,844.09	12.81%
County of Los Angeles	95,505.00	9,198.30	30.66%
Net to Client	N/A	4,821.42	16.07%
Total	**$111,485.28**	**$30,000.00**	**100.00%**

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