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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July 14, 2009

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 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 11702700 in amount of $23,589.50
2. Account Number 11611431 in amount of $ 3,434.68
3. Account Number 11665735 in amount of $ 5,000.00
4. Account Number 11417093 in amount of $ 5,000.00
5. Account Number 11429807 in amount of $10,000.00
6. Account Number 11284567 in amount of $37,554.31

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:RC:efh
X:COMP.103

Attachments (5)

c: Chief Executive Officer
Auditor-Controller
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by _____
Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 103A

Amount of Aid	$58,788.00	Account Number	11702700
Amount Paid	0.00	Name	Adult Male
Balance Due	58,788.00	Service Date	09/26/06 thru 03/14/07
Compromise Amount Offered	23,589.50	Facility	LAC USC Medical Center
Amount to be Written Off	$35,198.50	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a fall from a ladder accident. He was treated at LAC USC Medical Center at a cost of $58,788.00. There is no Medi-Cal or private insurance involvement.

The client 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	$ 33,126.67	$ 33,126.67	33.13%
Attorney Cost	620.00	620.00	0.62%
City of West Covina Fire Dept.	1,067.30	1,067.30	1.07%
Queen of the Valley Hospital	851.00	851.00	0.85%
Horizon Medical Imaging	140.00	140.00	0.14%
Citrus Valley	2,582.30	1,290.00	1.29%
Pacific Orthopedic	10,918.72	6,000.00	6.00%
Jam Medical Equipment	5,136.00	2,500.00	2.50%
John Donahue, M.D.	2,073.00	1,100.00	1.10%
Serge Obukoff, M.D.	1,000.00	700.00	0.70%
County of Los Angeles	58,788.00	23,589.50	23.59%
Net to Client	N/A	29,015.53	29.01%
Total	**$116,302.99**	**$100,000.00**	**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. 103B

Amount of Aid	$19,229.00	Account Number	11611431
Amount Paid	0.00	Name	Adult Male
Balance Due	19,229.00	Service Date	07/01/05 thru 09/30/05
Compromise Amount Offered	3,434.68	Facility	Martin Luther King Drew Medical Center
Amount to be Written Off	$15,794.32	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Martin Luther King Drew Medical Center at a cost of $19,229.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $12,942.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$ 5,176.80	$ 5,176.80	40.00%
Attorney Cost	1,056.46	1,056.46	8.16%
TLC Chiropractic	1,530.00	227.43	1.76%
Advanced Radiology	195.00	32.49	0.25%
Martin Luther King Medical Center	250.00	32.49	0.25%
Martin Luther King Medical Center	900.00	126.96	0.98%
Martin Luther King Medical Center	40.00	3.24	0.03%
County of Los Angeles	19,229.00	3,434.68	26.54%
Net to Client	N/A	2,851.45	22.03%
Total	**$28,377.26**	**$12,942.00**	**100.00%**

Our financial investigation reveals that the client supports himself and a family of two with a marginal income. He has no other income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 103C

Amount of Aid	$76,548.00	Account Number	11665735
Amount Paid	0.00	Name	Adult Male
Balance Due	$76,548.00	Service Date	04/20/08 thru 09/0/08
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	$71,548.00	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 $76,548.00. 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	0.00	0.00	0.00%
County of Los Angeles	76,548.00	5,000.00	33.33%
Net to Client	N/A	5,000.00	33.34%
Total	**$81,548.00**	**$15,000.00**	**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. 103D

Amount of Aid	$97,555.00	Account Number	11417093
Amount Paid	0.00	Name	Adult Female
Balance Due	$97,555.00	Service Date	06/13/07 thru 10/02/07
Compromise Amount Offered	5,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$92,555.00	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 $97,555.00. 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	$ 4,273.20	$ 4,273.20	28.49%
Attorney Cost	281.85	281.85	1.88%
Westmed Ambulance	1,171.75	1,171.75	7.81%
County of Los Angeles	97,555.00	5,000.00	33.33%
Net to Client	N/A	4,273.20	28.49%
Total	**$103,281.80**	**$15,000.00**	**100.00%**

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 103E

Amount of Aid	$48,915.00	Account Number	11429807
Amount Paid	0.00	Name	Adult Female
Balance Due	$48,915.00	Service Date	10/06/07 thru 11/29/07
Compromise Amount Offered	10,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	$38,915.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of $48,915.00. 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	453.86	453.86	1.52%
County of Los Angeles	48,915.00	10,000.00	33.33%
Net to Client	N/A	9,546.14	31.82%
Total	**$59,368.86**	**$30,000.00**	**100.00%**

Our financial investigation reveals that the client is supported by her family. She has no other income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 103F

Amount of Aid	$57,338.00	Account Number	11284567
Amount Paid	0.00	Name	Adult Female
Balance Due	$57,338.00	Service Date	04/13/06 thru 09/20/06
Compromise Amount Offered	37,554.31	Facility	LAC USC Medical Center
Amount to be Written Off	$19,783.69	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a roller skating accident. She was treated at LAC USC Medical Center at a cost of $57,338.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $125,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 56,250.00	$ 56,250.00	45.00%
Attorney Cost	6,006.62	6,006.62	4.81%
Tarzana Hospital	2,984.22	2,984.22	2.39%
County of Los Angeles	57,338.00	37,554.31	30.04%
Net to Client	N/A	22,204.85	17.76%
Total	**$122,578.84**	**$125,000.00**	**100.00%**

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