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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September 15, 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 11689558 in amount of $4,800.00
2. Account Number 11025775 in amount of $15,152.06
3. Account Number 11199688 in amount of $8,085.95
4. Account Number 11406092 in amount of $8,150.00

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:RC:efh
X:COMP.104

Attachments (4)

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. 104A

Amount of Aid	$31,817.00	Account Number	11689558
Amount Paid	0.00	Name	Minor Male
Balance Due	31,817.00	Service Date	07/04/08 thru 09/02/08
Compromise Amount Offered	4,800.00	Facility	LAC USC Medical Center
Amount to be Written Off	$27,017.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile accident. He was treated at LAC USC Medical Center at a cost of $31,817.00. 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	$ 3,750.00	$ 3,750.00	25.00%
Attorney Cost	800.00	800.00	5.34%
Los Angeles County Fire Department	976.00	976.00	6.50%
County of Los Angeles	31,817.00	4,800.00	32.00%
Net to Client	N/A	4,674.00	31.16%
Total	**$37,343.00**	**$15,000.00**	**100.00%**

Our financial investigation reveals that the client is a minor and lives with his parents who receive general relief. They have no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 104B

Amount of Aid	$84,312.00	Account Number	11025775
Amount Paid	0.00	Name	Adult Female
Balance Due	84,312.00	Service Date	02/12/05 thru 06/22/05
Compromise Amount Offered	15,152.06	Facility	LAC USC Medical Center
Amount to be Written Off	$69,159.94	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 $84,312.00. 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	$ 16,222.76	$16,222.76	32.44%
Attorney Cost	1,331.70	1,331.70	2.67%
Beverly Hospital	487.11	82.74	0.17%
Mernrad Med Group	43.00	7.30	0.01%
Fred Hafezi, M.D.	850.00	144.38	0.29%
Jouleta Grigorian	4,970.00	843.58	1.69%
County of Los Angeles	84,312.00	15,152.06	30.30%
Net to Client	N/A	16,215.48	32.43%
Total	**$108,216.57**	**$50,000.00**	**100.00%**

Our financial investigation reveals that the client is not employed and receives disability 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. 104C

Amount of Aid	$122,501.00	Account Number	11199688
Amount Paid	0.00	Name	Adult Male
Balance Due	122,501.00	Service Date	06/22/05 thru 08/03/05
Compromise Amount Offered	8,085.95	Facility	LAC USC Medical Center
Amount to be Written Off	$114,415.05	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 $122,501.00. 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	$ 10,000.00	$10,000.00	40.00%
Attorney Cost	742.14	742.14	2.97%
County of Los Angeles	122,501.00	8,085.95	32.34%
Net to Client	N/A	6,171.91	24.69%
Total	**$133,243.14**	**$25,000.00**	**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. 104D

Amount of Aid	$50,956.00	Account Number	11406092
Amount Paid	0.00	Name	Adult Male
Balance Due	50,956.00	Service Date	02/23/07 thru 04/27/07
Compromise Amount Offered	8,150.00	Facility	LAC USC Medical Center
Amount to be Written Off	$42,806.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at LAC USC Medical Center at a cost of $50,956.00. 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	0.00	0.00	0.00%
Providence-Saint Joseph Med Ctr	661.70	661.70	2.65%
Burbank Emergency Medical Ctr	482.57	482.57	1.93%
County of Los Angeles	50,956.00	8,150.00	32.60%
Net to Client	N/A	7,372.40	29.49%
Total	**$60,433.60**	**$25,000.00**	**100.00%**

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