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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December 1, 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 11772851 in amount of $ 5,000.00
2. Account Number 11848945 in amount of $ 7,700.00
3. Account Number 11366518 in amount of $ 1,647.50
4. Account Number 11420629 in amount of $ 3,166.67
5. Account Number 10815970 in amount of $ 5,600.00
6. Account Number 11764258 in amount of $32,080.37
7. Account Number 11199710 in amount of $145,185.22

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:efh
X:COMP.105

Attachments (7)

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. 105A

Amount of Aid	$90,355.00	Account Number	11772851
Amount Paid	0.00	Name	Adult Female
Balance Due	90,355.00	Service Date	10/08/08 thru 10/23/08
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	$85,355.00	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 $90,355.00. 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	879.57	Waived	0.00%
County of Los Angeles	90,355.00	5,000.00	33.33%
Net to Client	N/A	5,000.00	33.34%
Total	**$96,234.57**	**$15,000.00**	**100.00%**

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 105B

Amount of Aid	$124,274.00	Account Number	11848945
Amount Paid	0.00	Name	Adult Female
Balance Due	124,274.00	Service Date	11/15/08 thru 12/11/08
Compromise Amount Offered	7,700.00	Facility	LAC USC Medical Center
Amount to be Written Off	$116,574.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of $124,274.00. 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	$ 10,000.00	$10,000.00	33.33%
Attorney Cost	528.96	528.96	1.76%
California Hospital	39,698.09	2,460.00	8.20%
Los Angeles Fire Department	665.50	0.00	0.00%
Rancho Los Amigos Rehabilitation	4,914.00	0.00	0.00%
County of Los Angeles	124,274.00	7,700.00	25.67%
Net to Client	N/A	9,311.04	31.04%
Total	**$180,080.55**	**$30,000.00**	**100.00%**

Our financial investigation reveals that the client works part time and earns 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. 105C

Amount of Aid	$41,277.00	Account Number	11366518
Amount Paid	0.00	Name	Minor Female
Balance Due	41,277.00	Service Date	11/22/06 thru 02/15/07
Compromise Amount Offered	1,647.50	Facility	LAC USC Medical Center
Amount to be Written Off	$39,629.50	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 $41,277.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $5,000.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 1,250.00	$1,250.00	25.00%
Attorney Cost	455.00	455.00	09.10%
County of Los Angeles	41,277.00	1,647.50	32.95%
Net to Client	N/A	1,647.50	32.95%
Total	**$42,982.00**	**$5,000.00**	**100.00%**

Our financial investigation reveals that the client is a minor and is supported by her mother who earns 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. 105D

Amount of Aid	$26,328.00	Account Number	11420629
Amount Paid	0.00	Name	Adult Female
Balance Due	26,328.00	Service Date	09/03/06
Compromise Amount Offered	3,166.67	Facility	LAC USC Medical Center
Amount to be Written Off	$23,161.33	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 $26,328.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $9,500.00 and proposes the following disbursement:

Disbursements	**Total Claim**	**Proposed Settlement**	**Percent of Settlement**
Attorney Fees	$ 3,166.66	$3,166.66	33.33%
Attorney Cost	0.00	0.00	0.00%
County of Los Angeles	26,328.00	3,166.67	33.33%
Net to Client	N/A	3,166.67	33.34%
Total	**$29,494.66**	**$9,500.00**	**100.00%**

Our financial investigation reveals that the client supports herself with a minimal 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. 105E

Amount of Aid	$24,396.50	Account Number	10815970
Amount Paid	0.00	Name	Adult Female
Balance Due	24,396.50	Service Date	11/29/02 thru 04/18/03
Compromise Amount Offered	5,600.00	Facility	LAC USC Medical Center
Amount to be Written Off	$18,796.50	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 $24,396.50. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $17,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$ 5,666.67	$ 5,666.67	33.33%
Attorney Cost	326.59	326.59	1.92%
Desert Ambulance Service	1,136.10	1,136.10	6.68%
Barstow Community Hospital	3,094.00	2,000.00	11.76%
C.H. Emergency Group	381.00	100.00	0.59%
South Cost Professional Medical Center	163.00	85.00	0.50%
County of Los Angeles	24,396.50	5,600.00	32.94%
Net to Client	N/A	2,085.64	12.28%
Total	**$34,837.27**	**$17,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and receives financial support 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. 105F

Amount of Aid	$199,459.00	Account Number	11764258
Amount Paid	0.00	Name	Adult Male
Balance Due	199,459.00	Service Date	12/26/06 thru 03/21/07
Compromise Amount Offered	32,080.37	Facility	LAC USC Medical Center
Amount to be Written Off	$167,378.63	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 $199,459.00. 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	9,979.93	1,829.93	1.83%
Beverly Hospital	4,066.24	4,066.24	4.07%
County of Los Angeles	199,459.00	32,080.37	32.08%
Net to Client	N/A	22,023.46	22.02%
Total	**$253,505.17**	**$100,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed and receives financial support 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. 105G

Amount of Aid	$244,174.00	Account Number	11199710
Amount Paid	0.00	Name	Adult Male
Balance Due	244,174.00	Service Date	05/28/06 thru 07/03/06
Compromise Amount Offered	145,185.22	Facility	LAC USC Medical Center
Amount to be Written Off	$ 98,988.78	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 $244,174.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of $480,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	$156,399.03	$156,399.03	32.58%
Attorney Cost	10,802.90	10,802.90	2.25%
Arthur Kreitenburg, M. D.	920.00	547.42	0.11%
Jacob Tauber, M.D.	2,851.50	1,689.11	0.35%
Aaron Coppleson, M.D.	4,255.00	2,533.66	0.53%
Burbank Advance Imaging	5,070.00	3,018.50	0.63%
Aaron Stone, M.D.	2,000.00	1,188.63	0.25%
Nabil Dahi, M.D.	1,750.00	1,047.87	0.22%
San Dimas Pain Management	2,010.00	1,188.63	0.25%
County of Los Angeles	244,174.00	145,185.22	30.25%
Net to Client	N/A	156,399.03	32.58%
Total	**$430,232.43**	**$480,000.00**	**100.00%**

Our financial investigation reveals that the client is unemployed. He is supporting himself from his savings. He has no other source of income or tangible assets.