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October 3, 2002

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

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED – 3 VOTES)**

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:

Valentina Egorova, in amount of \$5,000
Isabel Z. Lopez, in amount of \$5,269
Maria S. Castellanos, in amount of \$25,000
Jerry D. Williams, in amount of \$4,289.95
Kalene Garin, in amount of \$4,946

JUSTIFICATION:

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

PURPOSE OF RECOMMENDED ACTION:

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:

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.

Respectfully submitted,

MARK J. SALADINO
Treasurer and Tax Collector

MJS:DA:tr
e:Comp.48
Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
LLOYD W. PELLMAN
County Counsel

By _____

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 48A
DATE: October 3, 2002

Amount of Aid	\$38,942.00	Account Number	10625839
Amount Paid	0.00	Name	Egorova, Valentina
Balance Due	38,942.00	Service Date	11/13/01 to 12/10/01
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$33,942.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

Ms. Egorova was involved in a pedestrian versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$38,942.00. 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%
County of Los Angeles	38,942.00	5,000.00	33.33%
Net to Client	N/A	5,000.00	33.34%
Total	\$43,942.00	\$15,000.00	100.00%

Our financial investigation reveals that Ms. Egorova is a visitor from Russia and is residing with family members. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 48B
DATE: October 3, 2002

Amount of Aid	\$62,693.00	Account Number	10577777
Amount Paid	.00	Name	Lopez, Isabel Z.
Balance Due	62,693.00	Service Date	01/12/00 to 06/26/01
Compromise Amount Offered	5,269.00	Facility	Olive View Medical Center
Amount to be Written Off	\$57,424.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

Ms. Lopez was involved in an automobile versus automobile accident. She was treated at Olive View Medical Center at a cost of \$62,693.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$20,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,666.66	\$ 6,666.66	33.34%
Attorney Cost	413.85	413.85	2.06%
Dr. Farish	14,430.00	1,191.26	5.95%
Mission Community Hospital	420.00	35.94	0.18%
TMI Pathology Associates	54.25	5.95	0.03%
Tower Imaging Medical Group	91.00	8.90	0.05%
County of Los Angeles	62,693.00	5,269.00	26.35%
Net to Client	N/A	6,408.44	32.04%
Total	\$84,714.76	\$20,000.00	100.00%

Our financial investigation reveals that Ms. Lopez is unemployed and receives support from her sister and other family members. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 48C
DATE: October 3, 2002

Amount of Aid	\$76,300.00	Account Number	10379919
Amount Paid	.00	Name	Castellanos, Maria S.
Balance Due	76,300.00	Service Date	09/02/97 to 09/22/97
Compromise Amount Offered	25,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$51,300.00	Service Type	Inpatient

JUSTIFICATION

Ms. Castellanos was involved in a slip and fall accident. She was treated at LAC USC Medical Center at a cost of \$76,300.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$75,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 30,000.00	\$25,000.00	33.33%
County of Los Angeles	76,300.00	25,000.00	33.33%
Net to Client	N/A	25,000.00	33.34%
Total	\$106,300.00	\$75,000.00	100.00%

Our financial investigation reveals that Ms. Castellanos is retired, owns her home, but lives on 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. 48D
DATE: October 3, 2002

Amount of Aid	\$43,540.00	Account Number	10608433
Amount Paid	.00	Name	Williams, Jerry D.
Balance Due	43,540.00	Service Date	02/11/00 to 01/17/01
Compromise Amount Offered	4,289.95	Facility	MLK Drew Medical Center
Amount to be Written Off	\$39,250.05	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Williams was involved in a bicycle accident. He was treated at MLK Drew Medical Center at a cost of \$43,540.00. 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	\$ 4,410.81	\$ 4,410.81	29.40%
Attorney Cost	1,767.57	1,767.57	11.79%
Los Angeles City Fire Department	399.50	39.25	0.26%
St. Joseph's	200.50	19.40	0.13%
Sierra Community	26.00	4.00	0.03%
Burbank Emergency	111.00	10.58	0.07%
A.M.R.	487.75	47.63	0.32%
County of Los Angeles	43,540.00	4,289.95	28.60%
Net to Client	N/A	4,410.81	29.40%
Total	\$52,532.32	\$15,000.00	100.00%

Our financial investigation reveals that Mr. Williams 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. 48E
DATE: October 3, 2002

Amount of Aid	\$80,858.00	Account Number	10626931
Amount Paid	.00	Name	Garin, Kalene
Balance Due	80,858.00	Service Date	12/04/01 to 12/13/01
Compromise Amount Offered	4,946.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$75,912.00	Service Type	Inpatient

JUSTIFICATION

Ms. Garin was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$80,858.00. 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	162.00	162.00	1.08%
County of Los Angeles	80,858.00	4,946.00	32.97%
Net to Client	N/A	4,892.00	32.62%
Total	\$86,020.00	\$15,000.00	100.00%

Our financial investigation reveals that Ms. Garin is unemployed, receives public assistance and financial support from her friend. She has no other source of income or tangible assets.