Market Rate Summary Graph

Payments at market rate for legal dates of service, received between 5/1/20 and 5/29/20

	Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
1	73170	3/5/2020	5/5/2020	$ 195.00	Board Appearance (WCAB LBO)	$ 156.50	34351227	2/15/2020	**100%**	AIG
						$ 38.50	34479187	4/30/2020		
2	74048	4/22/2020	5/7/2020	$ 250.00	C&R Reading	$ 250.00	03324239	5/4/2020	**100%**	Amtrust- ANA UBI Claims
3	76755	5/7/2020	5/29/2020	$ 250.00	C&R Reading	$ 250.00	03345755	5/22/2020	**100%**	Amtrust- ANA UBI Claims
4	77848	3/30/20-4/8/20	5/27/2020	$ 445.00	Depo Prep ($195), C&R Reading ($250)	$ 445.00	02983020	5/19/2020	**100%**	Amtrust- WESCO Ins
5	75471	2/21/2019	5/12/2020	$ 250.00	Depo Review	$ 150.00	0627695	5/1/2020	**100%**	Berkshire Hathaway
						$ 100.00	06928408	5/7/2020		
6	77205	4/23/2020	5/6/2020	$ 250.00	C&R Reading	$ 250.00	2614483	5/4/2020	**100%**	Berkshire Hathaway
7	77554	4/28/2020	5/28/2020	$ 250.00	Depo Review	$ 250.00	1121141	5/19/2020	**100%**	Berkshire Hathaway
8	77952	4/13/2020	5/26/2020	$ 250.00	C&R Reading	$ 250.00	0629908	5/19/2020	**100%**	Berkshire Hathaway
9	74116	4/20/2020	5/15/2020	$ 250.00	Stip & Award Reading	$ 250.00	6750464127	5/8/2020	**100%**	Broadspire
10	77219	11/19/2019	5/27/2020	$ 250.00	Stipulation	$ 250.00	2301262306	5/22/2020	**100%**	Broadspire
11	65726	4/28/2020	5/20/2020	$ 250.00	C&R Reading	$ 250.00	26128386	5/15/2020	**100%**	Employers
12	74098	3/18/2020	5/18/2020	$ 250.00	C&R Reading	$ 156.56	25805136	4/24/2020	**100%**	Employers
						$ 93.44	26087328	5/13/2020		

Market Rate Summary Graph

Payments at market rate for legal dates of service, received between 5/1/20 and 5/29/20

	Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
13	77744	2/24/2020	5/21/2020	$ 195.00	Board Appearance (WCAB SBR)	$ 195.00	26155787	5/18/2020	**100%**	Employers
14	77458	1/8/2020	5/15/2020	$ 195.00	Board Appearance (WCAB ANA)	$ 195.00	0163022847	5/7/2020	**100%**	Gallagher Bassett
15	77603	1/28/2020	5/27/2020	$ 195.00	Board Appearance (WCAB ANA)	$ 195.00	0163331973	5/22/2020	**100%**	Gallagher Bassett
16	75726	4/3/2020	5/28/2020	$ 250.00	C&R Reading	$ 250.00	131535227 3	5/6/2020	**100%**	The Hartford
		1/6/2020		$ 195.00	Board Appearance (WCAB LBO)	$ 195.00	131578175 1	5/20/2020		
17	77834	3/24/2020	5/27/2020	$ 195.00	Depo Prep	$ 195.00	131569089 6	5/18/2020	**100%**	The Hartford
18	77849	4/2/2020	5/20/2020	$ 195.00	Depo Prep	$ 195.00	131551923 2	5/12/2020	**100%**	The Hartford
19	77949	4/7/2020	5/21/2020	$ 195.00	Depo Prep	$ 195.00	131560258 0	5/14/2020	**100%**	The Hartford
20	77953	4/14/2020	5/21/2020	$ 195.00	Depo Prep	$ 195.00	131552947 5	5/12/2020	**100%**	The Hartford
21	74516	9/21/2018	5/20/2020	$ 250.00	Depo Review	$ 165.00	0000053839	10/18/2018	**103%**	Hazelrigg/Safety National
						$ 85.00	23146	4/30/2020		
						$ 5.00	23811	5/14/2020		
		1/13/2020		$ 195.00	Board Appearance (WCAB LBO)	$ 195.00	23145	4/30/2020		
22	77062	4/6/2020	5/5/2020	$ 195.00	Depo Prep	$ 195.00	01239148	4/30/2020	**100%**	Pacific Comp
23	77837	3/19/2020	5/26/2020	$ 195.00	Depo Prep	$ 195.00	10086170	5/18/2020	**100%**	Packard Claims
24	74138	4/6/2020	5/29/2020	$ 250.00	C&R Reading	$ 250.00	6000077094	5/19/2020	**100%**	Preferred Employers

Market Rate Summary Graph

Payments at market rate for legal dates of service, received between 5/1/20 and 5/29/20

	Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
25	77951	4/13/2020	5/27/2020	$ 250.00	C&R Reading	$ 250.00	CU-467882	5/21/2020	**100%**	SCIF
26	74807	4/28/2020	5/21/2020	$ 250.00	C&R Reading	$ 250.00	108390469	5/18/2020	**100%**	Sedgwick
27	77815	3/3/2020	5/27/2020	$ 195.00	Board Appearance (WCAB LBO)	$ 195.00	3965726	5/20/2020	**100%**	Sedgwick
28	77955	4/20/2020	5/26/2020	$ 250.00	Stip & Order Reading	$ 250.00	0029371318	5/20/2020	**100%**	Sedgwick- County of LA
29	77387	4/7/2020	5/12/2020	$ 250.00	C&R Reading	$ 250.00	896D 93945492	5/6/2020	**100%**	Travelers
30	77754	2/27/2020	5/29/2020	$ 195.00	Depo Prep	$ 195.00	22099181	5/22/2020	**100%**	York-Sedgwick Walmart Claims Svcs
31	77818	3/12/2020	5/21/2020	$ 195.00	Depo Prep	$ 195.00	19894	5/18/2020	**100%**	York
32	77950	4/10/2020	5/27/2020	$ 250.00	C&R Reading	$ 250.00	22096937	5/21/2020	**100%**	York-Sedgwick Walmart Claims Svcs
33	77606	4/30/2020	5/27/2020	$ 250.00	Depo Review	$ 250.00	1102303667	5/21/2020	**100%**	Zurich

Average % of Market Rate paid	**100%**

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/05/20 73170

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710772705

BILL TO:
CHAPTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: CECILIA ROD
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs SUPERIOR ELECTRICAL MECHANICAL
Date Of Injury: 6/26/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/06/18	PMT BY CHECK	DOS 1/6/18* =# 32809757	-156.50
05/31/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
07/03/18	PMT BY CHECK	DOS 1/16/18-5/31/18* =# 33111236	-156.50
07/09/19	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/03/18	PMT BY CHECK	DOS 1/16/18-5/31/18* # 33111236	-156.50
01/07/20	LEGAL_WCAB	MSC @ WCAB LONG BEACH	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/15/20	PMT BY CHECK	DOS 7/9/19-1/7/20* =# 34351227	-195.00
03/05/20	LEGAL_WCAB	MSC @ WCAB LONG BEACH	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/15/20	PMT BY CHECK	DOS 1/16/18-1/7/20* # 34351227	-156.50
04/30/20	PMT BY CHECK	DOS 3/5/20* =# 34479187	-38.50
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

P4000028000

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

202002171609

Electronic Service Requested

MIXED AADC 926
493 0.5738 MB 0.436

JOYCE ALTMAN INTERPRETERS INC 103
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 493 1 OF 2 F

Check No.: 34351227
RFP No.: 846743
Check Date: 02/15/2020
Check Amount: 351.50
Insured: SUPERIOR ELECTRICAL, MECHANICA
Claimant:

Claim Office: 710
Insuring Company: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS

PAID
FEB 20 2020

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000020635316	00772705	001	06/26/2011	MED	O	351.50
				Total Amount		351.50

Reason for Payment
ORG: 664.50 ACT: 73170 011618-010720

- 195.00
= 156.50
-156.50
0

Use File # 710/00772705 on all correspondence for prompt processing.
For check information call: 877-802-5246

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH II

50-937/213

Claim No.: 00772705 Policy No.: 000020635316
Reason for Payment: ORG: 664.50 ACT: 73170 011618-010720

CHECK No. 34351227
RFP No. 00846743
DATE 02/15/2020

*********Three Hundred Fifty One & 50/100 Dollars***

AMOUNT PAID
*******$351.50

Void after 90 Days

6340822

Pay TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN
CA, 92781

JPMORGAN CHASE BANK, N.A
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

DO NOT CASH IF WATERMARK IS NOT PRESENT ON THE REVERSE SIDE OF THIS DOCUMENT - HOLD AT AN ANGLE TO VIEW

⑈34351227⑈ ⑆021309379⑆ 7864205390⑈

P40000028000

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

202004301611

Electronic Service Requested

SINGLE PIECE
795 0.5738 SP 0.560

JOYCE ALTMAN INTERPRETERS INC
PO BOX 1410 3
TUSTIN, CA 92781-1460

1 OF 2 F
ENV 795

Check No.: 34479187
RFP No.: 864488
Check Date: 04/30/2020
Check Amount: 195.00
Insured: SUPERIOR ELECTRICAL, MECHANICA
Claimant:

Claim Office: 710
Insuring Company: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS

PAID
MAY 05 2020

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000020635316	00772705	001	06/26/2011	MED	O	195.00

Total Amount 195.00

Reason for Payment
ORG: 195.00 ACT: N/A 030520-030520

- 38.50
= 156.50

Use File # 710/00772705 on all correspondence for prompt processing.
For check information call: 877-802-5246

AIG

EXPLANATION OF BILL REVIEW

AIG CLAIMS, INC.
P.O. BOX 25978
SHAWNEE MISSION KS 66225

Invoice #: 2010600266
Control #: 06201180018800

SINGLE PIECE
795 0.5738 SP 0.560

JOYCE ALTMAN INTERPRETERS INC
PO BOX 1460
TUSTIN, CA 92781-1460

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Claim #: 7107727050000
Claimant:
Date of Injury: 06/26/2011
Claimant SSN:

Tax ID: 330956713
State License #:
NPI #: 9999999999

Rendering Provider:

Tax ID/NPI #:

State Claim #:
Patient Acct #: N/A
Service Dates: 03/05/2020-03/05/2020

Policy #: 000020635316
Employer: SUPERIOR ELECTRICAL, MECHANICA
Insurer: N U F I CO OF PITTSBURGH PA

Date Received: 03/31/2020
Date Reviewed: 04/27/2020
Date Processed: 04/29/2020

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
03/05/2020	DME00	DME00	0.00	195.00	195.00	0.00	195.00	
			Totals	195.00	195.00	0.00	195.00	

Diagnosis:
T1490 INJURY, UNSPECIFIED

* -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)
* -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)
* -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)
* -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCAT)
* -Request for Independent Bill Review. After a health care provider, health care facility, or billing agent, assignee submits a Request for Second Review, the claims administrator will review the bill and issue an EOR which is the final written determination

If you have questions about this review please call AIG at: 877-802-5246

CONTINUED

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/07/20 74048

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2880545; 2878764

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: REBECCA PAYES
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs PRIME WHEEL CORP.
Date Of Injury: 1/23/17; 9/30/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/19	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/07/19	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/21/19	PR2/REEVAL	W/DR MARINARO @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/05/19	PMT BY CHECK	DOS 2/21/19* # 799815 BERKSHIRE	-180.00
10/07/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 74075	0.00
11/08/19	PMT BY CHECK	DOS 10/7/19* # 923636 BERKSHIRE	-156.50
04/22/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/04/20	PMT BY CHECK	DOS 4/22/20* # 03324239 AMTRUST	-250.00

BALANCE 8613.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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VOID VOID VOID

ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03324239
2880545-1
SWC1126977

DATE	AMOUNT
5/4/2020	$250.00

Two Hundred Fifty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

Mail To
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

⑈03324239⑈ ⑆021309379⑆ 790262463⑈

Check Number	03324239
Claim Number:	2880545-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1126977/Prime Wheel Corp.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	1/23/2017
Location:	
Examiner Code:	gcastaneda

Amount:	$250.00
Dates of Service:	4/22/2020-4/22/2020
Explanation:	74048
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/29/20 76755

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2932170

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: OLIVIA BEYL
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs KENTMASTER MFG CO INC
Date Of Injury: 8/1/12 - 4/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/05/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	DANIEL FATTORI # 36586781	0.00
10/05/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	DIANA DEL OLMO # 301577	0.00
05/07/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI II	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
06/20/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
08/15/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/04/19	PMT BY CHECK	DOS 6/20/19-8/15/19* # 130647171 0	-406.50
05/07/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/22/20	PMT BY CHECK	DOS 5/7/20* # 03345755 AMTRUST	-250.00

BALANCE 563.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03345755
2932170-1
SWC1193127

DATE	AMOUNT
5/22/2020	$250.00

Two Hundred Fifty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

Mail To
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

⑈03345755⑈ ⑆021309379⑆ 790262463⑈

Check Number	03345755
Claim Number:	2932170-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1193127/Kentmaster Manufacturing Company Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/30/2018
Location:	
Examiner Code:	obeyl

Amount:	$250.00	ANA UBI Claims
Dates of Service:	5/7/2020-5/7/2020	AmTrust North America
Explanation:	INVOICE 76755	P.O. Box 89404
Category:	M23 - Medical Interpreter	Cleveland, OH 44101
Placement:	2 - Medical	858-385-4040
Transaction Type:		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/27/20 77848

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
3123260

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: AMY FALCON
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs ESG EMPLOYER RESOURCES INC
Date Of Injury: 7/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/20	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	ANABEL MUNGUIA # 301374	0.00
04/08/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/19/20	PMT BY CHECK	DOS 3/30/20* # 02983020	-445.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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WESCO INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02983020
3123260-1
WWC3376231

DATE	AMOUNT
5/19/2020	$445.00

Four Hundred Forty-Five and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

Mail To
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

⑈02983020⑈ ⑆021309379⑆ 601894744⑈

Check Number	02983020
Claim Number:	3123260-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3376231/ESG Employer Resources Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/12/2019
Location:	
Examiner Code:	18726

Amount:	$445.00
Dates of Service:	3/30/2020-3/30/2020
Explanation:	INV 77848 ✓
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/12/20 75471

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
22038037

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: ROSE MARKS-PATTON
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs TEXTILE WORLD INC
Date Of Injury: 7/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/21/19	LEGAL_REVIEW	DEPO REVIEW @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN L. PEREZ # 100777	0.00
05/01/20	PMT BY CHECK	DOS 2/21/19* =# 0627695	-150.00
05/07/20	PMT BY CHECK	DOS 4/20/20* # 0628408	-100.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/01/2020
Check Number : 0627695
Check Amount : $1,150.00

TJXE28

oz 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

rhw5a
00015

75471

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22038037		07/25/2018	75471	Interpreter Fees -	02/21/2019	02/21/2019	$150.00
22039140			77288	Interpreter Fees -	02/05/2020	02/05/2020	$180.00
22039140			77288	Interpreter Fees -	12/27/2019	12/27/2019	$180.00
22039140			77288	Interpreter Fees -	01/22/2020	01/22/2020	$180.00
22039140			77288	Interpreter Fees -	11/15/2019	11/15/2019	$230.00
22039140			77288	Interpreter Fees -	12/04/2019	12/04/2019	$230.00

PAID

15-15
4014

[redacted]

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/07/2020
Check Number : 0628408
Check Amount : $254.63

34ZE2Y

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

shn5a
00021

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22038037		07/25/2018		Legal Fees, Other	04/20/2020	04/20/2020	$254.63

014

Oak River Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

34ZE2Y

DATE	CHECK NO
05/07/2020	0628408
VOID AFTER 90 DAYS	CHECK AMOUNT
	$254.63

PAY TWO HUNDRED FIFTY-FOUR & 63 / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 927814165

R McDaniel

_____

_____

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/06/20	77205

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
44052452; 44055897

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: KYLE MURPHY
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs SIGNATURE PARTY RENTALS
Date Of Injury: 5/23/19; 3/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/19	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
03/03/20	LEGAL_MISC	JOB ANALYSIS @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ANABEL MUNGUIA # 301374	0.00
03/20/20	PMT BY CHECK	DOS 11/5/19* # 2599026	-156.50
03/31/20	PMT BY CHECK	DOS 3/3/20* # 2602643	-250.00
04/23/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/04/20	PMT BY CHECK	DOS 4/23/20* # 2614483	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/04/2020
Check Number : 2614483
Check Amount : $250.00

NZXE29

OZ 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

rve5a
00104

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44052452		05/23/2019	77205	Interpreter Fees -	04/23/2020	04/23/2020	$250.00

104-104
4014

Redwood Fire and Casualty Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

NZXE29

DATE	CHECK NO
05/04/2020	2614483
VOID AFTER 90 DAYS	CHECK AMOUNT
	$250.00

PAY TWO HUNDRED FIFTY & XX / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 927814165

⑈2614483⑈ ⑆121000248⑆ 4121526388⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/28/20 77554

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33113206

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: MARA ROBINSON
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs SURE SHINE SERVICES INC
Date Of Injury: 5/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/20	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/17/20	PMT BY CHECK	DOS 1/16/20* # 1103019	-195.00
04/28/20	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/14/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
05/19/20	PMT BY CHECK	DOS 4/28/20* =# 1121141	-250.00

BALANCE 250.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/19/2020
Check Number : 1121141
Check Amount : $660.00

3B2F2F

uc05a
00057

oz 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
~~93113832~~		~~07/12/2019~~	~~77500~~	~~Interpreter Fees -~~	~~12/16/2019~~	~~12/16/2019~~	~~$230.00~~
~~93113832~~		~~07/12/2019~~	~~77500~~	~~Interpreter Fees -~~	~~01/15/2020~~	~~01/15/2020~~	~~$180.00~~
33113206		05/24/2019	77554	Interpreter Fees -	04/28/2020	04/28/2020	$250.00

PAID
MAY 22 2020

57-57
4014

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/26/20 77952

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
12754133

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: HAMMIE MOYE
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs VOLT CAR WASH LLC
Date Of Injury: 4/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/19/20	PMT BY CHECK	DOS 4/13/20* # 0629908	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/19/2020
Check Number : 0629908
Check Amount : $250.00

1G2F2E

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

uc05a
00018

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22042670		04/01/2018	77952	Interpreter Fees -	04/13/2020	04/13/2020	$250.00

PAID
MAY 26 2020

18-18
4014

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/15/20 74116

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
188670861

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W. C. DEPARTMENT
ATTN: DOROTHY BROWN
P.O. BOX # 14352
LEXINGTON, KY 40512

Case: vs PENTAIR INC
Date Of Injury: 11/8/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/27/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/12/18	PMT BY CHECK	DOS 5/7/18* # 6750090573	-156.50
07/27/18	PMT BY CHECK	DOS 6/27/18* # 6750101467	-250.00
02/24/20	LEGAL_WCAB	MSC @ WCAB LONG BEACH	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/18/20	PMT BY CHECK	DOS 2/24/20* # 6750438457	-195.00
04/20/20	LEGAL_MISC	READING OF STIP & AWARD @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/08/20	PMT BY CHECK	DOS 4/20/20* # 6750464127	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	05/08/2020
Check Amount	:	$250.00
Check Number	:	6750464127

JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	 Adjuster Name Invoice#	 Adjuster Phone# Invoice Date Service Dates
188670861-001 BP WC Rancho Cord-Rt Professional Service	11/08/2017 $250.00 $250.00	 Dorothy S. Brown 74116	 707-759-3554 04/20/2020-04/20/2020

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Claim Check Number
6750464127
BANK OF AMERICA N.A.
401 EAST LAS OLAS BLVD
FT. LAUDERDALE FL 33301-2033

64-1278
611
3299111676

ON BEHALF OF: AIG
INSURER: NEW HAMPSHIRE INSURANCE CO

Check Date : 05/08/2020

Void If not presented for payment within 180 days after the date of Issue

Amount
********* **$250.00***

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
*** Two Hundred Fifty and 00/100 Dollars **

JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

Claim #: 188670861-001

By

⑈6750464127⑈ ⑆061112788⑆ 329 911 1676⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/27/20 77219

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
9000898542

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: JEANELLE LOPEZ
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs RIVERSIDE COMMUNITY HOSPITAL
Date Of Injury: 10/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/19/19	LEGAL_MISC	STIPULATION @ L/O KUPER & WILSON	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/22/20	PMT BY CHECK	DOS 11/19/19 # 2301262306	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	05/22/2020
Check Amount	:	$250.00
Check Number	:	2301262306

JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	 Adjuster Name Invoice#	 Adjuster Phone# Invoice Date Service Dates
9000898542001 BP WC Brea Professional Service INVOICE # 77219	10/01/2012 $250.00 $250.00	 Jeanelle L. Lopez 77219	 714-989-4433 05/22/2020-05/22/2020

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Claim Check Number
2301262306
BANK OF AMERICA
600 PEACHTREE ST NE
13TH FLOOR
ATLANTA GA 30308

64-1278 / 611 GA
3359329961

ON BEHALF OF: ACE
INSURER: ACE AMERICAN INSURANCE COMPANY

Check Date : 05/22/2020

Void If not presented for payment within 180 days after the date of Issue

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
********* **$250.00***

Amount
*** Two Hundred Fifty and 00/100 Dollars **

JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

Claim #: 9000898542001

By

⑈2301262306⑈ ⑆061112788⑆ 335 932 9961⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/20/20 65726

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2014232440

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: NORMA RUBALCAVA
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs COSMEDX SCIENCE
Date Of Injury: 1/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/07/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/15/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI (SPOUSE TESTIMONIAL)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/28/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI (SPOUSE TESTIMONIAL)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/10/15	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/07/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/29/18	PMT BY CHECK	DOS 4/15/15-7/7/16* =# 10319596	-1126.00
02/01/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/14/18	PENALTIES	FOR DATE OF SERVICE 4/15/15	23.48
01/29/18	INTEREST	FOR DATE OF SERVICE 4/15/15	46.74
02/14/18	PENALTIES	FOR DATE OF SERVICE 5/7/15	37.50
01/29/18	INTEREST	FOR DATE OF SERVICE 5/7/15	74.67
02/14/18	PENALTIES	FOR DATE OF SERVICE 7/15/15	23.48
01/29/18	INTEREST	FOR DATE OF SERVICE 7/15/15	45.07
02/14/18	PENALTIES	FOR DATE OF SERVICE 8/28/15	37.50
01/29/18	INTEREST	FOR DATE OF SERVICE 8/28/15	68.84
02/14/18	PENALTIES	FOR DATE OF SERVICE 12/10/15	23.48
01/29/18	INTEREST	FOR DATE OF SERVICE 12/10/15	38.21
02/14/18	PENALTIES	FOR DATE OF SERVICE 7/7/16	23.48
01/29/18	INTEREST	FOR DATE OF SERVICE 7/7/16	27.42
03/05/18	PMT BY CHECK	DOS 2/1/18* # 108852048	-156.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/20/20 65726

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2014232440

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: NORMA RUBALCAVA
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs COSMEDX SCIENCE
Date Of Injury: 1/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/18	PMT BY CHECK	DOS 4/15/15* =# 11363013	-469.87
08/23/18	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/01/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/21/18	PMT BY CHECK	DOS 8/23/18-11/1/18* =# 16096842	-313.00
04/11/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/06/19	PMT BY CHECK	DOS 4/11/19* =# 18696056	-156.50
07/11/19	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/10/19	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
10/15/19	PMT BY CHECK	DOS 9/10/19* # 21902453	-313.00
01/02/20	PMT BY CHECK	DOS 7/11/19* = 23535471	-156.50
04/28/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/15/20	PMT BY CHECK	DOS 4/28/20* =# 26128386	-250.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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W

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000024-0000107 D0106 001 888895 EIG

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 92781-4165

EMPLOYERS®

America's small business insurance specialist®

The attached check and Explanation of Payment(s) have been sent to you for benefits or services rendered on behalf of EMPLOYERS® who is working with VPay® to process its payments. **If you have general questions regarding the payment or cashing this check, please email VPay at support@vpayusa.com or call 1-855-523-9634.** Injured Employees: If you have questions regarding the payment amount or benefit calculation, please contact EMPLOYERS at 1-888-682-6671. Medical Providers: If you have questions regarding the payment amount, please contact CONDUENT at 1-863-669-0861, option 6. For all other payment inquiries, please contact EMPLOYERS at 1-888-682-6671.

Claim ID:	2014232440
Client Reference ID:	270310029
VP Trans ID:	796576884
	EIG0001003
Date:	05/15/2020
Amount:	$250.00
Check Number:	26128386

EMPLOYERS provides workers compensation insurance through Employers Preferred Insurance Company, Employers Assurance Company, Employers Compensation Insurance Company and Employers Insurance Company of Nevada. EIG Services, Inc. (in California, dba EIG Insurance Services) is an affiliated agency and adjuster.
Form #: CL_VEN_0033_US Rev. 3/2017

EIG.RM.STD.OT

Employers Compensation Insurance Company 501

Process Date: 05/12/2020
Control Number: 306306024
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 270310029 **Payment Date: 05/15/2020**

Claim Number:	2014232440		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 9941672#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	65726	Geo Zip: 90001	Date Of Injury:	01/31/2014	
Provider License:	99999999		Claims Received Date:	05/07/2020	

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
04/28/20	11	T1013		SIGN LANGUAGE/(	1.000	250.00	0.00	0.00	0.00	250.00	6541,5076
			TOTALS:			**250.00**	**0.00**	**0.00**	**0.00**	**250.00**	
			TOTAL RECOMMENDED ALLOWANCE:							**250.00**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

CARRIER EXPLANATION REASON CODE

5076	-BYPASS NETWORK
6541	-MEDICAL

2111-H-1107959-0 47901420

796576884

Employers Compensation Insurance Company 501

Process Date: 05/12/2020
Control Number: 306306024
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 270310029 **Payment Date: 05/15/2020**

Claim Number:	2014232440		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 9941672#5628181	Claimant SSN:	XXX-XX-	
Provider Ref:	65726	Geo Zip: 90001	Date Of Injury:	01/31/2014	
Provider License:	99999999		Claims Received Date:	05/07/2020	

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Carrier/Insurer: EMPLOYERS COMPENSATION INSURANCE COMPANY

Employer Name: COSMEDX SCIENCE INC (EIG 171526500), Employer ID: EIG 171526500, Employer Address: 475 N. SHERIDAN STREET, CORONA, CA 92880

Payer Name: EMPLOYERS COMPENSATION INSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 030443592

Claimant Address: 212 S KRAMMER BLVD STE 2708 PLACENTIA, CA 928706146, Claimant D.O.B.: 11/20/1969

Payment Information: Payment Status Code:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT
REQUEST FOR SECOND REVIEW
After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee (herein referred to as 'Provider') that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the EOR. The Request for Second Review must conform to the requirements of the DWC's Medical Billing and Payment Guide, and regulations at Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of the service of the EOR, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

REQUEST FOR INDEPENDENT BILL REVIEW
After the Provider submits a Request for Second Review, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, the Provider that still disputes the amount paid may submit a request for independent bill review (IBR) within 30 days of service of the EOR. The Request for IBR must conform to the requirements of Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the Provider fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual provider's agreement with the preferred provider organization.

Note to Provider regarding appeals process: Please send appeal requests to Conduent, along with this EOR, the medical bill and all supporting documentation.

Conduent
PO Box 32045
Lakeland, FL 33802
(866) 851-7739
billinginquiries@conduent.com

Conduent is neither the employer nor the insurance carrier, nor is it responsible for payment of the medical services contained in this explanation of benefits.

47901420

2111-H-1107959-0

*** Workers Compensation ***

7965768884

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/18/20 74098

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017352894

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: TO WHOM IT MAY CONCERN
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs KRAFTS BODY SHOP INC
Date Of Injury: 12/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/18	LEGAL_PREP	DEPO PREP @ COURT REPORTERS SAN PEDRO	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/19/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/25/18	PMT BY CHECK	DOS 6/1/18* =# 13251797	-156.50
08/14/18	PMT BY CHECK	DOS 7/19/18* # 13588019	-156.56
11/15/19	PEN & INT	PEN & INT	0.06
11/13/19	PMT BY CHECK	DOS 7/19/18* =# 22512844	-93.50
03/18/20	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	ANABEL MUNGUIA # 301374	0.00
04/24/20	PMT BY CHECK	DOS 3/18/20* =# 25805136	-156.56
05/13/20	PMT BY CHECK	DOS 3/18/20* =# 26087328	-93.44

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000051-0000259 D0106 001 883819 EIG

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 92781-4165

EMPLOYERS®

America's small business insurance specialist®

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Claim ID:	Multiple Claims
Client Reference ID:	250962534
VP Trans ID:	785950171
	EIG0001002
Date:	04/24/2020
Amount:	$156.56
Check Number:	25805136

APR 27 2020

EMPLOYERS provides workers compensation insurance through Employers Preferred Insurance Company, Employers Assurance Company, Employers Compensation Insurance Company and Employers Insurance Company of Nevada. EIG Services, Inc. (in California, dba EIG Insurance Services) is an affiliated agency and adjuster.
Form #: CL_VEN_0033_US Rev. 3/2017

EIG.RM.STD.OT

Employers Assurance Company 506

Process Date: 04/23/2020
Control Number: 306281710
EOR Page 1 of 2
Rev/Aud: SS/AW

Payment Number: 250962534 **Payment Date: 04/24/2020**

Claim Number:	2017352894		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	74098	Geo Zip: 90001	Date Of Injury:	12/14/2017	
Provider License:	CA99999		Claims Received Date:	04/16/2020	

JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN, CA 92781-4165

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
03/18/20	11	T1013		SIGN LANGUAGE/	120.000	250.00	93.44	0.00	0.00	156.56	863,5076,G1
		99919 Changed to T1013 Better Defining Services Performed									
		TOTALS:				**250.00**	**93.44**	**0.00**	**0.00**	**156.56**	
		TOTAL RECOMMENDED ALLOWANCE:								**156.56**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

G1 -THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

CARRIER EXPLANATION REASON CODE

863 -REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.
5076 -BYPASS NETWORK

2111-H-1102735-0 47831390

785950171

Employers Assurance Company 506

Process Date: 04/23/2020
Control Number: 306281710
EOR Page 2 of 2
Rev/Aud: SS/AW

Payment Number: 250962534 **Payment Date: 04/24/2020**

Claim Number:	2017352894		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	74098	Geo Zip: 90001	Date Of Injury:	12/14/2017	
Provider License:	CA99999		Claims Received Date:	04/16/2020	

JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN, CA 92781-4165

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Carrier/Insurer: EMPLOYERS ASSURANCE COMPANY

Employer Name: KRAFTS BODY SHOP INC (EIG 254420300), Employer ID: EIG 254420300, Employer Address: 6100 SOQUEL AVE, SANTA CRUZ, CA 95062

Payer Name: EMPLOYERS ASSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 610477370

Claimant Address: 505 1/2 WILLIAMSON AVE FULLERTON, CA 928322129, Claimant D.O.B.: 09/21/1973

Payment Information: Payment Status Code:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT
REQUEST FOR SECOND REVIEW
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Note to Provider regarding appeals process: Please send appeal requests to Conduent, along with this EOR, the medical bill and all supporting documentation.

Conduent
PO Box 32045
Lakeland, FL 33802
(866) 851-7739
billinginquiries@conduent.com

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47831390

2111-H-1102735-0

*** Workers Compensation ***

785950171

M

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000014-0000233 D0716 001 888264 EIG

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 92781-4165

EMPLOYERS

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Claim ID:	Multiple Claims
Client Reference ID:	250968170
VP Trans ID:	795245252
	EIG0001002
Date:	05/13/2020
Amount:	$93.44
Check Number:	26087328

PAID
MAY 18 2020

EMPLOYERS provides workers compensation insurance through Employers Preferred Insurance Company, Employers Assurance Company, Employers Compensation Insurance Company and Employers Insurance Company of Nevada. EIG Services, Inc. (in California, dba EIG Insurance Services) is an affiliated agency and adjuster.
Form #: CL_VEN_0033_US Rev. 3/2017

EIG.RM.STD.OT

THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK - SEE BACK FOR DETAILS

EMPLOYERS

Employers Assurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

METABANK, N.A.
Sioux Falls, SD
72-7011/2739

26087328

05/13/2020

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$93.44**

NINETY THREE DOLLARS AND 44/100 DOLLARS

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

VOID AFTER 180 DAYS

MEMO

795245252

⑈26087328⑈ ⑆273970116⑆ 17000129941⑈

Employers Assurance Company 506

RE-EVALUATION
Process Date: 05/12/2020
Re-Evaluation Control Number: 800313242
Original Control Number: 306281710
EOR Page 1 of 2
Rev/Aud: SS/AW

Payment Number: 250968170 **Payment Date: 05/13/2020**

Claim Number:	2017352894		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	74098	Geo Zip: 90001	Date Of Injury:	12/14/2017	
Provider License:	CA99999		Claims Received Date:	05/07/2020	

JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN, CA 92781-4165

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Attn:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
03/18/20	11	T1013		SIGN LANGUAGE/(	120.000	0.00	-93.44	0.00	0.00	93.44	197,1001,G1, G67
				99919 Changed to T1013 Better Defining Services Performed							
				Original Charge/Allowance: $250.00/$156.56							
				TOTALS:		**0.00**	**-93.44**	**0.00**	**0.00**	**93.44**	
				TOTAL RECOMMENDED ALLOWANCE:						**93.44**	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

G1	-THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G67	-PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197	-RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
1001	-BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY THE PROVIDER, WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.

Thank you, Provider Relations

2111-H-1102735-1 4789372

795245252

Employers Assurance Company 506

RE-EVALUATION
Process Date: 05/12/2020
Re-Evaluation Control Number: 800313242
Original Control Number: 306281710
EOR Page 2 of 2
Rev/Aud: SS/AW

Payment Number: 250968170 **Payment Date: 05/13/2020**

Claim Number:	2017352894		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	74098	Geo Zip: 90001	Date Of Injury:	12/14/2017	
Provider License:	CA99999		Claims Received Date:	05/07/2020	

JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN, CA 92781-4165

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Attn:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

Carrier/Insurer: EMPLOYERS ASSURANCE COMPANY

Employer Name: KRAFTS BODY SHOP INC (EIG 254420300), Employer ID: EIG 254420300, Employer Address: 6100 SOQUEL AVE, SANTA CRUZ, CA 95062

Payer Name: EMPLOYERS ASSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 610477370

Claimant Address: 505 1/2 WILLIAMSON AVE FULLERTON, CA 928322129, Claimant D.O.B.: 09/21/1973

Payment Information: Payment Status Code:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

REQUEST FOR SECOND REVIEW

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Conduent
PO Box 32045
Lakeland, FL 33802
(866) 851-7739
billinginquiries@conduent.com

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2111-H-1102735-1 47899972

* Workers Compensation *

795245252

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/21/20 77744

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018370643

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: PHILIP AQUINO
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs SHREEJI LAUNDRY INC
Date Of Injury: 9/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/20	LEGAL_WCAB	STATUS CONFERENCE @ WCAB SAN BERNARDINO	195.00
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
05/18/20	PMT BY CHECK	DOS 2/24/20* =# 26155787	-195.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

M

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

0000142-0000779 D0106 001 889362 EIG

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 92781-4165

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Claim ID:	2018370643
Client Reference ID:	241246229
VP Trans ID:	797345966
	EIG0001001
Date:	05/18/2020
Amount:	$195.00
Check Number:	26155787

EIG.RM.STD.OT

Employers Preferred Insurance Company 505

Process Date: 05/15/2020
Control Number: 306310359
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 241246229 **Payment Date: 05/18/2020**

Claim Number:	2018370643		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	77744	Geo Zip: 90001	Date Of Injury:	09/27/2018	
Provider License:	99999999		Claims Received Date:	05/11/2020	

JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN, CA 92781-4165

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
02/24/20	11	T1013		SIGN LANGUAGE/(	120.000	195.00	0.00	0.00	0.00	195.00	5076
			99919 Changed to T1013 Better Defining Services Performed								
			TOTALS:			195.00	0.00	0.00	0.00	195.00	
			TOTAL RECOMMENDED ALLOWANCE:							195.00	

Rendering Provider Name: JOYCE ALTMAN INTERPRETERS INC.
Rendering Provider NPI:

CARRIER EXPLANATION REASON CODE

5076 -BYPASS NETWORK

2111-H-1108607-0 47916338

7973459966

Employers Preferred Insurance Company 505

Process Date: 05/15/2020
Control Number: 306310359
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 241246229 **Payment Date: 05/18/2020**

Claim Number:	2018370643		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	77744	Geo Zip: 90001	Date Of Injury:	09/27/2018	
Provider License:	99999999		Claims Received Date:	05/11/2020	

JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN, CA 92781-4165

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Carrier/Insurer: EMPLOYERS PREFERRED INSURANCE COMPANY

Employer Name: SHREEJI LAUNDRY INC (EIG 229763202), Employer ID: EIG 229763202, Employer Address: 3159 HIGHLANDER RD, FULLERTON, CA 92833

Payer Name: EMPLOYERS PREFERRED INSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 592222527

Claimant Address: 11846 HOPELAND ST NORWALK, CA 906506543, Claimant D.O.B.: 06/19/1969

Payment Information: Payment Status Code:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT
REQUEST FOR SECOND REVIEW
After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee (herein referred to as 'Provider') that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the EOR. The Request for Second Review must conform to the requirements of the DWC's Medical Billing and Payment Guide, and regulations at Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of the service of the EOR, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

REQUEST FOR INDEPENDENT BILL REVIEW
After the Provider submits a Request for Second Review, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, the Provider that still disputes the amount paid may submit a request for independent bill review (IBR) within 30 days of service of the EOR. The Request for IBR must conform to the requirements of Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the Provider fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual provider's agreement with the preferred provider organization.

Note to Provider regarding appeals process: Please send appeal requests to Conduent, along with this EOR, the medical bill and all supporting documentation.

Conduent
PO Box 32045
Lakeland, FL 33802
(866) 851-7739
billinginquiries@conduent.com

Conduent is neither the employer nor the insurance carrier, nor is it responsible for payment of the medical services contained in this explanation of benefits.

47916338

2111-H-1108607-0

*** Workers Compensation ***

797345966

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/15/20 77458

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002979081365-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs FORCE FRAMING INC
Date Of Injury: 1/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/20	LEGAL_WCAB	MSC @ WCAB SANTA ANA	195.00
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
05/07/20	PMT BY CHECK	DOS 1/8/20* # 0163022847	-195.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

GB-CARRIER CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

002979 PAGE 1 OF 1 005993

m

MDG2009 00003756 1 MB .439 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 818-638-2330
GB-CARRIER CALIFORNIA SOUTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 002979 081365 WC 01 (1W9682001)
CLAIMANT:
DESCRIPTION: INVOICE 77458

BRANCH NO.: 243
ACC DATE: 09Jan19

NO.: 0163022847
VN: 0003269377
DATE: 07May20

DATES OF SERVICE: 08Jan20 **THRU** 08Jan20
BENEFIT PERIOD: **THRU**

AMOUNT: 195.00

**

MAY 1 [illegible] 2020

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003756 004277 001 001

THE FACE OF THIS DOCUMENT HAS A BLUE BACKGROUND - THE BACK HAS AN ARTIFICIAL WATERMARK

39602

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

CHECK NO. 0163022847 005993
VN. 0003269377
DATE: 07May20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **195.00

CLAIM NO.: 002979 081365 WC 01 (1W9682001) **BRANCH NO.:** 243
PAY ONE HUNDRED NINETY-FIVE AND 00/100 DOLLARS**********
****

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

CITIBANK, N.A.
ONE PENN'S WAY
NEW CASTLE, DE 19720

⑈0163022847⑈ ⑆031100209⑆ 4007490⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/27/20 77603

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
001993-016150-WC-01

BILL TO:
GALLAGHER BASSETT (SAC-255397)

ATTN: PATRICIA BILLITS
P.O. BOX # 255397
SACRAMENTO, CA 95865

Case: vs STAFF HOLDINGS INC
Date Of Injury: 5/2/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/20	LEGAL_WCAB	EXP. HEARING @ WCAB SANTA ANA	195.00
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
05/22/20	PMT BY CHECK	DOS 1/28/20* # 0163331973	-195.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

001993 PAGE 1 OF 1 004744

MDG2009 00008245 1 MB .439 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY AND ITS
AFFILIATES

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 001993 016150 WC 01 (51758-18)
CLAIMANT:
DESCRIPTION: INV#-77603
DATES OF SERVICE: 28Jan20 **THRU** 28Jan20
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 02May18

NO.: 0163331973
VN: 0000596919
DATE: 22May20
AMOUNT: 195.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008245 009010 001 002

THE FACE OF THIS DOCUMENT HAS A BLUE BACKGROUND - THE BACK HAS AN ARTIFICIAL WATERMARK

39602

ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY AND ITS
AFFILIATES

CHECK NO. 0163331973 004744
VN. 0000596919
DATE: 22May20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **195.00

CLAIM NO.: 001993 016150 WC 01 (51758-18) **BRANCH NO.:** 011
PAY ONE HUNDRED NINETY-FIVE AND 00/100 DOLLARS**********
****
TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

CITIBANK, N.A.
ONE PENN'S WAY
NEW CASTLE, DE 19720

⑈0163331973⑈ ⑆031100209⑆ 4007490 1⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/28/20 75726

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQC44030; Y67C65461

BILL TO:
THE HARTFORD (LEXINGTON-14475)

ATTN: CLAIM ADJUSTER
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs WIN HOLT EQUIPMENT CORPORATION
Date Of Injury: 3/20/15; 9/16-1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/10/19	PMT BY CHECK	DOS 4/15/19* # 130318518 0	-156.50
01/06/20	LEGAL_WCAB	MSC @ WCAB LONG BEACH	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/03/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 10077	0.00
05/06/20	PMT BY CHECK	DOS 4/3/20* # 131535227 3	-250.00
05/20/20	PMT BY CHECK	DOS 1/6/20 # 131578175 1	-195.00

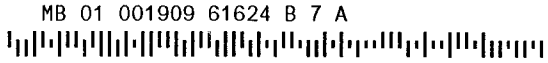
BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

M

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304198

MB 01 001909 61624 B 7 A



JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

001909 1/1

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
75726 03/20/2015	12WB DU7735 YMQC 44030	WIN HOLT EQUIPMENT CORPORATION		$250.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 04/03/2020 04/03/2020	$250.00

Claim Handler: MICHAEL FALLIS 8664019222 x2304198 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512	Additional Comments:

Issue Date	05/06/2020	Check Number	131535227 3	Total Check Amount	$250.00

Please keep the above information for your records.

HAR 100.2

FOLD AT DOTTED LINE AND DETACH

120641320

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304198

MB 01 001745 72846 B 5 A

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

PAID
MAY 28 2020

M

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
75726 03/20/2015	12WB DU7735 YMQC 44030	WIN HOLT EQUIPMENT CORPORATION		$195.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 04/15/2019 04/15/2019	$195.00

Claim Handler: MICHAEL FALLIS
8664019222 x2304198
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	05/20/2020	Check Number	131578175 1	Total Check Amount	$195.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

123427022

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/27/20 77834

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y2PC85300

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: AUBREY LAW
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs MIDWAY IMPORTING INC
Date Of Injury: 8/27/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/20	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/18/20	PMT BY CHECK	DOS 3/24/20* # 131569089 6	-195.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE HARTFORD

ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
8774699222 x2305288

MB 01 001503 70736 B 5 C

001503 1/1

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
77834 08/27/2019	21WE AC1LWK Y2PC 85300	MIDWAY IMPORTING INC		$195.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 03/24/2020 03/24/2020	$195.00

Claim Handler: AUBREY LAW 8774699222 x2305288 ClaimPlus Work Comp Claim Center PO Box 14472 Lexington, KY 40512-4472	Additional Comments:

Issue Date	05/18/2020	Check Number	131569089 6	Total Check Amount	$195.00

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

HAR-100-2

32343453

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/20/20 77849

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y2EC13442

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: SYNDEE THRASHER
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs VENUS FOODS INC
Date Of Injury: 8/23/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/02/20	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
05/12/20	PMT BY CHECK	DOS 4/2/20* # 131551923 2	-195.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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m

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308204

MB 01 002648 66412 B 9 C

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
77849 08/23/2019	72WEC AC7KNK Y2EC 13442	VENUS FOODS INC		$195.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 04/02/2020 04/02/2020	$195.00

Claim Handler: SYNDEE THRASHER 8664019222 x2308204 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512	Additional Comments: interp for depo prep

Issue Date	05/12/2020	Check Number	131551923 2	Total Check Amount	$195.00

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

HAR-100-2

120665393

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/21/20 77949

EAMS#(s):
ADJ12826595
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
Y2EC21362

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: LESLIE OBERMEIER
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs SERVICE MAILERS INC
Date Of Injury: 9/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/07/20	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/14/20	PMT BY CHECK	DOS 4/7/20* # 131560258 0	-195.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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m

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2302099

MB 01 002028 68204 B 7 A

002028 1/1

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
77949 07/17/2019	72WEC AA7TJT Y2EC 21362	SERVICE MAILERS, INC		$195.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 04/07/2020 04/07/2020	$195.00

Claim Handler: LESLIE OBERMEIER 8664019222 x2302099 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512	Additional Comments:

Issue Date	05/14/2020	Check Number	131560258 0	Total Check Amount	$195.00

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

HAR-100-2

123404111

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/21/20 77953

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y2EC20242

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: STEPHANIE SANCHEZ
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs HOLIDALE INC
Date Of Injury: 9/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/20	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
05/05/20	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/12/20	PMT BY CHECK	DOS 4/14/20* # 131552947 5	-195.00

BALANCE 250.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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m

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308195

002649 1/1

MB 01 002649 66412 B 9 C

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
77953 09/11/2019	76WEG AA3X6J Y2EC 20242	ALTURA1 INVESTMENT LLC		$195.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 04/14/2020 04/14/2020	$195.00

Claim Handler: STEFANIE SANCHEZ
8664019222 x2308195
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	05/12/2020	Check Number	131552947 5	Total Check Amount	$195.00

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

120665394

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/20/20 74516

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6665814

BILL TO:
HAZELRIGG CLAIMS MGMT(CHINOHI)
W. C. DEPARTMENT
ATTN: IVONNE PLACENTIA
P.O BOX 880
CHINO HILLS, CA 91709

Case: vs BODEGAL LATINA CORP/EL SUPER
Date Of Injury: 3/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/18	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	CARLOS ARIAS # 301574	0.00
09/21/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNSI FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
10/05/18	PMT BY CHECK	DOS 8/20/18* # 0000053254	-156.50
10/18/18	PMT BY CHECK	DOS 9/21/18* # 0000053839	-165.00
01/13/20	LEGAL_WCAB	MSC @ WCAB LONG BEACH	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/30/20	PMT BY CHECK	DOS 1/13/20* # 23145	-195.00
04/30/20	PMT BY CHECK	DOS 9/21/18* # 23146	-85.00
05/20/20	MISC	ADDITIONAL MONIES RECEIVED	5.00
05/14/20	PMT BY CHECK	DOS 9/21/18* # 23811	-5.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

00078331050

Please see attached list of 1 items paid by check: 0000053839, issued: 10/18/2018, for $165.00.

74516-1

PAID
OCT 22 2018

U.S. Mail

0007833105

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc Client Escrow Account
on Behalf of Safety First Insurance Co-
Bodega Latina Corporation dba El Super
1625 West Causeway Approach
Mandeville LA 70471

JPMorgan Chase Bank, N.A.
Baton Rouge, LA
84-13/654

Check Number 0000053839
Issue Date: 10/18/2018
VOID After 60 Days

For Please see attached listing for items paid by this check.

$ *******165.00

One Hundred Sixty-Five and 00/100 Dollars

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tahuk
Authorized Signature

⑈0000053839⑈ ⑆065400137⑆ 068500823⑈

Bulk check detail sheet for check number 0000053839. Issue date: 10/18/2018
Payable to: JOYCE ALTMAN INTERPRETERS

Invoice Number	Amount	Service From	Service To	ClaimId	Claimant	Description
	$ 165.00	09/21/2018	09/21/2018	6665814		Medical from 09/21/2018 to 09/21/2018.

Total Amount: $ 165.00

M

Issued on behalf of Safety National/Safety First Insurance

El Super-Bodega Workers Comp
PO Box 880
Chino Hills, CA 91709

Bank of America

21171 Newport Coast Drive
Newport Coast, CA 92657

11-35
1210

CHECK NO. 23145

DATE
04/30/2020

**********195.00

One Hundred Ninety Five Dollars And 00/100

VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

⑈00231 45⑈ ⑆121000358⑆ 3251210336 15⑈

Payee: JOYCE ALTMAN INTERPRETERS

IRS/SSN: XX-XXX6713

Check Number: 23145

Check Date: 04/30/2020

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
6665814		03/05/2018	Translation Service	01/13/2020	01/13/2020		74516	195.00

Comments: DOS: 1/13/2020 - payment in full

M

Issued on behalf of Safety National/Safety First Insurance

El Super-Bodega Workers Comp
PO Box 880
Chino Hills, CA 91709

Bank of America

21171 Newport Coast Drive
Newport Coast, CA 92657

11-35
1210

CHECK NO. 23146

DATE
04/30/2020

**********85.00

Eighty Five Dollars And 00/100

VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

⑈00231 46⑈ ⑆121000358⑆ 3251210336 15⑈

Payee: JOYCE ALTMAN INTERPRETERS

IRS/SSN: XX-XXX6713

Check Number: 23146

Check Date: 04/30/2020

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
6665814		03/05/2018	Translation Service	09/21/2018	09/21/2018		74516	85.00

Comments: balance of DOS: 9/21/18

RECEIVED
DEC 06 2020

Issued on behalf of Safety National/Safety First Insurance

El Super-Bodega Workers Comp
PO Box 880
Chino Hills, CA 91709

Bank of America

21171 Newport Coast Drive
Newport Coast, CA 92657

11-35
1210

CHECK NO. 23811

DATE
05/14/2020

**********5.00

Five Dollars And 00/100

VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

⑈00 23811⑈ ⑆121000358⑆ 3251210336 15⑈

Payee: JOYCE ALTMAN INTERPRETERS

Check Number: 23811

IRS/SSN: XX-XXX6713

Check Date: 05/14/2020

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
6665814		03/05/2018	Translation Service	09/21/2018	09/21/2018		74516	5.00

Comments: balance of DOS: 9/21/18

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/05/20 77062

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
68324

BILL TO:
PACIFIC COMP INS. COMPANY
W. C. DEPARTMENT
ATTN: IRMA FLORES
P.O. BOX 5042
THOUSAND OAKS, CA 91359

Case:
Date Of Injury: 2/9/19

vs CALIFORNIA FISH GRILL LLC

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/19	LEGAL_WCAB	EXP. HEARING @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
01/14/20	PMT BY CHECK	DOS 10/15/19* =# 01218384	-156.50
04/09/20	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/30/20	PMT BY CHECK	DOS 4/9/20* =# 012399148	-195.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042

Temporary Return Service Requested

000016-000001-000046 2513658 2320EDC 3
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Claimant:
Claim: 00068324
Policy #: WA00390301
Date of Injury: 20190209
Description: 04-09-20 - 04-09-20 PC100100723918
Payment For: INTERPRETER FOR DEPOSITIONS

Payment Amount: $ 195.00

DIRECT INQUIRIES TO: PACIFIC COMPENSATION INSURANCE COMPANY

SECURITY FEATURES ON THIS DOCUMENT INCLUDE A MICRO-PRINT BORDER AND VOID PANTOGRAPH ON FACE AND A RULED PATTERN AND WHITE WATERMARK ON BACK.

PacificComp®
A CopperPoint Insurance Company

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01239148

DATE: 04/30/2020

AMOUNT
*****$195.00

VOID AFTER 6 MONTHS

PAY One Hundred Ninety-Five and 00/100

TO THE ORDER OF Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Marc E. Schmitter

⑈01239148⑈ ⑆122016066⑆ 412⑈118464⑈

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

Temporary Return Service Requested

000016-000002-000047 2513658 2320EDC 3
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Explanation of Review
Page: 3 of 4
DCN: PC1-0010-0723918
Date of Review: 04/28/2020
Date Bill Received: 04/20/2020
Adjustor: IFLORES
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01239148 Bulk $195.00
Method of Payment: Paper Check

Provider: JOYCE ALTMAN INTERPRETERS
P.O.BOX 4165
TUSTIN, CA 927814165
Provider State License: 999999999
Provider Invoice: 77062
Rendering Provider: JOYCE ALTMAN ENTERPRETERS INC
Rendering Provider ID: 9999999999

Claim 00068324
Policy: WA00390301
Employer Name: CALIFORNIA FISH GRILL INVESTMENTS LLC
Doi: 02/09/2019
Claimant:
Patient SSN: 000000006
MPN Number: 1018

Tax ID: 330956713 ANC
DOS: 04/09/2020
Ext ID: 33095671301 703
Payment Status Code: 1
Payment Date: 04/30/2020 Bill Frequency:

DX 1: T1490 Injury, unspecified

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Bill Review	Reductions PPO	Allowance	Expl. Code(s)
04/09/2020	T1013			SIGN LANGUAGE/ORAL INTEPR		1	1	0	195.00			195.00	
								Total Charges:	195.00				
								Bill Review Reductions:		0.00			
								Recommended Allowance				195.00	

TIME LIMITS TO DISPUTE PAYMENT AMOUNT
REQUEST FOR SECOND REVIEW
After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee (herein referred to as 'Provider') that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the EOR. The Request for Second Review must conform to the requirements of the DWC's Medical Billing and Payment Guide, and regulations at Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of the service of the EOR, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

REQUEST FOR INDEPENDENT BILL REVIEW
After the Provider submits a Request for Second Review, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, the Provider that still disputes the amount paid may submit a request for independent bill review (IBR) within 30 days of service of the EOR. The Request for IBR must conform to the requirements of Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the Provider fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

For questions regarding this analysis, you may respond in writing to CareSolutions Service Center, Attn: Provider Relations, PO Box 19600, Irvine CA 92623-9600. Please include 1) Reason for inquiry, 2) A copy of the bill and this analysis, and 3) Supporting documentation. Should you prefer, you may contact us at (949) 743-1230.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/26/20 77837

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020059031

BILL TO:
PACKARD CLAIMS (TARPON SPRINGS
W. C. DEPARTMENT
ATTN: LORIE GOFF
P.O. BOX 1549
TARPON SPRINGS, FL 34688

Case: vs SOUTH EAST EMPLOYEE LEASING
Date Of Injury: 1/18/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/20	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	ANABEL MUNGUIA # 301374	0.00
05/18/20	PMT BY CHECK	DOS 3/19/20* # 10086170	-195.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Explanation Of Bill Review

Packard Claims Administration
P.O. BOX 1549
TARPON SPRINGS, FL 34688-1549
Telephone Number: 817-265-2000

Insurer: State National Insurance
2739 US HWY 19 N
Holiday, FL 34691
Div#: 12831

Payee:
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

Claimant Name:
Claimant SSN: ###-##
Incident Date: 01/18/2020
Claim Number: 2020059031
Division Claim No.: 2020012523431

Policy ID: CWC 71949-0692
Examiner: LGAUGHF
Check Number: 10086170
Check Amount: $195.00
Check Date: 05/18/2020
Description: Translation
Invoice No: 77837 ✓

Document PRA-PKCA-140456
Received Date: 10/14/2019
Reviewed 05/15/2020

Bill Type: Doctors Office - 50
Primary ICD: T14.90 Injury, unspecified
PPO Name:

From: 03/19/2020 **Through:** 03/19/2020
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other	Allowanc	Reason Code
T1013		1.00	INTERPRETER	03/19/2020	195.00	0.00	0.00	0.00	195.00	
				Totals:	195.00	0.00	0.00	0.00	195.00	

Optum at 1(610)631-2376
2500 Monroe Blvd.
Norristown, PA 19430

* UNLESS OTHERWISE NOTED, ALL REDUCTIONS WERE DUE TO CHARGES EXCEEDING THE OFFICIAL MEDICAL FEE SCHEDULE OF THE STATE OF CALIFORNIA. AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTORS ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKERS COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

PAID
MAY 26 2020
BY

WARNING — THIS CHECK IS PROTECTED BY SPECIAL SECURITY FEATURES

Packard Claims Administration
P.O. Box 1549
Tarpon Springs, FL 34688

Wells Fargo Bank, N.A.
101 Federal Place
Tarpon Springs, FL 34689

CHECK NO. 10086170

DATE 05/18/2020

AMOUNT **$**195.00**

PAY One Hundred Ninety Five Dollars And 00/100

TO THE ORDER OF Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

SECURE FEATURES INCLUDE MICROPRINTING • VOID FEATURE PANTOGRAPH • ENDORSEMENT BACKER

⑈10086170⑈ ⑆121000248⑆ 4463595157⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/29/20 74138

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
PEGWC000000014530;PEGWC00

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: BIANCA BORSYE
P.O. BOX # 85838
SAN DIEGO, CA 92186

Case: vs MAY ENTEPRISE LLC DBA SUNRISE
Date Of Injury: CT 1/1/09; 10/22/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/19/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/05/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
07/20/18	PMT BY CHECK	DOS 6/19/18* # 5002227046	-156.50
12/13/18	PMT BY CHECK	DOS 7/5/18* # 5002266352	-250.00
09/03/19	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/24/19	PMT BY CHECK	DOS 6/19/18-9/3/19* # 6000019083	-156.50
03/03/20	LEGAL_WCAB	MSC @ WCAB LONG BEACH	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/06/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
05/19/20	PMT BY CHECK	DOS 4/6/20* # 6000077094	-250.00

BALANCE 195.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
P.O. Box 85838
San Diego, CA 92186-5838
888-472-9001

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
US

BAA10827692_10000000079

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
May 19 2020	6000077094	0000099708	CL	10045	1	6000077094

Policy Number	WKN149237-3
Insured	MAY ENTERPRISES L L C
Date of Loss	11/03/2015
Reported Date of Loss	02/26/2016
Claims System ID	bnuCCV9:96118038
Claim Number	PEG WC 000000014530
Claimant Name	
Supplier Invoice Date	05/18/2020
Supplier Invoice Number	174138
Service Dates	04/06/2020 04/06/2020
Adjuster Name	Payment for [AIS INVOICE_NUMBER:74138]
Agency Code	
Agency Name	
Pay Amount	$ 250.00
Memo / Description	Payment for [AIS INVOICE_NUMBER:74138]

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 250.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 250.00 ***

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/27/20 77951

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06452928

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: KATHERINE G BOTTORF
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs C & B FORKLIFT INC
Date Of Injury: 2/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301684	0.00
05/21/20	PMT BY CHECK	DOS 4/13/20* # CU-467882	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338
http://www.statefundca.com/

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-467882**

Issue Date: 05/21/20
Doc #: 035428744

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name:			**Claim #:** 06425928	**Date of Injury:** 02/05/19		
SSN:		Employer name: C & B FORKLIFT INC		Employer ID: 0000009165032180					
1	SF1-SPCA-492031	04/13/20	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
						Total Allowances:			**$250.00**

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

0138427103542874400 1 2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/21/20 74807

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
B828109142-000-1-01

BILL TO:
SEDGWICK CLAIMS (LEX-14154)
W. C. DEPARTMENT
ATTN: MICHELLE DOWNEY
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs NURSES INTERNET STAFFING SVS
Date Of Injury: 1/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/18	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS LOS ANGELES	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
11/28/18	PMT BY CHECK	DOS 10/12/18-10/12/18* # 95255083	-156.50
12/03/18	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	MARIO B. VALDEZ # 301322	0.00
04/12/19	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	DANIEL TRIGUEROS # 368115481	0.00
06/06/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	DANIEL TRIGUEROS # 36815481	0.00
06/26/19	PMT BY CHECK	DOS 10/12/18-6/6/19* # 99840259	-563.00
04/28/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/18/20	PMT BY CHECK	DOS 4/28/20* # 108390469	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

m

Sedgwick Claims Management Services, Inc
P.O. Box 975
Sun Prairie, WI 53590-0975

0004425-0017005 0106 001 889348 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
05/18/2020	250.00	108390469
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
281 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			01/25/2018	B828109142-0001-01
Amt Paid:	250.00	Description:		
Amt Billed:	250.00	Invoice:	74807	ICN:46123302.848
Dates:	04/28/2020 - 04/28/2020	Comment:		

SWK.RM.STD.00.NP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK - SEE BACK FOR DETAILS

QBE North America
Praetorian Insurance Company

ORIGIN 2816224
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 05/18/2020

108390469
62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

QBE, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈108390469⑈ ⑆031100225⑆ 207995005970 3⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/27/20 77815

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30154268840-001,301662509

BILL TO:
SEDGWICK CLAIMS (LEXINGT14563)
W. C. DEPARTMENT
ATTN: RHONDA ROBERTSON
P.O. BOX 14563
LEXINGTON, KY 40512

Case: vs KROGER CO./RALPH'S/FOOD 4 LESS
Date Of Injury: 7/13/15;3/11/15-3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/20	LEGAL_WCAB	MSC @ WCAB LONG BEACH	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/20/20	PMT BY CHECK	DOS 3/3/20* # 3965726	-195.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant/ or Petitioner is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Applic of Adjud, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien/ or Petition. ** THIS SERVES AS DEMAND FOR PAYMENT **

Sedgwick Claims Management Services, Inc
P O Box 14563
Lexington, KY 40512-4563

0006259-0020479 0106 001 889934 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
05/20/2020	195.00	3965726
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
300 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			03/11/2016	30166250943-0001
Amt Paid:	195.00	Description:		
Amt Billed:	195.00	Invoice:	77815 ✓	ICN:247294914.339
Dates:	03/03/2020 - 03/03/2020	Comment:		

SWK.RM.STD.00.NP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/26/20 77955

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
218-01473-B

BILL TO:
SEDGWICK CLAIMS (ORANGE)
W. C. DEPARTMENT
ATTN: ERIC SERNA
P.O. BOX 11028
ORANGE, CA 92856

Case: vs CO LA/PUBLIC HEALTH DEPT # 250
Date Of Injury: 3/1/07-12/8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/20/20	LEGAL_MISC	READING OF STIP & ORDER @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/20/20	PMT BY CHECK	DOS 4/20/20 # 0029371318	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THIS IS WATERMARKED PAPER - DO NOT ACCEPT WITHOUT

TS 00293713

COUNTY OF LOS ANGELES

AUDITOR CONTROLLER'S SPECIAL WARRANT
WARRANT CLEARANCE FUND, LOS ANGELES, CALIFORNIA

NOT PAYABLE AFTER SIX MONTHS FROM DATE ISSUED

CONTROLLED DISBURSEMENT
PAYABLE THROUGH: BANK OF AMERICA, N.A.
NORTH BROOK, ILLINOIS

70-2328
0719

THE TREASURER OF THE COUNTY OF LOS ANGELES
500 W. TEMPLE ST. ROOM 502, LOS ANGELES, CA 90012

May 20, 2020

PAY TO THE ORDER OF:

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

Amount
$*********250.00

WC1423BV239
001
416

APPROVED
ARLENE BARRERA, AUDITOR-CONTROLLER BY

PAY: Two Hundred Fifty And 00/100 Dollars

⑈0029371318⑈ ⑆071923284⑆ 87659⑈15848⑈

↑ DETACH HERE ↑ ↑ DETACH HERE ↑ ↑ DETACH HERE ↑ ↑ DETACH HERE ↑

COUNTY OF LOS ANGELES REMITTANCE ADVICE

PAYEE NAME	PAYEE NUMBER	HANDLING CODE
JOYCE ALTMAN INTERPRETERS	WC1423BV239	

PAYMENT REFERENCE NUMBER	DISB CAT	ISSUE DATE	AMOUNT	WARRANT NUMBER
SWR-EB-14613301	416	05/20/2020	$250.00	0029371318

02/01/2018

18-01473-B
Invoice #
05/07/2020THRU
05/07/2020
71 LEG000001 2151250
250.00

250.00
14613301* 62901*2501* 454
For more information, please contact:Sedgwick-B,(877) [illegible]071

77955

PAID
MAY 26 2020
BY .....

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

For more information about this payment, please contact YOUR THIRD PARTY ADMINISTRATOR

May is Foster Care Awareness Month. Call (888) 811-1121 or visit www.FosterLAKids.com

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/12/20 77387

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FMV9175

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: KIRT HARRISON
P.O. BOX 660055
DALLAS, TX 75266

Case: vs PACWEST ENGINEERING, CO.
Date Of Injury: 3/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/03/19	LEGAL_PREP	DEPO PREP @ L/O DIMACULANGAN & ASSOC.	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/20/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/20/20	PMT BY CHECK	DOS 12/3/19-12/20/19* # 891A 91038154	-406.50
04/07/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/06/20	PMT BY CHECK	DOS 4/7/20* =# 896D 93945492	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA07114

896D 93945492

m

TRAVELERS

DATE: 05/06/20
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

Our Customer Service Phone is 1-800-258-3710.
Please contact us if you have any questions.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	~~152 CB FMK6046J~~	~~12/20/19 - 02/01/20~~	~~$ 950.00~~		~~inv#77320~~
	152 CB FMV9175P	04/07/20	$ 250.00		inv#77387 ✓
		Total Amount Paid	$*****1200.00		

I 27007184
DETACH CHECK

SUMM -111
OVRPSUM1-021
DETACH CHECK

THIS DOCUMENT HAS A RED BACKGROUND - BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Citibank, N.A.
One Penns Way
New Castle DE 19720

TRAVELERS
P O BOX 660055
DALLAS TX 75266-0055

896D 93945492 62-31

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
05/06/20	J99	330956713	SUMMARIZED

VOID IF NOT PRESENTED WITHI
ONE YEAR AFTER DATE OF ISS

ONE THOUSAND TWO HUNDRED AND 00/100 ---------- **PAY: $*****1200.00**

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781
014299
SA07114

Douglas E. Russell
AUTHORIZED SIGNATURE

VOID VOID VOID VOID VOID VOID

⑈93945492⑈ ⑆031100209⑆ 3862289 2⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/29/20 77754

EAMS#(s):

SS # :
DOB : 3/12/68
Terms: 60 days
Claim #(s):
9018331

BILL TO:
YORK/SEDGWICK INS (14731)
W. C. DEPARTMENT
ATTN: KHRISTINE BEHNEY
P.O. BOX 14731
LEXINGTON, KY 40512

Case: vs SAMS CLUB
Date Of Injury: 6/1/17-10/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/20	LEGAL_PREP	DEPO PREP @ L/O STANDER, REUBENS THOMAS	195.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/06/20	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/22/20	PMT BY CHECK	DOS 2/27/20* # 22099181	-195.00
05/29/20	PMT BY CHECK	DOS 5/6/20* # 22110424	-250.00

BALANCE 0.00

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Walmart Claims Services, Inc.
P.O. Box 14731
Lexington, KY 40512-4731

Claim Number:	9018331
Case No.:	
Check Amount:	$195.00
Check No.:	22099181
Claimant Name:	
Coverage:	
Invoice No.:	77754
Service/Indemnity From:	02/27/2020 Thru: 02/27/2020
Date:	
Vendor Tax ID No.:	330956713
Comments:	
Insurance Company:	National Union Fire
Invoice Comments:	

JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 92781

0001000111001089000000001089 03403-03404 00009737

↓ DETACH AT PERFORATION ↓

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Walmart Claims Services, Inc.
P.O. Box 14731
Lexington, KY 40512-4731

Claim No.: 9018331
Claimant Name: Dalia Moctezuma
Store No.: 6613

Check No.: 22099181
Issue Date: 05/22/2020

Wells Fargo Bank, N.A.

66-156
531

PAY: One Hundred Ninety-Five Dollars And 00/100

$ 195.00

VOID AFTER 120 DAYS

To The Order Of **JOYCE ALTMAN INTERPRETERS INC**

Chief Financial Officer

⑈22099181⑈ ⑆053101561⑆ 2079900124769⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/21/20 77818

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
AMTX-0509

BILL TO:
YORK INSURANCE SVCS(ROSEVILLE)
W. C. DEPARTMENT
ATTN: PAULA BAUMDARTNER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs AMERICAN TEXTILE MAINTENANCE
Date Of Injury: 9/23/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/20	LEGAL_PREP	DEPO PREP @ L/O ALBERT MACKENZIE	195.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/18/20	PMT BY CHECK	DOS 3/12/20* # 19894	-195.00

BALANCE 0.00

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M

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN, CA 92781-4165

Claim Number:	AMTX-0509
Claimant:	
Date of Loss:	09/23/2019
Check Number:	19894
Check Date:	05/18/2020
Check Amount:	$195.00
Type of Payment:	
	EP 61 - MISC. ALL OTHER
Location:	16 DIV 12- Medico Healthcare Linen Service 2654 Sequoia Dr of MED SG 12
For Period:	03/12/2020 to 03/12/2020
InvoiceNo:	77818 ✓
IRS #:	33-0956713
Handling Office:	705-Los Angeles, Roseville, CA

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc. Client Escrow Account
on behalf of Safety First Insurance Company
American Textile Maintenance Company 7235/W
P.O. Box 1700
Rancho Cucamonga, CA 91729

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
62-22/311

REF. NUMBER	
AMTX-0509	
DATE	CHECK NO
5/18/2020	**19894**
AMOUNT	
*****$195.00**	

York Risk

PAY ONE HUNDRED NINETY-FIVE AND 0/100

TO THE ORDER OF **JOYCE ALTMAN INTERPRETERS, INC.**
Mail to: P.O. BOX 4165
TUSTIN, CA 92781-4165

Not Negotiable After 180 Days

⑈0019894⑈ ⑆121000248⑆ 4129015541⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/27/20 77950

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
8975998

BILL TO:
YORK/SEDGWICK INS (14731)
W. C. DEPARTMENT
ATTN: KIM COWDEN
P.O. BOX 14731
LEXINGTON, KY 40512

Case: vs WAL-MART STORES
Date Of Injury: 8/11/09-3/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/21/20	PMT BY CHECK	DOS 4/10/20* # 22096937	-250.00

BALANCE 0.00

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York Risk Services Group-Walmart
P.O. Box 14731
Lexington, KY 40512-4731

Claim Number:	8975998
Case No.:	
Check Amount:	$250.00
Check No.:	22096937
Claimant Name:	
Coverage:	
Invoice No.:	77950
Service/Indemnity From:	04/10/2020 Thru: 04/10/2020
Date:	
Vendor Tax ID No.:	330956713
Comments:	
Insurance Company:	on behalf of ACE American Insurance Company
Invoice Comments:	

JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 92781

0001000111001017000000001017 02755 02755 0000000

↓ DETACH AT PERFORATION ↓

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

York Risk Services Group-Walmart
P.O. Box 14731
Lexington, KY 40512-4731

Claim No.: 8975998
Claimant Name: Maria Machuca
Store No.: 2948

Check No.: 22096937
Issue Date: 05/21/2020

Wells Fargo Bank, N.A.

66-156
531

PAY: Two Hundred Fifty Dollars And 00/100

$ 250.00

VOID AFTER 120 DAYS

To The Order Of **JOYCE ALTMAN INTERPRETERS INC**

Chief Financial Officer

⑈22096937⑈ ⑆053101561⑆ 2079900124769⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/27/20 77606

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2010347714

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: GEORGE ALCANTAR
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs POLLY'S INC/POLLYS'S PIES
Date Of Injury: 7/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/20	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL, HARRIS	195.00
/ /	INTERPRETER:	ADRIANA ARRIOLA # 301628	0.00
04/02/20	PMT BY CHECK	DOS 2/4/20* # 1230326656	-195.00
04/30/20	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/21/20	PMT BY CHECK	DOS 4/30/20* # 1102303667	-250.00

BALANCE 0.00

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

JOYCE ALTMAN INTERPRETERS, INC
PO BOX 4165
TUSTIN CA 92781 4165

00646

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

1010064600646

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0347714 001 B0	WC 0385024	77606		07/24/18	04/30/20-04/30/20

Check Number	1102303667	**Date Issued**	05/21/20	**Amount**	$***250.00
Insured	Polly's, Inc.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS, INC PO BOX 4165				
Requested By	Vineet Sharma				
File Supervisor	George Alcantar	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	250.00		
TOTAL	**$250.00**		