Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
1	70462	9/6/16 - 6/5/18	9/3/19	**Medical services**	**4 Initials ($230 each), 2 Initial acup ($230 each), 40 f/u acup ($180 each), 34 PR-2s ($180 each), 2 Diag study (EMG/ NCV) ($150 each),** Initial physical therapy, **2 P&S ($230 each)**	**$ 15,550.00**	PYMTS RCVD	FE64458457	9/13/19	$ 10,000.00	Total Amt Paid for medical treatment ($10,000) / Total Amt Billed for medical treatment ($15,550)	N/A	ACE/ ESIS
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$838.51							
				TOTAL AMT BILLED =>		**$16,538.51**		**TOTAL AMT PAID =>**		**$ 10,000.00**	**64%**		
2	69634	5/20/16 - 10/19/16	9/30/19	**Medical services**	**Initial ($230), Initial acup ($230), 3 PR-2s ($180 each), 2 f/u acup ($180 each)**	**$ 1,360.00**	PYMTS RCVD	03040493	9/25/19	$ 1,350.00	Total Amt Paid for medical treatment ($1,350) / Total Amt Billed for medical treatment ($1,360)	N/A	Amtrust/ ANA BUI Claims
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,510.00**		**TOTAL AMT PAID =>**		**$ 1,350.00**	**99%**		
3	70448	8/29/16 - 5/22/17	9/13/19	**Medical services**	**Initial ($230), Initial chiro tx, Initial acup ($230), 5 PR-2s ($180 each), 7 f/u acup ($180 each), final acup ($230)**	**$ 2,940.00**	PYMTS RCVD	04112244	9/10/19	$ 2,900.00	Total Amt Paid for medical treatment ($2,900) / Total Amt Billed for medical treatment ($2,940)	N/A	Amtrust/ Technology Ins Co
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 334.99							
				TOTAL AMT BILLED =>		**$ 3,424.99**		**TOTAL AMT PAID =>**		**$ 2,900.00**	**99%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
4	71246	2/1/17 - 2/20/17	10/2/19	**Medical services**	**2 Initials ($230 for 2 hrs - one billed at $287.50 for 2.5 hrs), 2 PR-2s ($180 each)**	**$ 877.50**	PYMTS RCVD	03029152	9/17/19	$ 1,000.00	Total Amt Paid for medical treatment ($877.50) / Total Amt Billed for medical treatment ($877.50)	Total Amt Paid for medical treatment + Penalties & Interest ($1,000) / Principal Amt Billed for medical treatment ($877.50)	Amtrust/ ANA BUI Claims
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 226.33							
				TOTAL AMT BILLED =>		**$ 1,253.83**		**TOTAL AMT PAID =>**		**$ 1,000.00**	**100%**	**114%**	
5	72061	6/26/17 - 8/28/17	10/1/19	**Medical services**	**Initial ($230), 4 PR-2s ($180 each)**	**$ 950.00**	PYMTS RCVD	03034752	9/20/19	$ 525.00	Total Amt Paid for medical treatment ($950) / Total Amt Billed for medical treatment ($950)	Total Amt Paid for medical treatment + Penalties & Interest ($1,000) / Principal Amt Billed for medical treatment ($950)	Amtrust/ ANA UBI Claims & Protective Ins
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 79.14		1000004791	9/25/19	$ 525.00			
				TOTAL AMT BILLED =>		**$ 1,179.14**		**TOTAL AMT PAID =>**		**$ 1,050.00**	**100%**	**105%**	
6	75225	7/10/14 - 5/27/15	9/10/19	**Medical services**	**2 F.C.E. ($150 each), Initial ($230), 8 PR-2s ($180 each),** f/u chiro tx, **P&S ($230)**	**$ 2,290.00**	PYMTS RCVD	03016300	9/6/19	$ 2,000.00	Total Amt Paid for medical treatment ($2,000 / Total Amt Billed for medical treatment ($2,290)	N/A	Amtrust/ ANA BUI Claims
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 102.48							
				TOTAL AMT BILLED =>		**$ 2,542.48**		**TOTAL AMT PAID =>**		**$ 2,000.00**	**87%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
7	75890	1/12/18 - 12/21/18	9/25/19	**Medical services**	**Initial ($230 for 2 hrs - billed at $431.25 for 3 hrs 40 mins),** Initial chiro tx, 16 f/u chiro tx, **3 PR-2s ($180 each),** med-legal eval, **P&S ($230)**	**$ 2,911.25**	PYMTS RCVD	03036531 (Amtrust)	9/23/19	$ 2,125.00	Total Amt Paid for medical treatment ($2,500) / Total Amt Billed for medical treatment ($2,911.25)	N/A	Amtrust/ ANA UBI Claims & Ins Co of the West
				Additional items billed	Lien filing fee	$ 150.00		Total settlement was for $2,500, per attached stip. 2nd portion of the settlement is still owed by co-defendant ICW		$ 375.00			
					P&I for medical services	$ 229.13							
				TOTAL AMT BILLED =>		**$ 3,290.38**		**TOTAL AMT PAID =>**		**$ 2,500.00**	**86%**		
8	70484	8/31/16 - 9/29/17	10/2/19	**Medical services**	**Initial ($230),** 11 f/u chiro tx, **3 PR-2s ($180 each), Initial acup ($230), 6 f/u acup ($180)**	**$ 3,350.00**	PYMTS RCVD	001281888	9/30/19	$ 3,400.00	Total Amt Paid for medical treatment ($3,350 / Total Amt Billed for medical treatment ($3,350)	Total Amt Paid for medical treatment + Penalties & Interest ($3,400) / Principal Amt Billed for medical treatment ($3,350)	Applied Risk/ California Ins Co
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 380.98							
				TOTAL AMT BILLED =>		**$ 3,880.98**		**TOTAL AMT PAID =>**		**$ 3,400.00**	**100%**	**101%**	
9	73372	2/9/18 - 10/10/18	9/30/19	**Medical services**	**Initial ($230 for 3 hrs - billed at $316.25 for 2 hrs 44 mins), 7 PR-2s ($180 each), F.C.E. ($150)**	**$ 1,726.25**	PYMTS RCVD	5902713	7/18/18	$ 360.00	Total Amt Paid for medical treatment ($1,726.25) / Total Amt Billed for medical treatment ($1,726.25)	N/A	Argonaut
								5903243	7/30/18	$ 90.00			
								5904427	8/24/18	$ 90.00			
								5905853	9/28/18	$ 90.00			
				Additional items billed	Lien filing fee	$ 150.00		5906991	10/25/18	$ 90.00			
								5907897	11/18/18	$ 90.00			
					P&I for unpaid settlement	$ 95.85		5921269	9/18/19	$ 925.00			
								5921507	9/23/19	$ 94.50			
				TOTAL AMT BILLED =>		**$ 1,972.10**		**TOTAL AMT PAID =>**		**$ 1,829.50**	**100%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
10	41955	1/14/11 - 3/2/12	9/9/19	**Medical services**	Surgery, **PR-2 ($180), 3 Initials ($230), P&S ($230)**	**$ 2,135.00**	PYMTS RCVD	40015503	8/11/11	$ 90.00	Total Amt Paid for medical treatment ($1,970 / Total Amt Billed for medical treatment ($2,135)	N/A	REM & Athens/ Imperium Ins Co
				Additional items billed	Lien filing fee	$ 150.00		40063181	4/23/12	$ 180.00			
					P&I for medical services	$ 609.05		32164	9/4/19	$ 1,700.00			
				TOTAL AMT BILLED =>		**$ 2,894.05**		**TOTAL AMT PAID =>**		**$ 1,970.00**	**92%**		
11	72802	10/19/17 - 7/13/18	9/3/19	**Medical services**	**Initial ($230), Initial acup ($230), 32 f/u acup ($180 each), 7 PR-2s ($180 each)**	**$ 7,480.00**	PYMTS RCVD	3145702	9/18/18	$ 180.00	Total Amt Paid for medical treatment ($3,600) / Total Amt Billed for medical treatment ($7,480)	N/A	Corvel & Broadspire
				Additional items billed	Lien filing fee	$ 150.00		5659957953	8/27/19	$ 3,420.00			
					P&I for medical services	$ 154.08							
				TOTAL AMT BILLED =>		**$ 7,784.08**		**TOTAL AMT PAID =>**		**$ 3,600.00**	**48%**		
12	73845	4/16/18 - 6/22/18	9/11/19	**Medical services**	**Initial ($230),** 10 f/u chiro, **2 PR-2s ($180 each)**	**$ 1,490.00**	PYMTS RCVD	5660122203	9/5/19	$ 1,500.00	Total Amt Paid for medical treatment ($1,490) / Total Amt Billed for medical treatment ($1,490)	N/A	Broadspire
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for unpaid & late paid settlement	$ 183.91							
				TOTAL AMT BILLED =>		**$ 1,823.91**		**TOTAL AMT PAID =>**		**$ 1,500.00**	**100%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
13	69406	4/22/16 - 10/6/16	9/12/19	**Medical services**	**Initial ($230),** Initial chiro tx, **5 PR-2s ($180 each), F.C.E. ($150)**	**$ 1,370.00**	PYMTS RCVD	14438664	9/9/19	$ 800.00	Total Amt Paid for medical treatment ($800 / Total Amt Billed for medical treatment ($1,370)	N/A	Cannon Cochran/ CCMSI
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 161.42							
				TOTAL AMT BILLED =>		**$ 1,681.42**		**TOTAL AMT PAID =>**		**$ 800.00**	**58%**		
14	74844	10/17/18 - 6/3/19	9/10/19	**Medical services**	**Initial ($230), 2 PR-2s ($180 each)**	**$ 590.00**	PYMTS RCVD	161635081	9/5/19	$ 380.00	Total Amt Paid for medical treatment ($380) / Total Amt Billed for medical treatment ($590)	N/A	Cannon Cochran/ CCMSI
				TOTAL AMT BILLED =>		**$ 590.00**		**TOTAL AMT PAID =>**		**$ 380.00**	**64%**		
15	71450	3/13/17 - 7/12/17	9/18/19	**Medical services**	Initial chiro, 7 f/u chiro**, 3 PR-2s ($180 each), Initial acup ($230), 6 f/u acup ($180)**	**$ 2,570.00**	PYMTS RCVD	107123301	8/26/19	$ 2,000.00	Total Amt Paid for medical treatment ($2,000) / Total Amt Billed for medical treatment ($2,570)	N/A	CNA
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 128.05							
				TOTAL AMT BILLED =>		**$ 2,848.05**		**TOTAL AMT PAID =>**		**$ 2,000.00**	**78%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
16	58991	5/24/13 - 10/2/14	9/23/19	**Medical services**	**F.C.E. ($150), Diag study (EMG/NCV) ($150), Initial acup ($230), 9 f/u acup ($180 each)**	**$ 2,150.00**	PYMTS RCVD	18554266	4/29/19	$ 1,170.00	Total Amt Paid for medical treatment ($2,150/ Total Amt Billed for medical treatment ($2,150)	N/A	**Employers**
				Additional items billed	Lien filing fee	$ 150.00		21351458	9/17/19	$ 980.00			
				TOTAL AMT BILLED =>		**$ 2,300.00**		**TOTAL AMT PAID =>**		**$ 2,150.00**	**100%**		
17	70486	8/31/16 - 11/30/16	9/30/19	**Medical services**	**2 Initials ($230),** 13 f/u chiro, **2 PR-2s ($180 each)**	**$ 1,990.00**	PYMTS RCVD	21519148	9/26/19	$ 1,900.00	Total Amt Paid for medical treatment ($1,900) / Total Amt Billed for medical treatment ($1,990)	N/A	**Employers**
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 2,140.00**		**TOTAL AMT PAID =>**		**$ 1,900.00**	**95%**		
18	70000	7/13/16 - 5/5/17	9/25/19	**Medical services**	**2 Initials ($230 each), 6 PR-2s ($180 each), Initial acup ($230),** 6 f/u chiro tx, **28 f/u acup ($180 each),** final acup, **P&S ($230)**	**$ 7,990.00**	PYMTS RCVD	21431851 (Employers)	9/20/19	$ 1,295.70	Total Amt Paid for medical treatment (6,170) / Total Amt Billed for medical treatment ($7,990)	N/A	The Hartford, **Employers** and Amtrust/ Sequoia Ins Co
				Additional items billed	Lien filing fee (2 at $150 each)	$ 300.00		130699953 (The Hartford)	9/18/19	$ 4,362.19			
					P&I for medical services	$ 535.06		00194554 (Amtrust)	9/19/19	$ 512.11			
				TOTAL AMT BILLED =>		**$ 8,825.06**		**TOTAL AMT PAID =>**		**$ 6,170.00**	**77%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
19	75311	1/24/19 - 7/16/19	9/6/19	**Medical services**	**Initial ($230), 4 PR-2s ($180 each), F.C.E. ($150)**	**$ 1,100.00**	PYMTS RCVD	21070643	9/3/19	$ 1,000.00	Total Amt Paid for medical treatment ($1,000) / Total Amt Billed for medical treatment ($1,100)	N/A	**Employers**
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,250.00**		**TOTAL AMT PAID =>**		**$ 1,000.00**	**91%**		
20	76205	3/15/18 - 7/30/18	9/4/19	**Medical services**	**Initial ($230 for 2 hrs - billed at $316.25 for 2 hrs 45 mins), 3 PR-2s ($180 each)**	**$ 856.25**	PYMTS RCVD	20198535 (Employers)	7/19/19	$ 270.00	Total Amt Paid for medical treatment ($856.25) / Total Amt Billed for medical treatment ($856.25)	Total Amt Paid for medical treatment plus P&I ($942.55)/ Total Amt Billed for medical treatment ($856.25)	**Employers** & SCIF
				Additional items billed	Lien filing fee	$ 150.00		CS-705525 (SCIF)	8/23/19	$ 339.00			
					P&I for medical services	$ 86.30		20987798 (Employers)	8/29/19	$ 411.00			
				TOTAL AMT BILLED =>		**$ 1,092.55**		**TOTAL AMT PAID =>**		**$ 1,020.00**	**100%**	**110%**	
21	76507	3/10/16 - 6/8/18	10/1/19	**Medical services**	**18 PR-2s ($180 each),** shock wave therapy, **3 f/u acup ($180 each), 2 P&S ($230 each)**	**$ 4,390.00**	PYMTS RCVD	21548747 (Employers)	9/27/19	$ 1,500.00	Total Amt Paid for medical treatment ($3,000) / Total Amt Billed for medical treatment ($4,390)	N/A	**Employers** & The Hartford
				Additional items billed	Lien filing fee	$ 150.00		Total settlement was for $3,000, per attached stip. 2nd portion of the settlement is still owed by co-defendant The Hartford		$ 1,500.00			
				TOTAL AMT BILLED =>		**$ 4,540.00**		**TOTAL AMT PAID =>**		**$ 3,000.00**	**68%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
22	71620	7/1/14 - 11/6/15	9/10/19	**Medical services**	**31 PR-2s ($180 each), 4 Initials ($230 for 2 hrs - one billed at $287.50 for 2 hrs 39 mins), Initial acup ($230),** 2 f/u physical therapy, **17 f/u acup ($180 each)**	**$ 9,127.50**	PYMTS RCVD	0000660352	2/5/15	$ 260.00	Total Amt Paid for medical treatment ($7,318) / Total Amt Billed for medical treatment ($9,127.50)	N/A	Enstar & California Ins Co
								0000701646	5/14/15	$ 390.00			
								0000711026	6/5/15	$ 260.00			
								0000716818	6/19/15	$ 260.00			
								0000722387	7/2/15	$ 178.00			
								0000724594	7/9/15	$ 130.00			
								0000728516	7/17/15	$ 130.00			
								0000731104	7/23/15	$ 130.00			
								0000733932	7/30/15	$ 130.00			
								0000740360	8/14/15	$ 130.00			
								0000741722	8/17/15	$ 130.00			
				Additional items billed	Lien filing fee	$ 150.00		0000743018	8/20/15	$ 130.00			
								0000743802	8/21/15	$ 130.00			
					P&I for medical services	$ 511.62		0000746270	8/27/15	$ 130.00			
								0000747060	8/28/15	$ 130.00			
								0000752443	9/10/15	$ 130.00			
								0000757313	9/21/19	$ 130.00			
								0000765831	10/9/15	$ 130.00			
								0000767269	10/14/15	$ 130.00			
								0000771795	10/23/15	$ 260.00			
								0000783610	11/19/15	$ 130.00			
								0000797625	12/18/15	$ 130.00			
								0000798303	12/21/15	$ 130.00			
								500031295 (Enstar)	9/4/19	$ 3,500.00			
				TOTAL AMT BILLED =>		**$ 9,789.12**		**TOTAL AMT PAID =>**		**$ 7,318.00**	**80%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
23	62383	5/5/14 - 3/20/15	9/23/19	**Medical services**	**7 PR-2s ($180 each), F.C.E. ($150), P&S ($230),** f/u chiro tx	**$ 1,730.00**	PYMTS RCVD	0157440287	9/12/19	$ 1,100.00	Total Amt Paid for medical treatment ($1,100) / Total Amt Billed for medical treatment ($1,730)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 149.65							
				TOTAL AMT BILLED =>		**$ 2,029.65**		**TOTAL AMT PAID =>**		**$ 1,100.00**	**64%**		
24	68640	2/7/07 - 4/3/08	9/4/19	**Medical services**	**Initial ($230),** Diag study (MRI) ($150), **14 PR-2s ($180 each),** Diag study (EMG/NCV), 2 pre-ops, 2 surgeries, post-op	**$ 1,342.00**	PYMTS RCVD	33999991 (AIG)	8/14/19	$ 875.00	Total Amt Paid for medical treatment ($1,342) / Total Amt Billed for medical treatment ($1,342)	Total Amt Paid for medical treatment plus P&I ($7,255.79)/ Total Amt Billed for medical treatment ($1,342)	Gallagher Bassett, AIG & CNA
				Additional items billed	Lien activation fee	$ 100.00		107112331 (CNA)	8/20/19	$ 7,000.00			
					P&I for medical services	$ 5,913.79		0157039011 (Gallagher Bassett)	8/26/19	$ 875.00			
				TOTAL AMT BILLED =>		**$ 7,355.79**		**TOTAL AMT PAID =>**		**$ 8,750.00**	**100%**	**541%**	
25	71250	2/2/17 - 11/6/17	9/27/19	**Medical services**	**Initial ($230 for 2 hrs - billed at $345 for 3 hrs), Initial acup ($230), 71 f/u acup ($180 each), 9 PR-2s ($180 each)**	**$ 14,975.00**	PYMTS RCVD	0157609973	9/19/19	$ 9,020.00	Total Amt Paid for medical treatment ($9,020) / Total Amt Billed for medical treatment ($14,975)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 197.40							
				TOTAL AMT BILLED =>		**$ 15,322.40**		**TOTAL AMT PAID =>**		**$ 9,020.00**	**60%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
26	71313	2/28/17 - 4/23/18	9/25/19	**Medical services**	**Initial ($230 for 2 hrs - billed at $258.75 for 2 hrs 15 mins), Initial ($230), Initial acup ($230), 6 PR-2s ($180 each), 3 f/u acup ($180 each)**	**$ 2,108.75**	PYMTS RCVD	0137094802	5/18/17	$ 595.25	Total Amt Paid for medical treatment ($2,108.75) / Total Amt Billed for medical treatment ($2,108.75)	Total Amt Paid for medical treatment plus P&I ($2,204.77)/ Total Amt Billed for medical treatment ($2,108.75)	Gallagher Bassett
				Legal services	Depo prep, Depo review, Board appear. (WCAB AHM), C&R reading	$ 813.00		0152517942	2/20/19	$ 250.00			
				Additional items billed	Lien filing fee	$ 150.00		0152517941	2/20/19	$ 156.50			
					P&I for medical services	$ 96.02		0152517940	2/20/19	$ 250.00			
					Additional costs for late payment of legal services	$ 1,353.98		0157164104	8/30/19	$ 3,500.00			
				TOTAL AMT BILLED =>		**$ 4,521.75**		**TOTAL AMT PAID =>**		**$ 4,751.75**	**100%**	**105%**	
27	71428	3/2/17 - 7/27/17	9/18/19	**Medical services**	**Initial ($230), 3 PR-2s ($180 each)**	**$ 770.00**	PYMTS RCVD	0157477685	9/13/19	$ 850.00	Total Amt Paid for medical treatment ($770) / Total Amt Billed for medical treatment ($770)	Total Amt Paid for medical treatment plus P&I ($842.25)/ Total Amt Billed for medical treatment ($770)	Gallagher Bassett
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 72.25							
				TOTAL AMT BILLED =>		**$ 992.25**		**TOTAL AMT PAID =>**		**$ 850.00**	**100%**	**109%**	
28	72597	9/7/17 - 11/15/18	9/27/19	**Medical services**	**Initial ($230), Initial acup ($230), 13 PR-2s ($180 each), 16 f/u acup ($180 each),** f/u chiro tx	**$ 5,770.00**	PYMTS RCVD	0150447018	11/20/18	$ 2,790.00	Total Amt Paid for medical treatment ($4,790) / Total Amt Billed for medical treatment ($5,770)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	$ 150.00		0157609644	9/19/19	$ 2,000.00			
					P&I for medical services	$ 124.37							
				TOTAL AMT BILLED =>		**$ 5,920.00**		**TOTAL AMT PAID =>**		**$ 4,790.00**	**83%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
29	74039	5/29-18 - 5/14/19	9/16/19	**Medical treatment**	**2 Initial exams ($230 each), 12 f/u acupuncture ($180 each), 4 PR2s ($180 each for 2 hours - one billed at $202.50 for 2 hrs 19 mins)**, Initial physical therapy, 15 physical therapy, 3 Shock wave therapies	$ 5,432.50	PYMTS RCVD	0146895192	6/27/18	$ 156.50	Total Amt Paid for medical treatment ($5,432.50) / Total Amt Billed for medical treatment ($5,432.50)	Total Amt Paid for medical treatment + Penalties & Interest ($6,714.66) / Principal Amt Billed for medical treatment ($5,432.50)	Gallagher Bassett
				Legal services	Depo prep, Depo Review, Board appear. (WCAB LBO)	$ 563.00		0147828377	8/6/18	$ 250.00			
				Additional services billed/ collected	Lien filing fee	$ 150.00		0147886666	8/8/18	$ 230.00			
					P&I for medical DOS	$ 1,282.16		0148056197	8/15/18	$ 90.00			
					Additional costs for legal DOS paid late	$ 579.84		0157541906	9/17/19	$ 7,281.00			
				TOTAL AMT BILLED =>		**$ 8,007.50**		**TOTAL AMT PAID =>**		**$ 8,007.50**	**100%**	**124%**	
30	74363	7/19/18 - 12/11/18	10/1/19	**Medical services**	**6 PR-2s ($180 each),** Initial chiro tx	**$ 1,170.00**	PYMTS RCVD	0157742371	9/25/19	$ 1,320.00	Total Amt Paid for medical treatment ($1,170) / Total Amt Billed for medical treatment ($1,170)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,320.00**		**TOTAL AMT PAID =>**		**$ 1,320.00**	**100%**		
31	74455	8/3/18 - 12/19/18	10/3/19	**Medical services**	Initial chiro tx, **Initial acup ($230), 24 f/u acup ($180 each),** 2 f/u chiro tx	**$ 4,820.00**	PYMTS RCVD	0157573353	9/18/19	$ 4,000.00	Total Amt Paid for medical treatment ($4,000) / Total Amt Billed for medical treatment ($4,820)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 4,970.00**		**TOTAL AMT PAID =>**		**$ 4,000.00**	**83%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
32	75710	4/9/19 - 7/18/19	9/23/19	**Medical services**	**Initial ($230), 3 PR-2s ($180 each)**	**$ 770.00**	PYMTS RCVD	157533234	9/16/19	**$ 770.00**	Total Amt Paid for medical treatment ($770) / Total Amt Billed for medical treatment ($770)	N/A	Gallagher Bassett
				TOTAL AMT BILLED =>		**$ 770.00**		**TOTAL AMT PAID =>**		**$ 770.00**	**100%**		
33	72386	8/1/17 - 1/12/18	9/30/19	**Medical services**	**Initial ($230),** Initial chiro tx, 16 f/u chiro tx, **2 PR-2s ($180 each), P&S ($230)**	**$ 2,350.00**		009709050	9/25/19	$ 2,250.00	Total Amt Paid for medical treatment ($2,250) / Total Amt Billed for medical treatment ($2,350)	N/A	Guard Ins/ Berkshire Hathaway
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 2,500.00**		**TOTAL AMT PAID =>**		**$ 2,250.00**	**96%**		
34	70019	7/18/16 - 3/20/19	10/3/19	**Medical services**	**Initial ($230), P&S ($230),** 8 f/u chiro tx	**$ 1,180.00**		130732887 3	9/26/19	$ 1,000.00	Total Amt Paid for medical treatment ($1,000) / Total Amt Billed for medical treatment ($1,180)	N/A	The Hartford
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,330.00**		**TOTAL AMT PAID =>**		**$ 1,000.00**	**85%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
35	71668	4/8/17 - 8/17/17	9/30/19	**Medical services**	**Initial ($230 for 2 hrs - billed at $316.25 for 2 hrs 45 mins), 3 PR-2s ($180 each)**	**$ 856.25**	PYMTS RCVD	2800828	9/23/19	$ 200.00	Total Amt Paid for medical treatment ($200) / Total Amt Billed for medical treatment ($856.25)	N/A	Ins Co of the West
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 123.37							
				TOTAL AMT BILLED =>		**$ 1,129.62**		**TOTAL AMT PAID =>**		**$ 200.00**	**23%**		
36	71847	5/31/17 - 8/28/18	9/4/19	**Medical services**	**3 Initials ($230 each), Initial acup ($230), 42 f/u acup ($180 each), 20 PR-2s ($180 each),** 5 f/u physical therapy, **2 P&S ($230 each)**	**$ 12,990.00**	PYMTS RCVD	2766201	8/26/19	$ 9,855.00	Total Amt Paid for medical treatment ($9,855) / Total Amt Billed for medical treatment ($12,990)	N/A	Ins Co of the West
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 486.20							
				TOTAL AMT BILLED =>		**$ 13,626.20**		**TOTAL AMT PAID =>**		**$ 9,855.00**	**76%**		
37	65674	12/23/14 - 12/7/15	9/18/19	**Medical services**	**4 Initials ($230 each), 10 PR-2s ($180 each), F.C.E. ($150)**	**$ 2,870.00**	PYMTS RCVD	3266556	9/3/19	$ 3,200.00	Total Amt Paid for medical treatment ($2,870) / Total Amt Billed for medical treatment ($2,870)	Total Amt Paid for medical treatment + Penalties & Interest ($3,200) / Principal Amt Billed for medical treatment ($2,870)	Intercare
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 511.36							
				TOTAL AMT BILLED =>		**$ 3,531.36**		**TOTAL AMT PAID =>**		**$ 3,200.00**	**100%**	**111%**	

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
38	68161	12/21/15 - 1/27/17	10/3/19	**Medical services**	**3 Initials ($230 each), Initial acup ($230), 18 PR-2s ($180 each), 8 f/u acup ($180 each), P&S ($230)**	**$ 5,830.00**	PYMTS RCVD	3196925	2/15/17	$ 180.00	Total Amt Paid for medical treatment ($5,180) / Total Amt Billed for medical treatment ($5,830)	N/A	Intercare
				Additional items billed	Lien filing fee	$ 150.00		3267185	9/26/19	$ 5,000.00			
					P&I for medical services	$ 407.37							
				TOTAL AMT BILLED =>		**$ 6,387.37**		**TOTAL AMT PAID =>**		**$ 5,180.00**	**89%**		
39	70352	8/11/16 - 5/29/18	9/9/19	**Medical services**	**2 Initials ($230 each), 18 PR-2s ($180 each), Initial acup ($230), 9 f/u acup ($180 each), P&S ($230)**	**$ 5,780.00**	PYMTS RCVD	3266460	8/29/19	$ 3,500.00	Total Amt Paid for medical treatment ($3,500) / Total Amt Billed for medical treatment ($5,780)	N/A	Intercare
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 263.80							
				TOTAL AMT BILLED =>		**$ 6,193.80**		**TOTAL AMT PAID =>**		**$ 3,500.00**	**61%**		
40	66192	4/17/15 - 11/19/15	9/19/19	**Medical services**	**4 Initials ($230 each), 2 f/u acup ($180 each), 15 PR-2s ($180 each)**	**$ 3,980.00**	PYMTS RCVD	1599526123	8/29/19	$ 3,850.00	Total Amt Paid for medical treatment ($3,850) / Total Amt Billed for medical treatment ($3,980)	N/A	Kamron Staffing (employer)
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for unpaid settlement	$ 536.70							
				TOTAL AMT BILLED =>		**$ 4,666.70**		**TOTAL AMT PAID =>**		**$ 3,850.00**	**97%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
41	59760	9/5/13 - 1/24/14	9/3/19	**Medical services**	**2 Initials ($230 each), F.C.E. ($150), Diag study (EMG/NCV) ($150), 5 PR-2s ($180 each),** Initial physical therapy, R.P.T.	**$ 1,840.00**	PYMTS RCVD	0032026342	8/27/19	$ 449.10	Total Amt Paid for medical treatment ($1,080) / Total Amt Billed for medical treatment ($1,840)	N/A	Liberty Mutual
				Additional items billed	Lien filing fee	$ 150.00		0032025027	8/27/19	$ 630.90			
					P&I for medical services	$ 435.31							
				TOTAL AMT BILLED =>		**$ 2,425.31**		**TOTAL AMT PAID =>**		**$ 1,080.00**	**59%**		
42	60309	11/1/13 - 1/10/14	9/30/19	**Medical services**	**Initial ($230), Diag study (EMG/NCV) ($150), 3 PR-2s ($180 each)**	**$ 920.00**	PYMTS RCVD	0027549119	3/6/14	$ 450.00	Total Amt Paid for medical treatment ($675) / Total Amt Billed for medical treatment ($920)	N/A	Liberty Mutual
				Additional items billed	Lien filing fee	$ 150.00		00320066522	9/20/19	$ 225.00			
				TOTAL AMT BILLED =>		**$ 1,070.00**		**TOTAL AMT PAID =>**		**$ 675.00**	**73%**		
43	60644	1/2/14 - 7/17/15	9/27/19	**Medical services**	**6 Initials ($230 each), 34 PR-2s ($180 each), 2 F.C.E.s ($150 each), 2 Diag studies (EMG/NCV) ($150 each),** 10 f/u chiro tx, **16 f/u acup ($180 each), P&S ($230)**	**$ 12,110.00**	PYMTS RCVD	1010458245	6/15/15	$ 4,680.00	Total Amt Paid for medical treatment ($10,180) / Total Amt Billed for medical treatment ($12,110)	N/A	Liberty Mutual
				Additional items billed	Lien filing fee	$ 150.00		1010979789	9/18/19	$ 1,560.00			
					P&I for medical services	$ 772.65		1010979788	9/18/19	$ 3,940.00			
				TOTAL AMT BILLED =>		**$ 13,032.65**		**TOTAL AMT PAID =>**		**$ 10,180.00**	**84%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
44	68882	3/8/16 - 11/10/17	10/1/19	**Medical services**	**Initial acup ($230), 19 f/u acup ($180 each), 13 PR-2s ($180 each),** Shock wave therapy, final acup, **P&S ($230)**	**$ 6,600.00**	PYMTS RCVD	0032075762	9/26/19	$ 6,500.00	Total Amt Paid for medical treatment ($6,500) / Total Amt Billed for medical treatment ($6,600)	N/A	Liberty Mutual
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 345.03							
				TOTAL AMT BILLED =>		**$ 7,095.03**		**TOTAL AMT PAID =>**		**$ 6,500.00**	**98%**		
45	69009	3/15/16 - 4/21/16	9/9/19	**Medical services**	**Initial ($230), F.C.E. ($150), Initial acup ($230), PR-2 ($180)**	**$ 790.00**	PYMTS RCVD	0032037022	9/3/19	$ 800.00	Total Amt Paid for medical treatment ($790) / Total Amt Billed for medical treatment ($790)	Total Amt Paid for medical treatment + Penalties & Interest ($800) / Principal Amt Billed for medical treatment ($790)	Liberty Mutual
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 236.68							
				TOTAL AMT BILLED =>		**$ 1,176.68**		**TOTAL AMT PAID =>**		**$ 800.00**	**101%**	**101%**	
46	75684	3/23/07 - 7/12/07	9/3/19	**Medical services**	**2 Initials ($230 each),** NCT, injection	**$ 760.00**	PYMTS RCVD	03856484	8/27/19	$ 700.00	Total Amt Paid for medical treatment ($700) / Total Amt Billed for medical treatment ($760)	N/A	Liberty Mutual
				Additional items billed	Lien activation fee	$ 100.00							
					P&I for medical services	$ 87.56							
				TOTAL AMT BILLED =>		**$ 947.56**		**TOTAL AMT PAID =>**		**$ 700.00**	**92%**		
47	74459	8/8/18 - 10/26/18	9/30/19	**Medical services**	Initial chiro tx, **Initial acup ($230), 9 f/u acup ($180 each)**	**$ 1,940.00**	PYMTS RCVD	1824	9/25/19	$ 410.00	Total Amt Paid for medical treatment ($410) / Total Amt Billed for medical treatment ($1,940)	N/A	LWP Claims
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 80.57							
				TOTAL AMT BILLED =>		**$ 2,170.57**		**TOTAL AMT PAID =>**		**$ 410.00**	**21%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
48	70493	9/8/16 - 4/8/17	9/4/19	**Medical services**	**Initial ($230), Initial acup ($230), 5 PR-2s ($180 each), 30 f/u acup ($180 each),** 9 f/u chiro tx, Initial chiro tx, **P&S ($230)**	**$ 7,890.00**	PYMTS RCVD	375371	3/29/19	$ 90.00	Total Amt Paid for medical treatment ($6,590) / Total Amt Billed for medical treatment ($7,890)	N/A	Mitsui Sumitomo/ Corvel
				Additional items billed	Lien filing fee	$ 150.00		413187	8/29/19	$ 6,500.00			
					P&I for medical services	$ 343.58							
				TOTAL AMT BILLED =>		**$ 8,383.58**		**TOTAL AMT PAID =>**		**$ 6,590.00**	**84%**		
49	72664	9/28/17 - 1/17/18	9/17/19	**Medical services**	**Initial ($230), Initial acup ($230), 19 f/u acup ($180 each), 2 PR-2s ($180 each),** 2 f/u chiro tx	**$ 4,600.00**	PYMTS RCVD	2079774	1/5/18	$ 180.00	Total Amt Paid for medical treatment ($4,300) / Total Amt Billed for medical treatment ($4,600)	N/A	Next Level Admin
				Additional items billed	Lien filing fee	$ 150.00		2081058	1/29/18	$ 2,620.00			
								2106742	9/11/19	$ 1,500.00			
				TOTAL AMT BILLED =>		**$ 4,750.00**		**TOTAL AMT PAID =>**		**$ 4,300.00**	**93%**		
50	73616	3/20/18 - 5/1/18	9/26/19	**Medical services**	**PR-2 ($180), P&S ($230)**	**$ 410.00**	PYMTS RCVD	10071232	9/23/19	$ 300.00	Total Amt Paid for medical treatment ($300) / Total Amt Billed for medical treatment ($410)	N/A	Packard Claims
				Additional items billed	P&I for medical services	$ 69.36							
				TOTAL AMT BILLED =>		**$ 479.36**		**TOTAL AMT PAID =>**		**$ 300.00**	**73%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
51	65968	3/3/15 - 6/16/16	9/17/19	**Medical services**	**9 PR-2s ($180 each for 2 hrs - one billed at $202.50 for 2 hrs 10 mins), Initial acup ($230), 6 f/u acup ($180 each), Initial ($230),** Initial chiro tx	**$ 3,682.50**	PYMTS RCVD	6000005039	9/11/19	$ 2,000.00	Total Amt Paid for medical treatment ($2,300) / Total Amt Billed for medical treatment ($3,682.50)	N/A	Preferred Employers
				Additional items billed	Lien filing fee	$ 150.00		6000005041	9/11/19	$ 300.00			
					P&I for medical services	$ 306.40							
					P&I for late paid settlement	$ 323.00		6000005040	9/11/19	$ 23.00			
				TOTAL AMT BILLED =>		**$ 4,138.90**		**TOTAL AMT PAID =>**		**$ 2,300.00**	**62%**		
52	57851	1/14/13 - 8/31/15	9/26/19	**Medical services**	**4 Initials ($230), Initial acup ($230), 16 PR-2s ($180 each), 13 f/u acup ($180 each), Diag study (EMG/NCV) ($150), F.C.E. ($150),** 2 L.I.N.T., **P&S ($230)**	**$ 7,200.00**	PYMTS RCVD	CS-708022	9/24/19	$ 3,700.00	Total Amt Paid for medical treatment ($3,700) / Total Amt Billed for medical treatment ($7,200)	N/A	SCIF
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 1,052.39							
				TOTAL AMT BILLED =>		**$ 7,350.00**		**TOTAL AMT PAID =>**		**$ 3,700.00**	**51%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
53	62341	5/2/14 - 12/5/14	9/12/19	**Medical services**	**3 PR-2s ($180 each), F.C.E. ($150), P&S ($230), f/u acup ($180)**	**$ 1,100.00**	**PYMTS RCVD**	CU-444360	9/10/19	$ 1,745.55	Total Amt Paid for medical treatment ($1,100) / Total Amt Billed for medical treatment ($1,100)	Total Amt Paid for medical treatment + Penalties & Interest ($1,745.55) / Principal Amt Billed for medical treatment ($1,100)	SCIF
				Additional items billed	Lien filing fee	$ 150.00							
					P&S for medical services	$ 757.56							
				TOTAL AMT BILLED =>		**$ 2,007.56**		**TOTAL AMT PAID =>**		**$ 1,745.55**	**100%**	**159%**	
54	65211	11/11/14 - 8/13/15	9/10/19	**Medical services**	**Initial ($230), Initial acup ($230), 2 F.C.E.s ($150 each), 2 f/u acup ($180 each), 6 PR-2s ($180 each),** f/u chiro tx, **P&S ($230)**	**$ 2,520.00**	**PYMTS RCVD**	CS-706579	9/6/19	$ 2,100.00	Total Amt Paid for medical treatment ($2,100) / Total Amt Billed for medical treatment ($2,520)	N/A	SCIF
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 278.86							
				TOTAL AMT BILLED =>		**$ 2,948.86**		**TOTAL AMT PAID =>**		**$ 2,100.00**	**83%**		
55	69596	5/12/16 - 11/30/17	9/23/19	**Medical services**	**2 Initials ($230 each), Initial acup ($230), 13 PR-2s ($180 each), 7 f/u acup ($180 each),**	**$ 4,290.00**	**PYMTS RCVD**	CU-445281	9/19/19	$ 4,500.00	Total Amt Paid for medical treatment ($4,290) / Total Amt Billed for medical treatment ($4,290)	Total Amt Paid for medical treatment + Penalties & Interest ($4,500) / Principal Amt Billed for medical treatment ($4,290)	SCIF
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 338.50							
				TOTAL AMT BILLED =>		**$ 4,778.50**		**TOTAL AMT PAID =>**		**$ 4,500.00**	**100%**	**105%**	

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
56	72585	9/6/17 - 10/18/17	10/1/19	**Medical services**	**Initial ($230),** 7 f/u chiro tx, **PR-2 ($180)**	**$ 1,040.00**	PYMTS RCVD	CA-756733	9/26/19	$ 1,250.00	Total Amt Paid for medical treatment ($1,040) / Total Amt Billed for medical treatment ($1,040)	Total Amt Paid for medical treatment + Penalties & Interest ($1,250) / Principal Amt Billed for medical treatment ($1,040)	SCIF
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 376.50							
				TOTAL AMT BILLED =>		**$ 1,566.50**		**TOTAL AMT PAID =>**		**$ 1,250.00**	**100%**	**120%**	
57	73647	3/22/18 - 4/30/18	9/30/19	**Medical services**	**Initial ($230), Initial acup ($230), PR-2 ($180)**	**$ 640.00**	PYMTS RCVD	CU-446162	9/27/19	$ 250.00	Total Amt Paid for medical treatment ($250) / Total Amt Billed for medical treatment ($640)	N/A	SCIF
				TOTAL AMT BILLED =>		**$ 640.00**		**TOTAL AMT PAID =>**		**$ 250.00**	**39%**		
58	74582	8/23/18 - 11/15/18	9/19/19	**Medical services**	**Initial ($230), 3 PR-2s ($180 each),** Initial chiro tx, f/u chiro tx	**$ 950.00**	PYMTS RCVD	CS-707406	9/17/19	$ 165.00	Total Amt Paid for medical treatment ($165) / Total Amt Billed for medical treatment ($950)	N/A	SCIF
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 74.02							
				TOTAL AMT BILLED =>		**$ 1,174.02**		**TOTAL AMT PAID =>**		**$ 165.00**	**17%**		
59	60725	1/21/14 - 2/11/15	9/23/19	**Medical services**	**Initial acup ($230), 2 Initials ($230), 6 f/u acup ($180 each), 13 PR-2s ($180 each), Diag study (EMG/NCV) ($150)**	**$ 4,260.00**	PYMTS RCVD	78727826	9/18/19	$ 3,700.00	Total Amt Paid for medical treatment ($3,700) / Total Amt Billed for medical treatment ($4,260)	N/A	Sedgwick
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 530.46							
				TOTAL AMT BILLED =>		**$ 4,940.46**		**TOTAL AMT PAID =>**		**$ 3,700.00**	**87%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
60	70891	11/9/16 - 1/12/18	9/17/19	**Medical services**	**Initial ($230),** Initial chiro tx, **Initial acup ($230), 9 PR-2s ($180 each), 30 f/u acup ($180 each),** final acup, 4 f/u chiro tx, **P&S ($230)**	**$ 8,390.00**	PYMTS RCVD	481055	9/12/19	$ 6,500.00	Total Amt Paid for medical treatment ($6,500) / Total Amt Billed for medical treatment ($8,390)	N/A	Sedgwick
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 425.33							
				TOTAL AMT BILLED =>		**$ 8,965.33**		**TOTAL AMT PAID =>**		**$ 6,500.00**	**77%**		
61	71269	2/3/17 - 8/2/18	9/10/19	**Medical services**	Initial chiro tx, **19 f/u acup ($180 each), 7 PR-2s ($180 each), P&S ($230)**	**$ 5,000.00**	PYMTS RCVD	104701001	9/6/19	$ 750.00	Total Amt Paid for medical treatment ($750) / Total Amt Billed for medical treatment ($5,000)	N/A	Sedgwick
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 899.90							
				TOTAL AMT BILLED =>		**$ 6,049.90**		**TOTAL AMT PAID =>**		**$ 750.00**	**15%**		
62	72395	8/1/17 - 2/13/18	9/19/19	**Medical services**	**2 Initials ($230 each), 3 PR-2s ($180 each), Initial acup ($230)**	**$ 1,230.00**	PYMTS RCVD	98796063	9/16/19	$ 80.00	Total Amt Paid for medical treatment ($80) / Total Amt Billed for medical treatment ($1,230)	N/A	Sedgwick
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 223.29							
				TOTAL AMT BILLED =>		**$ 1,603.29**		**TOTAL AMT PAID =>**		**$ 80.00**	**7%**		
63	73728	4/3/18	9/6/19	**Medical services**	**PR-2**	**$ 180.00**	PYMTS RCV	107618596	9/3/19	$ 160.00	Total Amt Paid for medical treatment ($160) / Total Amt Billed for medical treatment ($180)	N/A	Sedgwick
				TOTAL AMT BILLED =>		**$ 180.00**		**TOTAL AMT PAID =>**		**$ 160.00**	**89%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
64	35896	11/10/09 - 9/27/10	9/5/19	**Medical services**	**7 PR-2s ($180 each), 2 Initials ($230 each), psych test, P&S ($230)**	**$ 2,250.00**	PYMTS RCVD	891A 79730837	2/23/10	$ 540.00	Total Amt Paid for medical treatment ($2,250) / Total Amt Billed for medical treatment ($2,250)	Total Amt Paid for medical treatment + Penalties & Interest ($2,550) / Principal Amt Billed for medical treatment ($2,250)	Travelers
				Additional items billed	Lien activation fee	$ 100.00		891A 79997122	5/19/10	$ 410.00			
					P&I for medical services	$ 543.36		891A 90533395	8/30/19	$ 1,600.00			
				TOTAL AMT BILLED =>		**$ 2,893.36**		**TOTAL AMT PAID =>**		**$ 2,550.00**	**113%**	**113%**	
65	67542	9/14/15 - 10/22/15	9/30/19	**Medical services**	**2 Initials ($230 each), Initial acup ($230), 2 PR-2s ($180 each)**	**$ 1,050.00**	PYMTS RCVD	896D 93039182	9/24/19	$ 1,000.00	Total Amt Paid for medical treatment ($1,000) / Total Amt Billed for medical treatment ($1,050)	N/A	Travelers
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,200.00**		**TOTAL AMT PAID =>**		**$ 1,000.00**	**95%**		
66	68224	1/4/16 - 4/27/16	9/23/19	**Medical services**	**Initial ($230), Initial acup ($230), F.C.E. ($150), 3 PR-2s ($180 each)**	**$ 1,150.00**	PYMTS RCVD	891A 90549216 (Travelers)	9/6/19	$ 554.40	Total Amt Paid for medical treatment ($720) / Total Amt Billed for medical treatment ($1,150)	N/A	Travelers & Zurich
				Additional items billed	Lien filing fee	$ 150.00		1102100754 (Zurich)	9/16/19	$ 165.60			
					P&I for medical services	$ 252.34							
				TOTAL AMT BILLED =>		**$ 1,552.34**		**TOTAL AMT PAID =>**		**$ 720.00**	**63%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
67	71421	3/2/17 - 12/6/18	10/2/19	**Medical services**	**Initial ($230 for 2 hrs - billed at $258.75 for 2 hrs 15 mins), Initial acup ($230), 25 f/u acup ($180 each), 15 PR-2s**	**$ 7,688.75**	PYMTS RCVD	891A 90603072	9/27/19	$ 1,600.00	Total Amt Paid for medical treatment ($1,600) / Total Amt Billed for medical treatment ($7,688.75	N/A	Travelers
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 2,892.47							
				TOTAL AMT BILLED =>		**$ 7,838.75**		**TOTAL AMT PAID =>**		**$ 1,600.00**	**21%**		
68	63041	6/19/14 - 9/18/18	9/25/19	**Medical treatment**	**P&S ($230), F.C.E. ($150), 6 PR-2s ($180 each)**	**$ 1,460.00**	PYMTS RCVD	0028459473	9/23/19	$ 3,900.00	Total Amt Paid for medical treatment ($1,460) / Total Amt Billed for medical treatment ($1,460	Total Amt Paid for medical treatment + Penalties & Interest ($2,169.52) / Principal Amt Billed for medical treatment ($1460)	Tristar/ County of Los Angeles
				Legal services	2 Board appear. (WCAB LBO), C&R reading	$ 563.00							
				Additional services billed/ collected	Lien filing fee	$ 150.00							
					P&I for medical DOS	$ 709.52							
					Additional costs for legal DOS paid late	$ 1,017.48							
				TOTAL AMT BILLED =>		**$ 3,900.00**		**TOTAL AMT PAID =>**		**$ 3,900.00**	**100%**	**149%**	
69	42588	2/19/11 - 10/15/18	9/25/19	**Medical services**	MRI ($150), **Initial ($230), Initial acup ($230), 3 PR-2s ($180 each), 27 f/u acup ($180 each), F.C.E. ($150)**	**$ 6,160.00**	PYMTS RCVD	C&-708057 (SCIF)	10/12/11	$ 150.00	Total Amt Paid for medical treatment ($6,160) / Total Amt Billed for medical treatment ($6,160)	Total Amt Paid for medical treatment + Penalties & Interest ($6,266.39) / Principal Amt Billed for medical treatment ($6,160)	York/ State of California & SCIF
				Additional items billed	Lien filing fee	$ 150.00		69-569522 (York)	8/30/18	$ 1,230.00			
								69-569521 (York)	8/30/18	$ 3,490.00			
					P&I for medical services	$ 303.39		60-024766 (York)	10/30/18	$ 456.39			
								62-401507 (York)	9/20/19	$ 940.00			
				TOTAL AMT BILLED =>		**$ 6,613.39**		**TOTAL AMT PAID =>**		**$ 6,266.39**	**100%**	**102%**	

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
70	68860	3/7/16 - 9/12/17	9/18/19	**Medical services**	**21 PR-2s ($180 each), 9 f/u acup ($180 each),** f/u chiro tx, final chiro tx, final acup, injection, **P&S ($230)**	**$ 6,190.00**	PYMTS RCVD	18330	8/29/19	$ 6,200.00	Total Amt Paid for medical treatment ($6,190) / Total Amt Billed for medical treatment ($6,190)	Total Amt Paid for medical treatment + Penalties & Interest ($6,498.20) / Principal Amt Billed for medical treatment ($6,190)	York
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 308.20		18331	8/29/19	$ 800.00			
					P&I for unpaid settlement	$ 623.74							
				TOTAL AMT BILLED =>		**$ 7,271.94**		**TOTAL AMT PAID =>**		**$ 7,000.00**	**100%**	**105%**	
71	72761	10/5/17 - 7/17/18	9/26/19	**Medical services**	**2 Initials ($230 each), Initial acup ($230),** Initial physical therapy, **16 f/u acup ($180 each), 8 PR-2s ($180 each), P&S ($230),** f/u physical therapy	**$ 5,420.00**	PYMTS RCVD	17801	9/24/19	$ 3,500.00	Total Amt Paid for medical treatment ($3,500) / Total Amt Billed for medical treatment ($5,420)	N/A	York
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 340.90							
				TOTAL AMT BILLED =>		**$ 5,910.90**		**TOTAL AMT PAID =>**		**$ 3,500.00**	**65%**		
72	73281	1/26/18 - 3/23/18	9/19/19	**Medical services**	**PR-2 ($180), P&S ($230)**	**$ 410.00**	PYMTS RCVD	310443	9/17/19	$ 200.00	Total Amt Paid for medical treatment ($200) / Total Amt Billed for medical treatment ($410)	N/A	York
				Additional items billed	P&I for medical services	$ 47.18							
				TOTAL AMT BILLED =>		**$ 457.18**		**TOTAL AMT PAID =>**		**$ 200.00**	**49%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
73	70454	8/30/16 - 8/16/18	9/23/19	**Medical services**	**Initial ($230), 34 f/u acup ($180 each), 19 PR-2s ($180 each), Initial acup ($230),** 6 f/u chiro tx, **P&S ($230)**	**$ 10,770.00**	**PYMTS RCVD**	1101068506 (Zurich/ ZAIC)	12/16/16	$ 3,430.00	Total Amt Paid for medical treatment ($7,467.50) / Total Amt Billed for medical treatment ($10,770)	N/A	Zurich/ ZAIC & Ins Co of the West
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 57.47		2712383 (ICW)	7/15/19	$ 462.50			
					P&I for unpaid settlement	$ 339.36		1102100693 (Zurich/ ZAIC)	9/16/19	$ 3,575.00			
				TOTAL AMT BILLED =>		**$ 11,316.83**		**TOTAL AMT PAID =>**		**$ 7,467.50**	**69%**		

Average % of Market Rate paid without P&I	**79%**

Average % of Market Rate paid with P&I	**140%**

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/03/19 70462

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
9A913456845916; 9A9134568

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: VERDIE ALTHEINMER
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs VALASSIS DIRECT MAIL INC
Date Of Injury: 3/1/15; *8/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/06/16	INITIAL EXAM	DR NEGIN RAMESHNI @ ENHANCED-PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358 DOI: 3/1/15	0.00
09/13/16	INITIAL EXAM	DR NEGIN RAMESHNI @ EPC* DOI: 8/1/15	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/15/16	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC* DOI: 3/1/15	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/19/16	FOLLOW-UP	W/ ACUPUNCT YOON @ EPC* DOI: 3/1/15	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/20/16	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC* DOI: 8/1/15	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/03/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 3/1/15	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/10/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 3/1/15	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/17/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 8/1/15	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/18/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 8/1/15	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/19/16	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 3/1/15	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00

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SCRANTON, PA 18505

Case: vs VALASSIS DIRECT MAIL INC
Date Of Injury: 3/1/15; *8/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/07/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 8/1/15	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/14/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 3/1/15	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/15/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 3/1/15	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/21/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 3/1/15	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/22/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 8/1/15	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/02/16	INITIAL EXAM	DR ALLEN MASSIHI @ EPC* DOI: 8/1/15	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/05/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 8/1/15	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/12/16	INITIAL EXAM	PSYCHE EVAL W/DR PARVIN SALKELD @ EPC*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358 DOI: 3/1/15	0.00
12/19/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 3/1/15	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/21/16	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 3/1/15	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00

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09/03/19 70462

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DOB :
Terms: 60 days
Claim #(s):
9A913456845916; 9A9134568

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: VERDIE ALTHEINMER
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs VALASSIS DIRECT MAIL INC
Date Of Injury: 3/1/15; *8/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/27/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/29/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
		DOI: 8/1/15	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/09/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 8/1/15	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/13/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
		DOI: 8/1/15	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/16/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 8/1/15	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/31/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/30/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/01/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/06/17	EMG TESTING	& NCV BY DR BENJAMIN GROSS:	150.00
		BIL L/E @ EPC*	
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
		DOI: 8/1/15	
02/09/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 8/1/15	
/ /	INTERPRETER:	IRENE MORA # 101159	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/03/19 70462

EAMS#(s):

SS # : XXX-XX-
DOB : 5/22/64
Terms: 60 days
Claim #(s):
9A913456845916; 9A9134568

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: VERDIE ALTHEINMER
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs VALASSIS DIRECT MAIL INC
Date Of Injury: 3/1/15; *8/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/20/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 8/1/15	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/21/17	INITIAL EXAM	PHYSICAL TX W/DR CHRISTIAN MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049 DOI: 3/1/15	0.00
02/27/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 8/1/15	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/03/17	PR2/REEVAL	DR MASSIHI @ EPC* DOI: 8/1/15	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/07/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 8/1/15	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/14/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 3/1/15	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/27/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 3/1/15	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/29/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/17/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 3/1/15	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/18/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 8/1/15	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/11/17	EMG TESTING	& NCV BY DR GROSS: U/E @ EPC*	150.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/03/19 70462

EAMS#(s):

SS # : XXX-XX
DOB : 5/22/64
Terms: 60 days
Claim #(s):
9A913456845916; 9A9134568

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: VERDIE ALTHEINMER
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs VALASSIS DIRECT MAIL INC
Date Of Injury: 3/1/15; *8/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: 8/1/15	
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/25/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/24/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/06/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/20/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/28/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/11/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
07/25/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/04/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/15/17	P AND S	DR ROSTAMI @ EPC*	230.00
		DOI: 8/1/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/29/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/18/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/03/19 70462

EAMS#(s):

SS # : XXX-XX-4200
DOB :
Terms: 60 days
Claim #(s):
9A913456845916; 9A9134568

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: VERDIE ALTHEINMER
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs VALASSIS DIRECT MAIL INC
Date Of Injury: 3/1/15; *8/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/03/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/11/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
		DOI: 3/15	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/16/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: 3/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/30/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: 3/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: 3/15	
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/07/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/07/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	ENRIQUE VALENCIA # 008091	0.00
12/12/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/13/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/03/19 70462

EAMS#(s):

SS # : XXX-XX
DOB : 5/22/64
Terms: 60 days
Claim #(s):
9A913456845916; 9A9134568

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: VERDIE ALTHEINMER
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs VALASSIS DIRECT MAIL INC
Date Of Injury: 3/1/15; *8/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: 3/1/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/04/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
01/25/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 3/1/16	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/30/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 3/1/16	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/01/18	FOLLOW-UP	W/ ACUPUNCT YOUN RHEE @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/08/18	FOLLOW-UP	W/ ACUPUNCT YOUN RHEE @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/15/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/27/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/05/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 3/1/16	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/19/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 3/1/16	

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/03/19 70462

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
9A913456845916; 9A9134568

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: VERDIE ALTHEINMER
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs VALASSIS DIRECT MAIL INC
Date Of Injury: 3/1/15; *8/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/27/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 3/1/16	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/02/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 3/16	
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/09/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 3/16	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/16/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 3/1/16	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/23/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 3/1/16	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/24/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 3/1/15	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/10/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 3/1/16	
/ /	INTERPRETER:	JESUS CASTILLO # 500341	0.00
05/24/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 3/1/16	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/29/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 3/15	
/ /	INTERPRETER:	DIANA RODRIGUEZ # 009611	0.00
06/05/18	P AND S	DR SHERRY ROSTAMI @ EPC*	230.00
		DOI: 3/1/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/03/19	70462

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
9A913456845916; 9A9134568

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: VERDIE ALTHEINMER
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs VALASSIS DIRECT MAIL INC
Date Of Injury: 3/1/15; *8/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/06/19	LIEN FIL FEE	LIEN FILING FEE	150.00
08/29/19	PENALTIES	FOR DATE OF SERVICE 09/06/16	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 09/06/16	74.20
08/29/19	PENALTIES	FOR DATE OF SERVICE 09/13/16	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 09/13/16	74.20
08/29/19	PENALTIES	FOR DATE OF SERVICE 09/15/16	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 09/15/16	74.20
08/29/19	PENALTIES	FOR DATE OF SERVICE 09/20/16	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 09/20/16	74.20
08/29/19	PENALTIES	FOR DATE OF SERVICE 12/02/16	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 12/02/16	71.02
08/29/19	PENALTIES	FOR DATE OF SERVICE 12/12/16	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 12/12/16	70.07
08/29/19	PENALTIES	FOR DATE OF SERVICE 02/21/17	13.50
08/29/19	INTEREST	FOR DATE OF SERVICE 02/21/17	25.69
08/29/19	PENALTIES	FOR DATE OF SERVICE 08/15/17	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 08/15/17	53.41
08/29/19	PENALTIES	FOR DATE OF SERVICE 06/05/18	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 06/05/18	32.02
09/13/19	PMT BY CHECK	DOS 4/28/15-10/11/18* # FE64458457	-10000.00
09/18/19	BLCE OFF SET	BALANCE OFF SET	-6538.51

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/03/19	70462

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
9A913456845916; 9A9134568

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: VERDIE ALTHEINMER
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs VALASSIS DIRECT MAIL INC
Date Of Injury: 3/1/15; *8/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 09/13/19
CHECK NO. **FE64458457**

STATEMENT

ESIS®

5900C13FE 00 00335 FE64458457

JOYCE ALTMAN
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
9A91345630599

DOLLARS
$*****10,000.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201605161425474329303 1

FOR
04/28/15 THRU 10/11/18 F&F
CLAIMANT

DATE OF EVENT
04/28/15

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-001134-01-01-00

BOA10B (07/2016)

DETACH THIS PORTION BEFORE CASHING

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/19 69634

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2249743

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

Case: , vs NATIONAL APARTMENT FLOORING
Date Of Injury: 7/22/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/20/16	INITIAL EXAM	-DR NEGIN RAMESHNI @ RAMESHNI CHIROPRACTIC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/03/16	INITIAL ACUP	-W/ ACUPUNCT RADPARVAR BEHZAD @ RAMESHNI CHIRO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/05/16	PR2/REEVAL	-DR RAMESHNI @ RAMESHNI CHIRO	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/31/16	FOLLOW-UP	-W/ ACUPUNCT BEHZAD @ RAMESHN CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/07/16	PR2/REEVAL	-DR RAMESHNI @ RAMESHNI CHIRO	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/09/16	FOLLOW-UP	-W/ ACUPUNCT BEHZAD @ RAMESHN CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/19/16	PR2/REEVAL	-DR RAMESHNI @ RAMESHNI CHIRO	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
03/30/18	LIEN FIL FEE	LIEN FILING FEE	150.00
09/25/19	PMT BY CHECK	DOS 9/18/19* # 03040493	-1350.00
09/30/19	BLCE OFF SET	BALANCE OFF SET	-160.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/30/19	69634

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2249743

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

Case: vs NATIONAL APARTMENT FLOORING
Date Of Injury: 7/22/15

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03040493
2249743-1
SWC1052360

DATE	AMOUNT
9/25/2019	$1,350.00

One Thousand Three Hundred Fifty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 180 DAYS

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

⑈03040493⑈ ⑆021309379⑆ 790262463⑈

Explanation Of Bill Review

Check Number	03040493
Claim Number:	2249743-1
Regulatory ID:	
Bill Number:	14813846
Invoice Number:	FP1-MSCA-981159
Policy / Insured:	SWC1052360/National Apartment Flooring A Corp.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	7/22/2015
Location:	3205 Ocean Park Blvd, Suite 180 Santa Monica CA 90405 -
Examiner Code:	24141
Network/PPO Network:	

ANA UBI Claims
AmTrust North America
P O Box 89404
Cleveland, OH 44101
702-688-5019

FP1-MSCA-981159

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
9/18/2019	MDS11	SETTLEMENT-PAYER LIABLE	1.00	1350.00	0.00	0.00	1350.00	
				1350.00	0.00	0.00	1350.00	

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 providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/13/19	70448

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2334494-1

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

Case: vs AHUENEME LP
Date Of Injury: 1/1/12-5/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/29/16	INITIAL EXAM	-DR MAYYA KRAVCHENCO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/12/16	INITL CHIRO	TX W/DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
10/10/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/25/16	INITIAL ACUP	W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/26/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/27/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/01/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
11/09/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/10/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/18/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/06/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/11/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/03/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/07/17	FINAL ACUPT	-W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/10/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/13/19 70448

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2334494-1

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

Case: vs AHUENEME LP
Date Of Injury: 1/1/12-5/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/22/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
11/07/18	LIEN FIL FEE	LIEN FILING FEE	150.00
08/28/19	PENALTIES	FOR DATE OF SERVICE 08/29/16	34.50
08/28/19	INTEREST	FOR DATE OF SERVICE 08/29/16	64.28
08/28/19	PENALTIES	FOR DATE OF SERVICE 09/12/16	13.50
08/28/19	INTEREST	FOR DATE OF SERVICE 09/12/16	25.15
08/28/19	PENALTIES	FOR DATE OF SERVICE 10/25/16	34.50
08/28/19	INTEREST	FOR DATE OF SERVICE 10/25/16	64.28
08/28/19	PENALTIES	FOR DATE OF SERVICE 03/07/17	34.50
08/28/19	INTEREST	FOR DATE OF SERVICE 03/07/17	64.28
09/10/19	PMT BY CHECK	DOS 8/28/19-8/28/19* # 04112244	-2900.00
09/13/19	BLCE OFF SET	BALANCE OFF SET	-524.99

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 **

TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
04112244
2973132-1
TWC3523345

DATE	AMOUNT
9/10/2019	$2,900.00

Two Thousand Nine Hundred 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

⑈04112244⑈ ⑆021309379⑆ 601877533⑈

Check Number	04112244
Claim Number:	2973132-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3523345/ASAF Foods Corporation
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/10/2016
Location:	2511 North ventura Rd. port hueneme CA 93041 -
Examiner Code:	22340

Amount:	$2,900.00
Dates of Service:	8/28/2019-8/28/2019
Explanation:	Per Stipulation and Order to Pay Lien Claimant
Category:	M22 - Settlement/multi bills/amt in dispute
Placement:	2 - Medical
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
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 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/02/19 71246

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2224717-1

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: GREG VINECOUR
PO BOX 89404
CLEVELAND, OH 44101

Case: vs CENTURY WEST CONCRETE INC
Date Of Injury: 4/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE 2.5HR	287.50
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/06/17	INITIAL EXAM	DR TOSHA BROWN @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/15/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/20/17	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/15/18	LIEN FIL FEE	LIEN FILING FEE	150.00
09/11/19	PENALTIES	FOR DATE OF SERVICE 02/01/17	43.13
09/11/19	INTEREST	FOR DATE OF SERVICE 02/01/17	82.61
09/11/19	PENALTIES	FOR DATE OF SERVICE 02/06/17	34.50
09/11/19	INTEREST	FOR DATE OF SERVICE 02/06/17	66.09
09/17/19	PMT BY CHECK	DOS 8/12/19* # 03029152	-1000.00
09/23/19	BLCE OFF SET	BALANCE OFF SET	-253.83

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 **

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03029152
2224717-1
SWC1079219

DATE	AMOUNT
9/17/2019	$1,000.00

One Thousand and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 180 DAYS

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

⑈03029152⑈ ⑆021309379⑆ 79026246 3⑈

Explanation Of Bill Review

Check Number	03029152
Claim Number:	2224717-1
Regulatory ID:	
Bill Number:	14786685
Invoice Number:	FP1-MSCA-979346
Policy / Insured:	SWC1079219/Century West Concrete Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	4/11/2016
Location:	Butterfield Ranch Rd / Lisboa St Chino Hills CA 99999 -
Examiner Code:	21638
Network/PPO Network:	

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

FP1-MSCA-979346

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
9/12/2019	MDS10	SETTLEMENT FOR DISPUTE	1.00	1000.00	0.00	0.00	1000.00	
				1000.00	0.00	0.00	1000.00	

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 providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/01/19	72061

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2705132

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: YADIRA VEGA
PO BOX 89404
CLEVELAND, OH 44101

Case: vs ALL CITY MGMT DBA TRENSETTER
Date Of Injury: 4/6/16 - 4/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/17	INITIAL EXAM	DR TOSHA BROWN @ UNITED CLINICS*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/10/17	PR2/REEVAL	DR SARO DORIAN @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/31/17	PR2/REEVAL	DR RONALD SCHILLING @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/07/17	PR2/REEVAL	DR DORIAN @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/28/17	PR2/REEVAL	DR SCHILLING @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
12/19/18	LIEN FIL FEE	LIEN FILING FEE	150.00
05/20/19	PENALTIES	FOR DATE OF SERVICE 05/20/19	34.50
05/20/19	INTEREST	FOR DATE OF SERVICE 05/20/19	44.64
09/20/19	PMT BY CHECK	DOS 9/12/19* 03034752 AMTRUST	-525.00
09/25/19	PMT BY CHECK	DOS 9/12/19* # 1000004791 PROTECTIVE	-525.00
10/01/19	BLCE OFF SET	BALANCE OFF SET	-129.14

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/01/19	72061

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2705132

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: YADIRA VEGA
PO BOX 89404
CLEVELAND, OH 44101

Case: vs ALL CITY MGMT DBA TRENSETTER
Date Of Injury: 4/6/16 - 4/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/01/19 75275

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WD4179

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: TINA LARSON
PO BOX 7099
INDIANAPOLIS, IN 46207

Case: vs ALL CITY MGMT DBA TRENSETTER
Date Of Injury: 4/6/16 - 4/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/17	INITIAL EXAM	DR TOSHA BROWN @ UNITED CLINICS*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/10/17	PR2/REEVAL	DR SARO DORIAN @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/31/17	PR2/REEVAL	DR RONALD SCHILLING @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/07/17	PR2/REEVAL	DR DORIAN @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/28/17	PR2/REEVAL	DR SCHILLING @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
12/19/18	LIEN FIL FEE	LIEN FILING FEE	150.00
05/20/19	PENALTIES	FOR DATE OF SERVICE 06/26/17	34.50
05/20/19	INTEREST	FOR DATE OF SERVICE 06/26/17	44.64
09/20/19	PMT BY CHECK	DOS 9/12/19* # 03034752 AMTRUST	-525.00
09/25/19	PMT BY CHECK	DOS 9/12/19* # 1000004791 PROTECTIVE	-525.00
10/01/19	BLCE OFF SET	BALANCE OFF SET	-129.14

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/01/19	75275

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WD4179

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: TINA LARSON
PO BOX 7099
INDIANAPOLIS, IN 46207

Case: ANA SANCHEZ vs ALL CITY MGMT DBA TRENSETTER
Date Of Injury: 4/6/16 - 4/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

Protective Insurance Company
P.O. Box 7099
Indianapolis, IN 46207-7099

September 25, 2019

>000414 6822263 0001 092574 10Z
Joyce Altman Interpreters Inc.
PO Box 4165
Tustin CA 92781

CHECK DATE: 09/25/2019
CHECK NUMBER: 1000004791
CHECK AMOUNT: $525.00

00414 6822263 000415 000415 0001/0001 k000414

Invoice Received	Invoice Number	Claim Number	Amount	Adjustments	Amount Paid
01/01/00		WD-00004179	$525.00	$0.00	$525.00
Claimant Name: Loss Date: 04/06/2017 Payment Transaction: TL_ER FROM 09/12/2019 THROUGH 09/12/2019					
TOTAL			$525.00	$0.00	$525.00

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03034752
2705132-1
SWC1106555

DATE	AMOUNT
9/20/2019	$525.00

Five Hundred Twenty-Five and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 180 DAYS

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

⑈03034752⑈ ⑆021309379⑆ 790826 3L6 BP

SEP 27 2019

Explanation Of Bill Review

pr. .....

Check Number	03034752
Claim Number:	2705132-1
Regulatory ID:	
Bill Number:	14797947
Invoice Number:	FP1-MSCA-980168
Policy / Insured:	SWC1106555/Trendsetter HR LLC LCF All City Management Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	3/31/2017
Location:	CA -
Examiner Code:	29865
Network/PPO Network:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

FP1-MSCA-980168

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
9/12/2019	MDS10	SETTLEMENT FOR DISPUTE	1.00	525.00	0.00	0.00	525.00	
				525.00	0.00	0.00	525.00	

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 providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/10/19	75225

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
3006519-1

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: MICHELLE FAULKINBURG
PO BOX 89404
CLEVELAND, OH 44101

Case: vs BARON/TITAN PER/ERS/GLOBAL TAC
Date Of Injury: 12/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/14	F.C.E. TEST	FUNCT. CAPACITY EVAL @ AMERI CHIRO W/DR BASURTO*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/02/14	INITIAL EXAM	-DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	CESAR TERAN # 500150	0.00
09/03/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/17/14	PR2-RE/EVAL	W/ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/30/14	PR2-RE/EVAL	W/ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/15/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/24/14	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/10/14	F/U CHIRO TX	CHIRO TREATMENT W/DR KHAN*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/02/15	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/11/15	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/10/15	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/22/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RODRIGUEZ @ AMERI*	150.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143 FINAL	0.00
05/27/15	P AND S	-DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
11/15/16	LIEN FIL FEE	LIEN FILING FEE	150.00
09/04/19	PENALTIES	FOR DATE OF SERVICE 07/02/14	34.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/10/19 75225

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
3006519-1

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: MICHELLE FAULKINBURG
PO BOX 89404
CLEVELAND, OH 44101

Case: vs BARON/TITAN PER/ERS/GLOBAL TAC
Date Of Injury: 12/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/04/19	INTEREST	FOR DATE OF SERVICE 07/02/14	16.74
09/04/19	PENALTIES	FOR DATE OF SERVICE 05/27/15	34.50
09/04/19	INTEREST	FOR DATE OF SERVICE 05/27/15	16.74
09/06/19	PMT BY CHECK	DOS 12/6/13-9/4/19* # 03016300	-2000.00
09/10/19	BLCE OFF SET	BALANCE OFF SET	-542.48

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 **

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03016300
3006519-1
SWC1025007

DATE	AMOUNT
9/6/2019	$2,000.00

Two Thousand 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

⑈03016300⑈ ⑆021309379⑆ 790262463⑈

Check Number	03016300
Claim Number:	3006519-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1025007/Global Tac Warehouse Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	12/6/2013
Location:	16000 Phoenix Drive City of Industry CA 91745 -
Examiner Code:	mfaulkinbury

PAID
SEP 10 2019
BY:

Amount:	$2,000.00
Dates of Service:	12/6/2013-9/4/2019
Explanation:	Lien Settlement
Category:	M22 - Settlement/multi bills/amt in dispute
Placement:	2 - Medical
Transaction Type:	

ANA UBI Claims
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 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/25/19 75890

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
3071753; 2742927

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

Case: vs POQUITO MAS
Date Of Injury: 7/31/17; 7/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/12/18	INITIAL EXAM	-DR MAYYA KRAVCHENKO @ GOFNUN CHIRO (3hrs 40mins)	431.25
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/23/18	INITL CHIRO	-TREATMENT W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/30/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/02/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/09/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/16/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/13/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/02/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/06/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/09/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/13/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
03/16/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/20/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/23/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/27/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/25/19 75890

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
3071753; 2742927

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

Case: vs POQUITO MAS
Date Of Injury: 7/31/17; 7/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/03/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/06/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/10/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/22/18	MED-LEGAL	-EVAL W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/29/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/12/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/23/18	P AND S	-DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
12/21/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/01/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/19/19	PENALTIES	FOR DATE OF SERVICE 01/12/18	64.69
09/19/19	INTEREST	FOR DATE OF SERVICE 01/12/18	77.45
09/19/19	PENALTIES	FOR DATE OF SERVICE 01/23/18	13.50
09/19/19	INTEREST	FOR DATE OF SERVICE 01/23/18	16.16
09/19/19	PENALTIES	FOR DATE OF SERVICE 10/23/18	34.50
09/19/19	INTEREST	FOR DATE OF SERVICE 10/23/18	22.83
09/23/19	PMT BY CHECK	DOS 9/16/19* # 03036531 AMTRUST	-2125.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/25/19	75890

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
3071753; 2742927

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

Case: vs POQUITO MAS
Date Of Injury: 7/31/17; 7/27/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1165.38

* 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 **

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03036531
3071753-1
SWC1120622

DATE	AMOUNT
9/23/2019	$2,125.00

Two Thousand One Hundred Twenty-Five and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

VOID AFTER 180 DAYS

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

⑈03036531⑈ ⑆021309379⑆ 790262463⑈

Explanation Of Bill Review

Check Number	03036531	ANA UBI Claims
Claim Number:	3071753-1	AmTrust North America
Regulatory ID:		P O Box 89404
Bill Number:	14801467	Cleveland, OH 44101
Invoice Number:	FP1-MJCA-835965	212-655-2000
Policy / Insured:	SWC1120622/Poquito Mas Inc. A Corp	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS, INC	
Loss Date:	7/31/2017 FP1-MJCA-835965	
Location:	3707 Cahuenga Blvd Los Angeles CA 90068 -	
Examiner Code:	jturner	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
9/16/2019	MDS10	SETTLEMENT FOR DISPUTE	1.00	3290.38	1165.38	0.00	2125.00	375, G67, 961, G
				3290.38	1165.38	0.00	2125.00	

375 - PLEASE SEE SPECIAL *NOTE* BELOW.; G67 - PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.; 961 - ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.; G5 - THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.;

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 providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

Victor Becerra

Applicant,

v.

Poquito Mas; Security National; ICW Group

Defendants.

WCAB Case No(s):
ADJ 11139634
ADJ 11139610

STIPULATION AND ORDER TO PAY LIEN CLAIMANT
CL#3071753; 2742927

Lien Claimant Joyce Altman Interpreters has filed a lien dated 05/01/19 in the sum of $ 3,290.38 AW 1005.

The parties agree to accept the sum of $ 2,500.00 as full payment and satisfaction of all liens and bills filed for service(s) up to present date by the above referenced lien claimant and said sum is inclusive of all penalties and interest if paid within thirty (30) calendar days from the date of approval.

Security National to pay: $2,125.00
ICW to pay: $375.00

Lien Claimant's Tax ID Number is: 33-0956713

Lien Claimant's address for payment: P.O. Box 4165, Tustin, CA 92781

(LIEN REPRESENTATIVE)
By: William Hernandez
(Print Name)
09/16/19
(Date)

(REPRESENTATIVE FOR DEFENDANT)
By: Ryan Sarnitsky / D Paul
(Print Name)
9/16/19 / 9/16/19
(Date)

Pursuant to the stipulations above, IT IS SO ORDERED

Date: 9/16/19

SANDRA ROSENFELD
WORKERS' COMPENSATION JUDGE

NOTICE TO: ☑ Defendant ☐ Lien Claimant
You are hereby ordered to serve this Order on all parties and lien claimants forthwith and retain proof of said service.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/02/19	70484

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
114808

BILL TO:
APPLIED RISK SERVICES (NEBRAS)
W. C. DEPARTMENT
ATTN: DONALD MYERS
P.O. BOX # 3804
OMAHA, NE 68103

Case: vs PERSONAL TOUCH CLEANING MAINT.
Date Of Injury: 10/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/31/16	INITIAL EXAM	-DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
09/30/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100641	0.00
10/03/16	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/10/16	F/U CHIRO TX	-CHIRO TREATMENT W/DR GOFNUNG	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/17/16	F/U CHIRO TX	-CHIRO TREATMENT W/DR GOFNUNG	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/21/16	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/18/16	PR2/REEVAL	-DR GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/09/16	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/14/16	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/13/17	F/U CHIRO TX	-CHIRO T W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/18/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
04/28/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
05/12/17	INITIAL ACUP	-W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/01/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/02/19	70484

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
114808

BILL TO:
APPLIED RISK SERVICES (NEBRAS)
W. C. DEPARTMENT
ATTN: DONALD MYERS
P.O. BOX # 3804
OMAHA, NE 68103

Case: vs PERSONAL TOUCH CLEANING MAINT.
Date Of Injury: 10/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/02/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/08/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/09/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/16/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/19/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/23/17	FINAL ACUPT	-W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/26/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/01/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/29/17	P AND S	-DR ERIC GOFNUNG @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/14/19	LIEN FIL FEE	LIEN FILING FEE	150.00
02/25/19	PENALTIES	FOR DATE OF SERVICE 08/31/16	34.50
09/16/19	INTEREST	FOR DATE OF SERVICE 08/31/16	72.47
02/25/19	PENALTIES	FOR DATE OF SERVICE 05/12/17	34.50
09/16/19	INTEREST	FOR DATE OF SERVICE 05/12/17	61.16
02/25/19	PENALTIES	FOR DATE OF SERVICE 06/23/17	34.50
09/16/19	INTEREST	FOR DATE OF SERVICE 06/23/17	57.83
02/25/19	PENALTIES	FOR DATE OF SERVICE 09/29/17	34.50
09/16/19	INTEREST	FOR DATE OF SERVICE 09/29/17	51.52
09/30/19	PMT BY CHECK	DOS 8/31/16-9/29/17* # 0001281888	-3400.00
10/02/19	BLCE OFF SET	BALANCE OFF SET	-480.98

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/02/19	70484

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
114808

BILL TO:
APPLIED RISK SERVICES (NEBRAS)
W. C. DEPARTMENT
ATTN: DONALD MYERS
P.O. BOX # 3804
OMAHA, NE 68103

Case: vs PERSONAL TOUCH CLEANING MAINT.
Date Of Injury: 10/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	09/30/19
Service Begining:	08/31/16
Service Ending:	09/29/17

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		10/01/15	114808

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
ADJ10355769	08/31/16-09/29/17	3,880.95	3,400.00	0.00	3,400.00

Messages

Total	3,400.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. IF ONLY ONE COLOR IS PRINTED, ADD BLUE AND GREEN ARE PRESENT.

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave , Menlo Park, CA 94025
11-491220

0001281888

Date: 09/30/19

Pay THREE THOUSAND FOUR HUNDRED AND .00 DOLLARS********** $ 3,400.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

⑈0001281888⑈ ⑆122000496⑆ 7000168038⑈

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	09/30/19
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	08/31/16 - 09/29/17
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	09/16/19
Phone:	(877)234-4420	**Review Date:**	09/23/19	**Bill Recd. Date:**	09/23/19
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	JAMES FICENEC
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**		**Jurisdn. ID:**	201604271318171467737 7
Patient:		**SSN #:**		**Claim #:**	114808
Address:		**Patient Acct. #:**		**DOI:**	10/01/15
City/State:		**Employer ID:**	00-56271	**Employer:**	PERSONAL TOUCH

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD: A
Adm. Diag.:

Bill Freq: B

Item No.	Service Date	Billed Procedure	Reviewed Procedure	Billed Modifier	Orig Qty	Rev Qty	DX.PT.	POS	TOS	Billed Amount	Allowed Amount	PPO Discount	Net Due Provider
1	08/31/16				1.00	0.00				3,880.95	3,400.00	0.00	3,400.00
	LIEN SETTLEMENT												

Reason Code:

Payment Status: 1
Paper Check #: 1281888
Paid Date: 09/30/19

	Billed Amount	Allowed Amount	PPO Discount
Totals:	3,880.95	3,400.00	0.00

Summary	Net Due Provider:	3,400.00

If you have any questions regarding this review, please Fax or mail the review, bill and appropriate documentation to Applied Risk Services at (877) 234-4425. Additional recommendations will only be considered if submitted in writing. FAXING WILL EXPEDITE THE HANDLING OF YOUR REQUEST. Should you have other questions, please contact Applied Risk Services at (877) 234-4420.

If a provider disputes the amount of payment made by the claims administrator on a bill for medical treatment services rendered on or after January 1, 2013, submitted pursuant to Labor Code section 4603.2, or bill for medical-legal expenses submitted pursuant to Labor Code section 4622, the provider may request the claims administrator to conduct a second review of the bill.

The second review must be requested within 90 days of the explanation of review provided by the claims administrator. The request for the second review shall be filed on the Second Bill Review form, DWC Form SBR-1 as set forth in the California Code of Regulations, title 8, section 9792.5.6, or on the initially reviewed bill with the appropriate condition codes, and shall include all information as specified in the California Code of Regulations, title 8, section 9792.5.5.

Second review requests should be faxed to (888) 805-5907 or mailed to Combined Claim Services, P.O. Box 3484, Omaha, NE 68103-0464 per the claims administrator.

If the provider further contests the amount of payment after receipt of the final written determination following the second review conducted under section 9792.5.5, the provider shall request an independent bill review as specified in the California Code of Regulations, title 8, section 9792.5.7. The request for independent bill review must be made within 30 days of the final written determination. The Request for Independent Bill Review form, DWC Form IBR-1, can be completed and submitted online at the Division of Workers' Compensation website at https://ibr.dir.ca.gov or by mailing the request along with the required fee as instructed on the form.

Pursuant to Labor Code section 4603.2(b)(4), duplicate submissions of medical services itemizations, for which an explanation of review was previously provided, shall require no further or additional notification or objection by the employer to the medical provider and shall not subject the employer to any additional penalties or interest pursuant to this section for failing to respond to the duplicate submission.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/19 73372

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
51W301549

BILL TO:
ARGONAUT INSURANCE (TX-469010)
W. C. DEPARTMENT
ATTN: CAROL FISHBACK
P.O. BOX # 469010
SAN ANTONIO, TX 78246

Case: vs UKAS BIG SAVOR FOODS INC
Date Of Injury: 2/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/18	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SVS (2H 44M)	316.25
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/14/18	PR2/REEVAL	DR MIRZAIANS @ PHYSICAL REHAB SVS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/17/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/22/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/26/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
07/18/18	PMT BY CHECK	DOS 2/9/18-5/22/18* # 5902713	-360.00
07/24/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 50038	0.00
07/30/18	PMT BY CHECK	DOS 2/9/18-6/26/18* =# 5903243	-90.00
08/24/18	PMT BY CHECK	DOS 2/9/18-7/24/18* =# 5904427	-90.00
08/29/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/28/18	PMT BY CHECK	DOS 2/9/18-8/29/18* =# 5905853	-90.00
09/24/18	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR ABGAYAN* FINAL	150.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/10/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/25/18	PMT BY CHECK	DOS 2/9/18-9/24/18* =# 5906991	-90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/19 73372

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
51W301549

BILL TO:
ARGONAUT INSURANCE (TX-469010)
W. C. DEPARTMENT
ATTN: CAROL FISHBACK
P.O. BOX # 469010
SAN ANTONIO, TX 78246

Case: vs UKAS BIG SAVOR FOODS INC
Date Of Injury: 2/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/18	PMT BY CHECK	DOS 2/9/18-10/10/18* =# 5907897	-90.00
06/20/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/19/19	PENALTIES_U	FOR UNPAID STLM'T 08/08/19	92.50
09/19/19	INTEREST_U	FOR UNPAID STLM'T 08/08/19	3.35
09/19/19	BLCE OFF SET	BALANCE OFF SET	-141.25
01/08/19	PMT BY CHECK	DOS 8/8/19* # 5921269	-925.00
09/23/19	PMT BY CHECK	DOS 8/8/19* # 5921507	-94.50
09/30/19	BLCE OFF SET	BALANCE OFF SET	-1.35

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 **

Argonaut Great Central Insurance Company
On Behalf Of: ARGONAUT INSURANCE CO.
Handled By:
Contact Number:(877)769-5953

JPMorgan Chase Bank, N.A.
Dallas, TX

Check Number: **5902713**

Policy/Certificate: WC 9393103-01
Insured: UKA'S BIG SAVER FOODS, INC.

88-88
1113

Source: GCIS-WC

Period Covered: 02/09/2018-05/22/2018
Adjuster: CENCLF

Claim Number: 51-W-301549-01
Date of Loss: 02/22/2017
Claimant:

Date 07/18/2018
Void After 180 Days

PAY **Three Hundred Sixty Dollars And Zero Cents****

Amount $360.00

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

AUTHORIZED REPRESENTATIVE

PAYEE ADDRESS P O BOX 4165
TUSTIN, CA 92781-4165

FOR MEDICAL-OTHER (WC ONLY)

HEAT SENSITIVE RUB AREA TO VERIFY

⑈0005902713⑈ ⑆111300880⑆ 707700209⑈

DETACH BEFORE CASHING (Retain stub for your records.)

Pay To: **JOYCE ALTMAN INTERPRETERS INC**

Payer: **Argonaut Great Central Insurance Company**

For: **MEDICAL-OTHER (WC ONLY)**
Check Number: 5902713
Issued: **07/18/2018**

Contact Number:(877)769-5953

73372

Claim Number / Type Pay	Claimant Name / Pymt Desc	Adjuster	Invoice	Paid Amt	Billed Amt / FEIN/SSNO	Policy/Certificate / Insured Name	Dt of Loss	Period Covered / Treaty Name
51-W-301549-01								
2 MO		CENCLF	73372	360.00	856.25	WC 9393103 01	02/22/2017	02/09/2018-05/22/2018
		Total		360.00	856.25	UKA'S BIG SAVER FOODS, INC.		

JUL 23 2018

Mail To: **JOYCE ALTMAN INTERPRETERS INC**
P O BOX 4165
TUSTIN CA 92781-4165

Argonaut Great Central Insurance Company
On Behalf Of: ARGONAUT INSURANCE CO.
Handled By:
Contact Number:(877)769-5953

JPMorgan Chase Bank, N.A.
Dallas, TX

Check Number: **5903243**

Policy/Certificate: WC 9393103-01
Insured: UKA'S BIG SAVER FOODS, INC.

Period Covered: 02/09/2018-06/26/2018
Adjuster: CENCLF

88-88
1113

Source: GCIS-WC

Claim Number: 51-W-301549-01
Date of Loss: 02/22/2017
Claimant:

Date 07/30/2018
Void After 180 Days

Amount $90.00

PAY **Ninety Dollars And Zero Cents****

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

AUTHORIZED REPRESENTATIVE

PAYEE ADDRESS P O BOX 4165
TUSTIN, CA 92781-4165

FOR MEDICAL-OTHER (WC ONLY)

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈0005903243⑈ ⑆111300880⑆ 707700209⑈

DETACH BEFORE CASHING (Retain stub for your records.)

Pay To: **JOYCE ALTMAN INTERPRETERS INC**

Payer: **Argonaut Great Central Insurance Company**

AUG 02 2018

For: **MEDICAL-OTHER (WC ONLY)**
Check Number: 5903243
Issued: **07/30/2018**

Contact Number:(877)769-5953

Claim Number / Type Pay	Claimant Name / Pymt Desc	Adjuster	Invoice	Paid Amt	Billed Amt / FEIN/SSNO	Policy/Certificate / Insured Name	Dt of Loss	Period Covered / Treaty Name
51-W-301549-01								
2 MO		CENCLF	79372	90.00	1,036.25	WC 9393103 01	02/22/2017	02/09/2018-06/26/2018
		Total		90.00	1,036.25	UKA'S BIG SAVER FOODS, INC.		

Mail To: **JOYCE ALTMAN INTERPRETERS INC**
P O BOX 4165
TUSTIN CA 92781-4165

Argonaut Great Central Insurance Company
On Behalf Of: ARGONAUT INSURANCE CO.
Handled By:
Contact Number:(877)769-5953

JPMorgan Chase Bank, N.A.
Dallas, TX

Check Number: **5904427**

Policy/Certificate: WC 9393103-01
Insured: UKA'S BIG SAVER FOODS, INC.

Period Covered: 02/09/2018-07/24/2018
Adjuster: CENCLF

88-88
1113

Source: GCIS-WC

Claim Number: 51-W-301549-01
Date of Loss: 02/22/2017
Claimant:

PAY **Ninety Dollars And Zero Cents****

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

Date 08/24/2018
Void After 180 Days

Amount **$90.00**

AUTHORIZED REPRESENTATIVE

PAYEE ADDRESS P O BOX 4165
TUSTIN, CA 92781-4165

FOR MEDICAL-OTHER (WC ONLY)

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈0005904427⑈ ⑆111300880⑆ 707700209⑈

DETACH BEFORE CASHING (Retain stub for your records.)

Pay To: **JOYCE ALTMAN INTERPRETERS INC**

Payer: **Argonaut Great Central Insurance Company**

For: **MEDICAL-OTHER (WC ONLY)**
Check Number: 5904427
Issued: **08/24/2018**

Contact Number:(877)769-5953

Claim Number / Type Pay	Claimant Name / Pymt Desc	Adjuster	Invoice	Paid Amt	Billed Amt / FEIN/SSNO	Policy/Certificate / Insured Name	Dt of Loss	Period Covered / Treaty Name
51-W-301549-01								
2 MO		CENCLF	73372	90.00	1,216.25	WC 9393103 01	02/22/2017	02/09/2018-07/24/2018
		Total		90.00	1,216.25	UKA'S BIG SAVER FOODS, INC.		

AUG 30 2018

Mail To: **JOYCE ALTMAN INTERPRETERS INC**
P O BOX 4165
TUSTIN CA 92781-4165

Argonaut Great Central Insurance Company
On Behalf Of: ARGONAUT INSURANCE CO.
Handled By:
Contact Number:(877)769-5953

JPMorgan Chase Bank, N.A.
Dallas, TX

Check Number: **5905853**

Policy/Certificate: WC 9393103-01
Insured: UKA'S BIG SAVER FOODS, INC.

88-68
1113

Source: GCIS-WC

Claim Number: 51-W-301549-01
Date of Loss: 02/22/2017
Claimant:

Period Covered: 02/09/2018-08/29/2018
Adjuster: CENCLF

Date: 09/28/2018
Void After 180 Days

PAY **Ninety Dollars And Zero Cents****

Amount: $90.00

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

AUTHORIZED REPRESENTATIVE

PAYEE ADDRESS P O BOX 4165
TUSTIN, CA 92781-4165

FOR MEDICAL-OTHER (WC ONLY)

HEAT SENSITIVE RUB AREA TO VERIFY

⑈000590585 3⑈ ⑆111300880⑆ 707700 209⑈

DETACH BEFORE CASHING (Retain stub for your records.)

Pay To: JOYCE ALTMAN INTERPRETERS INC

Payer: Argonaut Great Central Insurance Company

For: MEDICAL-OTHER (WC ONLY)
Check Number: 5905853
Issued: 09/28/2018

Contact Number:(877)769-5953

Claim Number / Type Pay	Claimant Name / Pymt Desc	Adjuster	Invoice	Paid Amt	Billed Amt / FEIN/SSNO	Policy/Certificate / Insured Name	Dt of Loss	Period Covered / Treaty Name
51-W-301549-01								
2 MO		CENCLF	73372	90.00	1,396.25	WC 9393103 01 UKA'S BIG SAVER FOODS, INC.	02/22/2017	02/09/2018-08/29/2018
		Total		90.00	1,396.25			

PAID
OCT 05 2018
BY

Mail To: **JOYCE ALTMAN INTERPRETERS INC**
P O BOX 4165
TUSTIN CA 92781-4165

Argonaut Great Central Insurance Company
On Behalf Of: ARGONAUT INSURANCE CO.
Handled By:
Contact Number:(877)769-5953

JPMorgan Chase Bank, N.A.
Dallas, TX

Check Number: **5906991**

Policy/Certificate: WC 9393103-01
Insured: UKA'S BIG SAVER FOODS, INC.

88-88
1113

Source: GCIS-WC

Claim Number: 51-W-301549-01
Date of Loss: 02/22/2017
Claimant:

Period Covered: 02/09/2018-09/24/2018
Adjuster: CENCLF

Date 10/25/2018
Void After 180 Days

Amount $90.00

PAY Ninety Dollars And Zero Cents**

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

AUTHORIZED REPRESENTATIVE

PAYEE ADDRESS P O BOX 4165
TUSTIN, CA 92781-4165

FOR MEDICAL-OTHER (WC ONLY)

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈0005906991⑈ ⑆111300880⑆ 707700209⑈

DETACH BEFORE CASHING (Retain stub for your records.)

OCT 30 2018

Pay To: **JOYCE ALTMAN INTERPRETERS INC**

Payer: **Argonaut Great Central Insurance Company**

For: **MEDICAL-OTHER (WC ONLY)**
Check Number: **5906991**
Issued: **10/25/2018**

Contact Number:(877)769-5953

Claim Number / Type Pay	Claimant Name / Pymt Desc	Adjuster	Invoice	Paid Amt	Billed Amt / FEIN/SSNO	Policy/Certificate / Insured Name	Dt of Loss	Period Covered / Treaty Name
51-W-301549-01			73372	90.00	1,546.25	WC 9393103 01	02/22/2017	02/09/2018-09/24/2018
2 MO		CENCLF				UKA'S BIG SAVER FOODS, INC.		
		Total		90.00	1,546.25			

Mail To: **JOYCE ALTMAN INTERPRETERS INC**
P O BOX 4165
TUSTIN CA 92781-4165

Argonaut Great Central Insurance Company
On Behalf Of: ARGONAUT INSURANCE CO.
Handled By:
Contact Number:(877)769-5953

JPMorgan Chase Bank, N.A.
Dallas, TX

Check Number: **5907897**

Policy/Certificate: WC 9393103-01
Insured: UKA'S BIG SAVER FOODS, INC.

88-88
1113

Source: GCIS-WC

Claim Number: 51-W-301549-01
Date of Loss: 02/22/2017
Claimant:

Period Covered: 02/09/2018-10/10/2018
Adjuster: CENCLF

Date 11/18/2018
Void After 180 Days

Amount $90.00

PAY Ninety Dollars And Zero Cents**

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

AUTHORIZED REPRESENTATIVE

PAYEE ADDRESS P O BOX 4165
TUSTIN, CA 92781-4165

FOR MEDICAL-OTHER (WC ONLY)

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈000590789⑦⑈ ⑆111300880⑆ 707700209⑈

DETACH BEFORE CASHING (Retain stub for your records.)

NOV 26 2018

Pay To: JOYCE ALTMAN INTERPRETERS INC

Payer: Argonaut Great Central Insurance Company

For: MEDICAL-OTHER (WC ONLY)
Check Number: 5907897
Issued: 11/18/2018

Contact Number:(877)769-5953

Claim Number / Type Pay	Claimant Name / Pymt Desc	Adjuster	Invoice	Paid Amt	Billed Amt / FEIN/SSNO	Policy/Certificate / Insured Name	Dt of Loss	Period Covered / Treaty Name
51-W-301549-01								
2	MO	CENCLF	73372	90.00	1,726.25	WC 9393103 01	02/22/2017	02/09/2018-10/10/2018
		Total		90.00	1,726.25	UKA'S BIG SAVER FOODS, INC.		

Mail To: **JOYCE ALTMAN INTERPRETERS INC**
P O BOX 4165
TUSTIN CA 92781-4165

Argonaut Great Central Insurance Company
On Behalf Of: ARGONAUT INSURANCE CO.
Handled By:
Contact us at :(833) 240-4128

JPMorgan Chase Bank, N.A.
Dallas, TX

Check Number: **5921269**

Policy/Certificate: WC 9393103-01
Insured: UKA'S BIG SAVER FOODS, INC.

88-88
1113

Source: GCIS-WC

Claim Number: 51-W-301549-01
Date of Loss: 02/22/2017
Claimant:

Period Covered: 08/08/2019-08/08/2019
Adjuster: CENCLF

Date 09/18/2019
Void After 180 Days

PAY **Nine Hundred Twenty-Five Dollars And Zero Cents****

Amount $925.00

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

AUTHORIZED REPRESENTATIVE

PAYEE ADDRESS P O BOX 4165
TUSTIN, CA 92781-4165

FOR MEDICAL-OTHER (WC ONLY)

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈000592126 9⑈ ⑆111300880⑆ 707700209⑈

DETACH BEFORE CASHING (Retain stub for your records.)

Pay To: **JOYCE ALTMAN INTERPRETERS INC**

PAID
SEP 27 2019
BY

Payer: **Argonaut Great Central Insurance Company**

For: **MEDICAL-OTHER (WC ONLY)**
Check Number: 5921269
Issued: **09/18/2019**

Contact us at :(833) 240-4128

Claim Number / Type Pay	Claimant Name / Pymt Desc	Adjuster	Invoice	Paid Amt	Billed Amt / FEIN/SSNO	Policy/Certificate / Insured Name	Dt of Loss	Period Covered / Treaty Name
51-W-301549-01				925.00	925.00	WC 9393103 01	02/22/2017	08/08/2019-08/08/2019
2	MO	CENCLF				UKA'S BIG SAVER FOODS, INC.		
		Total		925.00	925.00			

Mail To: **JOYCE ALTMAN INTERPRETERS INC**
P O BOX 4165
TUSTIN CA 92781-4165

Argonaut Great Central Insurance Company
On Behalf Of: ARGONAUT INSURANCE CO.
Handled By:
Contact us at :(833) 240-4128

JPMorgan Chase Bank, N.A.
Dallas, TX

Policy/Certificate: WC 9393103-01
Insured: UKA'S BIG SAVER FOODS, INC.

Period Covered: 08/08/2019-08/08/2019
Adjuster: CENCLF

88-88
1113

Check Number: **5921507**

Source: GCIS-WC

Claim Number: 51-W-301549-01
Date of Loss: 02/22/2017
Claimant:

Date 09/23/2019
Void After 180 Days

PAY **Ninety-Four Dollars And Fifty Cents****

Amount $94.50

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

AUTHORIZED REPRESENTATIVE

PAYEE ADDRESS P O BOX 4165
TUSTIN, CA 92781-4165

FOR PENALTY/INTEREST RE STTMT PAYMENT; 10 DAYS LATE

HEAT SENSITIVE RUB AREA TO VERIFY

⑈0005921507⑈ ⑆111300880⑆ 707700209⑈

DETACH BEFORE CASHING (Retain stub for your records.)

Pay To: **JOYCE ALTMAN INTERPRETERS INC**

Payer: **Argonaut Great Central Insurance Company**

For: **PENALTY/INTEREST RE STTMT PAYMENT; 10 DAYS LATE**
Check Number: 5921507
Issued: **09/23/2019**

Contact us at :(833) 240-4128

Claim Number / Type Pay	Claimant Name / Pymt Desc	Invoice / Adjuster	Paid Amt	Billed Amt / FEIN/SSNO	Policy/Certificate / Insured Name	DI of Loss	Period Covered / Treaty Name
51-W-301549-01							
3	PY	CENCLF	94.50	94.50	WC 9393103 01	02/22/2017	08/08/2019-08/08/2019
					UKA'S BIG SAVER FOODS, INC.		
		Total	94.50	94.50			

73372

Mail To: **JOYCE ALTMAN INTERPRETERS INC**
P O BOX 4165
TUSTIN CA 92781-4165

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/09/19 41955

EAMS#(s):
1
SS # : :
DOB :
Terms: 60 days
Claim #(s):
7190221647

BILL TO:
ATHENS ADMIN (CONCORD)
W. C. DEPARTMENT
ATTN: SHANNON HOLGUIN
P.O. BOX # 696
CONCORD, CA 94522

Case: vs SEA CREST LANDSCAPE
Date Of Injury: 11/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/11	SURGERY	-DR CHANG - LT KNEE @ MONROVI HOSPITAL (11.5 H)	1035.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
08/11/11	PMT BY CHECK	DOS 1/14/11 # 40015503	-90.00
12/22/11	INITIAL EXAM	-DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/26/12	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE *	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/31/12	INITIAL EXAM	-DR MARANS @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
02/02/12	INITIAL EXAM	DR BLUSH @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/02/12	P AND S	-DR RAMESHNI* JOSE GERRY LUGO # 500049	230.00
04/23/12	PMT BY CHECK	DOS 12/22/11 # 40063181	-180.00
12/09/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
05/07/19	PENALTIES	FOR DATE OF SERVICE 12/22/11	7.50
08/21/19	INTEREST	FOR DATE OF SERVICE 12/22/11	43.76
05/07/19	PENALTIES	FOR DATE OF SERVICE 01/31/12	34.50
08/21/19	INTEREST	FOR DATE OF SERVICE 01/31/12	199.21
05/07/19	PENALTIES	FOR DATE OF SERVICE 02/02/12	34.50
08/21/19	INTEREST	FOR DATE OF SERVICE 02/02/12	198.70
05/07/19	PENALTIES	FOR DATE OF SERVICE 03/02/12	34.50
08/21/19	INTEREST	FOR DATE OF SERVICE 03/02/12	196.38
09/04/19	PMT BY CHECK	DOS 8/21/19* # 32164	-1700.00
09/09/19	BLCE OFF SET	BALANCE OFF SET	-1014.05

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/09/19 41955

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
7190221647

BILL TO:
ATHENS ADMIN (CONCORD)
W. C. DEPARTMENT
ATTN: SHANNON HOLGUIN
P.O. BOX # 696
CONCORD, CA 94522

Case: vs SEA CREST LANDSCAPE
Date Of Injury: 11/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

Surgery

RISK ENTERPRISE MANAGEMENT LIMITED
P.O. Box 600
Brea, CA 92822

Joyce Altman Interpreters, Inc
PO Box 4165
Tustin CA 92781-4165

9
1735

PAID

We are pleased to present you with this check. Should you have any questions concerning this check, Please contact:

Name	Angela Joya-Perrin	**Telephone#**	714-579-2500
Check#	40015503	**Claim Number**	7190221647
Check Date	08/11/2011	**Date of Loss**	11/20/2009
Check amount	$ 90.00	**Claimant**	
Invoice	41955	**Client/Insured**	PAYNE, KEVIN M (AN INDIVIDUAL)
Services/period	**From** 01/14/2011	**To**	01/14/2011
Payee	Joyce Altman Interpreters, Inc		
For	Inv# 41955		

RISK ENTERPRISE MANAGEMENT LIMITED
P.O. Box 9801
Cranbury, NJ 08512-9801

Joyce Altman Interpreters, Inc
PO Box 4165
Tustin CA 92781-4165

5
521

We are pleased to present you with this check. Should you have any questions concerning this check, Please contact:

Name	Angela Joya-Perrin	**Telephone#**	714-579-2500
Check#	40063181	**Claim Number**	7190221647
Check Date	04/23/2012	**Date of Loss**	11/20/2009
Check amount	$ 180.00	**Claimant**	(
Invoice	41955	**Client/Insured**	PAYNE, KEVIN M (AN INDIVIDUAL)
Services/period	**From** 12/22/2011	**To**	12/22/2011
Payee	Joyce Altman Interpreters, Inc		

For INV#41955 - 1/12/12

APR 26 2012

BY:

WELLS FARGO BANK, N.A.

Imperium Insurance Company
HIIG

11-24/121
1210(8)

CHECK NO: 32164

DATE: 9/4/2019

WORKERS' COMPENSATION PROGRAM
ADMINISTERED BY: ATHENS ADMINISTRATORS
P.O. BOX 696, CONCORD, CALIFORNIA 94522

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

*******$1,700.00

CLAIMANT:
CLAIM NO: 7190221647
AMOUNT *One Thousand Seven Hundred And 00/100 US Dollars*

PAY Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin CA 92781-4165

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTI

⑈00032164⑈ ⑆121000248⑆ 4433900735⑈

Payee: Joyce Altman Interpreters, **TIN/SSN:** XX-XXX6713

Check Amount: 1700.00

Check Number: 32164

Check Date: 9/4/2019

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
7190221647	PAYNE, KEVIN M AN INDIVIDUAL		11/20/2009	Lien Order -Disputed	8/21/2019	8/21/2019	1/1/1900		1,700.00

Comments: Full and Final settlement agreement

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/03/19 72802

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
0545-WC-16-0001777

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

Case: vs REAL TIME STAFFING SERVICES
Date Of Injury: 11/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/17	INITIAL EXAM	-DR MCHAEL PRICE/ANDREW MILES @ SIDHU* AMENDED	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/08/17	INITIAL ACUP	-W/ACUPUNCT MIN CHOI, INITIAL CHIRO & -PHYS TX	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/15/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/16/17	PR2/REEVAL	-DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/04/18	PR2/REEVAL	DR RAFLA/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/01/18	PR2/REEVAL	DR FRIEDMAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/22/18	PR2/REEVAL	DR JOHN XIAO TIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/28/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/04/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/06/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/09/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/11/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/16/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/18/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/03/19 72802

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
0545-WC-16-0001777

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

Case: vs REAL TIME STAFFING SERVICES
Date Of Injury: 11/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/23/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/24/18	PR2/REEVAL	-DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/25/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/02/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/04/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/07/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/09/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/14/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/16/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/21/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/29/18	PR2/REEVAL	-DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/30/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/23/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/01/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/04/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/03/19 72802

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
0545-WC-16-0001777

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

Case: vs REAL TIME STAFFING SERVICES
Date Of Injury: 11/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/06/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/13/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/15/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/18/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/20/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/26/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/29/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/27/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA 003693	0.00
07/02/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/06/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/09/18	FOLLOW-UP	-W/ ACUPUNCT WOO-HEE CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/13/18	FOLLOW-UP	-W/ ACUPUNCT WOO-HEE CHOI*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/05/18	LIEN FIL FEE	LIEN FILING FEE	150.00
09/18/18	PMT BY CHECK	DOS 7/13/18* =# 3145702	-180.00
07/08/19	PENALTIES	FOR DATE OF SERVICE 11/08/17	34.50
08/22/19	INTEREST	FOR DATE OF SERVICE 11/08/17	42.54
08/22/19	PENALTIES	FOR DATE OF SERVICE 10/19/17	34.50
08/22/19	INTEREST	FOR DATE OF SERVICE 10/19/17	42.54

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/03/19	72802

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
0545-WC-16-0001777

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

Case: vs REAL TIME STAFFING SERVICES
Date Of Injury: 11/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/27/19	PMT BY CHECK	DOS 8/22/19* # 5659957953	-3420.00
09/03/19	BLCE OFF SET	BALANCE OFF SET	-4184.08

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 **

VOID VOID VOID

CORVEL ENTERPRISE COMP, INC.
EMPLOYBRIDGE
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= EMPLO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
3145702	09/18/18

Claim#: 0545-WC-16-0001777

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000314570 2⑈ ⑆121000248⑆ 4178 523411⑈

TACH HERE

mr

DETACH HERE

CORVEL
Explanation of Review

Business Unit: 505736-00040-Deckers Outdoor Corp
5 River Park Pl E
Suite 102
Fresno, CA 93720

Employer
Patient:

SEP 25 2018

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4633355 - 1
Reprice: CA, 92781
Billed Date: 09/05/2018
Business Rcvd: 09/14/2018
MBR Rcvd: 09/14/2018
MBR Date: 09/17/2018
Date Approved: 09/17/2018
DOS From - To: 07/13/2018 - 09/05/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Leos, June
Vendor #:
PIN:

Treating Provider:
Referring Physician: JOHN QIAN
Patient Control #: 72802
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0545-WC-16-0001777
Processor Initials: JL
DOI: 11/15/2016
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
07/13/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
09/05/18	99199 G7	UNLISTED SPECIAL SERVICE PROCEDURE/REPOR	1	11	$150.00		A	$150.00	$0.00
Sub-Totals for Bill: 4633355					**$330.00**			**$150.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:4633355									**$180.00**

Line Item Reason Codes and Descriptions
MV0 Market Value

RX3 Per BU/provider agreement amount may be negotiated

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

G7 No separate payment was made because the value of the service is included within the value of another service performed on the same day.

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.

If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.

Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

ICD Diagnosis Code
T14.90 INJURY UNSPECIFIED

Questions regarding this bill may be sent to:

CorVel Corporation, Attn: Bill Review
PO Box 6966
Portland, OR 97228

Toll free: 833-758-5750
Phone: 916-605-5140
FAX: 866-449-0449

California DWC
Employer Address -

Payer Identification Number - 756017952
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID -
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Payment Date - Date Paid information was not available at the time this EOR was created.

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	08/27/2019
Check Amount	:	$3420.00
Check Number	:	5659957953

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
195164358-001 BP WC Brea All Other WC Medical full and final	11/15/2016 $3420.00 $3420.00	Maria M. Hernandez full and final	714-989-4405 08/22/2019-08/22/2019

Please Fold on Perforation Before Tearing

VOID VOID VOID

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/11/19 73845

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
188744828

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

Case: vs CORNERSTONE APPAREL INC
Date Of Injury: 2/24/17 - 2/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/18/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/20/18	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/25/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/02/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/07/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/09/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/14/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/16/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/21/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/04/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/11/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/22/18	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/13/19	LIEN FIL FEE	LIEN FILING FEE	150.00
07/31/19	BLCE OFF SET	BALANCE OFF SET	-140.00
07/31/19	PENALTIES_U	FOR UNPAID STLM'T 6/25/19	150.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/11/19 73845

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
188744828

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

Case: vs CORNERSTONE APPAREL INC
Date Of Injury: 2/24/17 - 2/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/27/19	INTEREST_U	FOR UNPAID STLM'T 6/25/19	14.92
09/05/19	PMT BY CHECK	DOS 6/24/19* # 5660122203	-1500.00
09/10/19	BLCE OFF SET	BALANCE OFF SET	-164.92
09/05/19	PENALTIES_L	FOR LATE PD STLM'T	150.00
09/05/19	INTEREST_L	FOR LATE PD STLM'T	18.99

BALANCE 168.99

* 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 **

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/05/2019
Check Amount	:	$1500.00
Check Number	:	5660122203

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
188744828-001 Cecil Tomasino BP WC Brea CA Defense Medical/Legal Lien settlement for all dos	02/24/2018 $1500.00 $1500.00	Jodi J. Henggeler	559-451-3956 09/05/2019 06/24/2019-06/24/2019

Please Fold on Perforation Before Tearing

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/12/19	69406

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
14D48E788701

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: KRISTINA MONTUFAR
P.O. BOX 53550
IRVINE, CA 92619

Case: vs MR. CLEAN MAINTENANCE SYSTEMS
Date Of Injury: 7/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/16	INITIAL EXAM	DR GALAL GOUBRAN/D. TRUJILLO P.A. @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/04/16	INITL CHIRO	TREATMENT & PHYS TX W/DR C. HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/07/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/14/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/16	F.C.E. TEST	FUNCT CAPACITY EVAL @ SIDHU W/DR RICHARD SOSA*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267 INITIAL	0.00
08/11/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/08/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/06/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/29/18	LIEN FIL FEE	LIEN FILING FEE	150.00
03/14/19	PENALTIES	FOR DATE OF SERVICE 04/22/16	34.50
09/04/19	INTEREST	FOR DATE OF SERVICE 04/22/16	81.52
03/14/19	PENALTIES	FOR DATE OF SERVICE 05/04/16	13.50
09/04/19	INTEREST	FOR DATE OF SERVICE 05/04/16	31.90
09/09/19	PMT BY CHECK	DOS 7/16/14* # 14438664	-800.00
09/12/19	BLCE OFF SET	BALANCE OFF SET	-881.42

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/12/19	69406

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
14D48E788701

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: KRISTINA MONTUFAR
P.O. BOX 53550
IRVINE, CA 92619

Case: vs MR. CLEAN MAINTENANCE SYSTEMS
Date Of Injury: 7/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

THE FACE OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF VOID IS VISIBLE.

CCMSI obo Strategic Outsourcing, Inc. - Captive
2 East Main St., Suite 208
Danville, IL 61832

2-3/710 IL

BANK OF AMERICA
CHICAGO, IL 60603

Check Number 144638664

Date: 09/09/2019
Batch #: 302968152

Amount

$****800.00

Amount: EIGHT HUNDRED AND XX / 100**********

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

Void After 180 Days
Two Signatures Required for Amounts over 5,000.00

⑈0144638664⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
07/16/2014		14D48E788701	800.00	0.00	800.00	PER STIP & ORDER DATED 9/04 J9940614	JTREROTOL

Batch #: 302968152
Check Number 144638664

Check Amount $****800.00

Loc:SCHQ02 HEADQUARTERS 02

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/10/19	74844

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
18W02F804020; 18W02F77029

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: RANDY A.
P.O. BOX 53550
IRVINE, CA 92619

Case: [redacted] vs DRIVEN STAFF/ VENSURE EMPLOYER
Date Of Injury: 4/5/18; 9/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/17/18	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/10/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/03/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/05/19	PMT BY CHECK	DOS 8/30/19* # 161635081	-380.00
09/10/19	BLCE OFF SET	BALANCE OFF SET	-210.00

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 **

THE PAPER OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF VOID IS VISIBLE

CCMSI OBO STATE NATIONAL INSURANCE
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

2-3/710 IL

Check Number 161635081

Date: 09/05/2019

Batch #: 302962675

BANK OF AMERICA
CHICAGO, IL 60603

Amount

$****380.00

Amount: THREE HUNDRED EIGHTY AND XX / 100**********

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

Void After 180 Days
Two Signatures Required for Amounts over 5,000.00

Rodney J. Golden

⑈0161635081⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
09/18/2018		18W02F770294	380.00	0.00	380.00	Full and Final payment:ADJ1170920 3, ADJ11609703, ADJ11613401	RAGUILER

Batch #: 302962675
Check Number 161635081

Check Amount $****380.00

Loc:DRIVEN STAFF, LLC

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/18/19 71450

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
E3348232

BILL TO:
CNA CLAIM PLUS (CHICAGO)
W. C. DEPARTMENT
ATTN: DEANNA JESTER
P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs LOOT CRATE INC.
Date Of Injury: 1/23/15 - 1/23/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/17	INITL CHIRO	-TREATMENT W/DR ERIC GOFNUNG@ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
03/15/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/27/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
03/29/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
04/03/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/05/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/19/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/01/17	INITIAL ACUP	-W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/11/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/12/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
05/31/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/01/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/08/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/09/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/18/19 71450

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
E3348232

BILL TO:
CNA CLAIM PLUS (CHICAGO)
W. C. DEPARTMENT
ATTN: DEANNA JESTER
P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs LOOT CRATE INC.
Date Of Injury: 1/23/15 - 1/23/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/12/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/21/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/28/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/12/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/08/18	LIEN FIL FEE	LIEN FILING FEE	150.00
08/06/18	PENALTIES	FOR DATE OF SERVICE 03/13/17	13.50
07/29/19	INTEREST	FOR DATE OF SERVICE 03/13/17	22.51
08/06/18	PENALTIES	FOR DATE OF SERVICE 05/01/17	34.50
07/29/19	INTEREST	FOR DATE OF SERVICE 05/01/17	57.54
08/26/19	PMT BY CHECK	DOS 3/13/17-7/29/19* # 107123301	-2000.00
09/04/19	BLCE OFF SET	BALANCE OFF SET	-848.05

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000002OE3003482321071233010000000001247

001247

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

*** To expedite handling of your claim, please include our claim number on all future correspondence to us.**

Claim Number *
E3 348232AK

Insured/Client	Claimant	ATT
LOOT CRATE, INC		08/26/19

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
01/23/17		03/13/17-07/29/19	MED	21		MI	$2,000.00
							$2,000.00

Reason
FULL & FINAL SETTLEMENT OF ALL LIENS

To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.

ACCIWF 02.28.13

PLEASE DETACH BEFORE CASHING

CNA
Continental Casualty Company
Chicago, IL 60604

UNDERWRITTEN BY:
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVAN

107123301
Date Issued
08/26/19

66-156
531
Bank Acct.
4759628092

VOID IF PURPLE BACKGROUND IS ABSENT **THIS DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW**

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E3 348232	AK	LOOT CRATE, INC	81
Prefix & Contract No. WC -6018102550		Claimant	Date of Loss 01/23/17
From-thru (Dates) 03/13/17	In Payment of 07/29/19	FULL & FINAL SETTLEMENT OF ALL LIENS	

PAY TWO THOUSAND AND NO/100THS ---------- Dollars

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

******$2,000.00

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

L137648F

⑈0107123301⑈ ⑆053101561⑆ 4759628092⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 58991

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2012193616

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

Case: vs AGUSTINO BAKERY
Date Of Injury: 12/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/24/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	MARTHA BECERRA # 500198	0.00
05/29/13	EMG TESTING	& NCV BY DR ALTMAN: L/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
06/18/14	INITIAL EXAM	W/ACUPUNCTURIST GITA DARBANDI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LILIANA HELPRIN # 100048	0.00
07/09/14	PR2-RE/EVAL	W/ACUPUNCTURIST GITA @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
07/17/14	PR2-RE/EVAL	W/ACUPUNCTURIST SUNG HAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
07/02/14	PR2-RE/EVAL	W/ACUPUNCTURIST DARBANDI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
07/30/14	PR2-RE/EVAL	W/ACUPUNCTURIST G. DARBANDI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
08/14/14	PR2-RE/EVAL	W/ACUPUNCTURIST HAN/JANG @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/21/14	PR2-RE/EVAL	W/ACUPUNCTURIST KIM/SUNG*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 301690	0.00
09/04/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/11/14	PR2-RE/EVAL	W/ACUPUNCT HAN/KIM @ ACS*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/02/14	PR2-RE/EVAL	W/ACUPUNCT HAN/KIM @ ACS*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 58991

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2012193616

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

Case: vs AGUSTINO BAKERY
Date Of Injury: 12/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/23/16	LIEN FIL FEE	LIEN FILING FEE	150.00
04/29/19	PMT BY CHECK	DOS 5/24/13-2/23/16* =# 18554266	-1170.00
09/17/19	PMT BY CHECK	DOS 9/12/19* # 21351458	-980.00
09/23/19	BLCE OFF SET	BALANCE OFF SET	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000036-0000191 D0106 001 788690 EIG

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

EMPLOYERS®
America's small business insurance specialist®

58991 - 1

PAID
MAY 02 2019
BY: .....

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:	Multiple Claims
Client Reference ID:	270258390
VP Trans ID:	560686896
	EIG0001003
Date:	04/29/2019
Amount:	$1,955.00
Check Number:	18554266

Get Paid Faster

When you sign up for **VCard or ACH**

Email support@vpayusa.com today to find out how.

EIG.OT

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the VP Trans ID shown (2) destroy this communication and all attached information.

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

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

EMPLOYERS®

Employers Compensation Insurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

18554266

04/29/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$1955.00

ONE THOUSAND NINE HUNDRED FIFTY FIVE DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

560686896

⑈18554266⑈ ⑆273970116⑆ 17000129 9⑈

Employers Compensation Insurance Company 501

Process Date: 04/26/2019
Control Number: 305637948
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 270258390 **Payment Date: 04/29/2019**

Claim Number: 2012193616
Claimant: D
Provider Tax ID: 330956713 Vendor: 5628181#5628181 PPO/OSR ID:
Provider Ref: 58991 Geo Zip: 90001 NPI Number:
Provider License: CA99999 Claimant SSN:
Date Of Injury: 12/30/2012
Claims Received Date: 04/22/2019

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

ICD-DX1: 959.9 Injury-site NOS

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	PR/Ded	PPO/Red	Other/Red	Allowance	Reasons
05/24/13	11	99919		INTERPRETER SE	1.000	150.00	60.00	0.00	0.00	90.00	601,G1
05/29/13	11	99919		INTERPRETER SE	1.000	150.00	60.00	0.00	0.00	90.00	601,G1
06/18/14	11	99919		INTERPRETER SE	1.000	230.00	140.00	0.00	0.00	90.00	601,G1
07/02/14	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	601,G1
07/09/14	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	601,G1
07/17/14	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	601,G1
07/30/14	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	601,G1
08/14/14	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	601,G1
08/21/14	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	601,G1
09/04/14	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	601,G1
09/11/14	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	601,G1
10/02/14	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	601,G1
02/23/16	11	99919		INTERPRETER SE	1.000	150.00	60.00	0.00	0.00	90.00	601,G1
				TOTALS:		**2,300.00**	**1,130.00**	**0.00**	**0.00**	**1,170.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**1,170.00**	

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

601 -CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES

46035957

2111-H-991671-0

5606868396

Employers Compensation Insurance Company 501

Process Date: 04/26/2019
Control Number: 305637948
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 270258390 **Payment Date: 04/29/2019**

Claim Number: 2012102881A
Claimant:
Provider Tax ID: 330956713
Provider Ref: 58991
Provider License: CA99999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 12/30/2012
Claims Received Date: 04/22/2019

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

ICD-DX1: 959.9 Injury-site NOS

MPN Claim: N Region: 02

DOS	POS	CPT/HCPCS	Mod	Service Description	Units	Charge	EOR/Red	PPO/Red	Other/Red	Allowance	Reasons

Carrier/Insurer: EMPLOYERS COMPENSATION INSURANCE COMPANY

Employer Name: AGOSTINO'S BAKERY INC (EIG 108345804), Employer ID: EIG 108345804, Employer Address: 410 SPECTRUM CIRCLE, OXNARD, CA 93030

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

Claimant Address: 7020 VASSAR AVE APT 209 CANOGA PARK, CA 913031951, Claimant D.O.B.: 06/12/1960

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.

*** Workers Compensation ***

2111-H-991671-0 46035957

5600686896

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000122-0000701 D0106 001 826664 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:	2012193616
Client Reference ID:	270278809
VP Trans ID:	647190651
	EIG0001003
Date:	09/17/2019
Amount:	$980.00
Check Number:	21351458

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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

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

EMPLOYERS
America's small business insurance specialist®

Employers Compensation Insurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

21351458

09/17/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$980.00**

NINE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

⑈21351458⑈ ⑆273970116⑆ 17000129941⑈

647190651

EMPLOYERS®

America's small business insurance specialist®

PO BOX 32036
Lakeland FL, 33802-2036

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 927814165

Insurer Name:	Employers Compensation Insurance Company
Payee/Provider:	JOYCE ALTMAN INTERPRETERS INC
Client Reference ID:	270278809
Amount:	$980.0

Injured Employee	Claim Number	Payment Id	Invoice Number	Account Number	Payment From	Payment Through	Billed Amount	Allowed Amount	Comment
	2012193616	270278809			09/12/2019	09/12/2019	980.00	980.00	

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/19 70486

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2015309800

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

Case: vs GATEWAY AUTOMOTIVE INC.
Date Of Injury: CT: 2/1/15-6/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/31/16	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
09/16/16	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/21/16	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
09/28/16	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
10/07/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/10/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/14/16	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
10/19/16	F/U CHIRO TX	CHIRO TX W/DR KRACHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/21/16	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/26/16	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
10/28/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/02/16	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/19 70486

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2015309800

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

Case: vs GATEWAY AUTOMOTIVE INC.
Date Of Injury: CT: 2/1/15-6/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/04/16	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/08/16	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG* W	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/09/16	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/18/16	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/30/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
05/10/18	LIEN FIL FEE	LIEN FILING FEE	150.00
09/26/19	PMT BY CHECK	DOS 8/31/16-11/30/16* =# 21519148	-1900.00
09/30/19	BLCE OFF SET	BALANCE OFF SET	-240.00

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 **

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000023-0000141 D0106 001 829113 EIG

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

EMPLOYERS®

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Claim ID:	2015309800
Client Reference ID:	270280086
VP Trans ID:	652933257
	EIG0001003
Date:	09/26/2019
Amount:	$1,900.00
Check Number:	21519148

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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.OT

Employers Compensation Insurance Company 501

Process Date: 09/23/2019
Control Number: 305904361
EOR Page 1 of 2
Rev/Aud: SS/JS

Payment Number: 270280086 **Payment Date: 09/26/2019**

Claim Number: 2015309800
Claimant:
Provider Tax ID: 330956713 Vendor: 5628181#5628181 PPO/OSR ID: NPI Number:
Provider Ref: NIETO Geo Zip: 92781 Claimant SSN:
Provider License: CA99999 Date Of Injury: 02/04/2015
Claims Received Date: 09/19/2019

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red.	PPO/Red	Other/Red	Allowance	Reasons
08/31/16	11	MDS10		LUM SUM/MUL BIL	1.000	950.00	0.00	0.00	0.00	950.00	197,G67, 6483,G67
11/30/16	11	MDS10		LUM SUM/MUL BIL	1.000	950.00	0.00	0.00	0.00	950.00	197,G67, 6483,G67
			TOTALS:			**1,900.00**	**0.00**	**0.00**	**0.00**	**1,900.00**	
			TOTAL RECOMMENDED ALLOWANCE:							**1,900.00**	

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

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
6483 -FULL AND FINAL SETTLEMENT

2444-H-815197-0 46781581

652933257

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/25/19 70000

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y67C26616; Y67C26606

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

Case: vs KIMBAP PARADISE
Date Of Injury: 8/15;4/8/16;6/18/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/16	INITIAL EXAM	-DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/20/16	F/U CHIRO TX	-CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/22/16	F/U CHIRO TX	-CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/29/16	F/U CHIRO TX	-CHIRO TREATMENT W/DR GOFNUNG	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/01/16	F/U CHIRO TX	-CHIRO TREATMENT W/DR GOFNUNG	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/05/16	F/U CHIRO TX	-CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/12/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/24/16	PR2/REEVAL	-DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/12/16	INITIAL ACUP	-W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/16/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/21/16	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
09/23/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/30/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/25/19 70000

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y67C26616; Y67C26606

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

Case: vs KIMBAP PARADISE
Date Of Injury: 8/15;4/8/16;6/18/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/17/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/21/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/24/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
10/28/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/31/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/02/16	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/03/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/04/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/10/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/11/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
11/14/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/17/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/21/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/28/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/01/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/25/19 70000

EAMS#(s):.

SS # : XXX-XX-N/A
DOB : 2/18/70
Terms: 60 days
Claim #(s):
Y67C26616; Y67C26606

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

Case: vs KIMBAP PARADISE
Date Of Injury: 8/15;4/8/16;6/18/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/02/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/05/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/09/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/08/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/12/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/14/16	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/15/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/16/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/19/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/20/16	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/05/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/06/17	FINAL ACUPT	W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/10/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG* U	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/25/17	P AND S	-DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/14/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/25/19	70000

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y67C26616; Y67C26606

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

Case: vs KIMBAP PARADISE
Date Of Injury: 8/15;4/8/16;6/18/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/05/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/17/18	LIEN FIL FEE	LIEN FILING FEE FOR ADJ10483305	150.00
10/09/18	LIEN FIL FEE	LIEN FILING FEE FOR ADJ10483307	150.00
11/21/18	PENALTIES	FOR DATE OF SERVICE 07/13/16	34.50
09/10/19	INTEREST	FOR DATE OF SERVICE 07/13/16	77.47
11/21/18	PENALTIES	FOR DATE OF SERVICE 09/12/16	34.50
09/10/19	INTEREST	FOR DATE OF SERVICE 09/12/16	76.89
11/21/18	PENALTIES	FOR DATE OF SERVICE 12/20/16	34.50
09/10/19	INTEREST	FOR DATE OF SERVICE 12/20/16	70.29
11/21/18	PENALTIES	FOR DATE OF SERVICE 01/06/17	34.50
09/10/19	INTEREST	FOR DATE OF SERVICE 01/06/17	69.57
11/21/18	PENALTIES	FOR DATE OF SERVICE 01/25/17	34.50
09/10/19	INTEREST	FOR DATE OF SERVICE 01/25/17	68.34
09/20/19	PMT BY CHECK	DOS 9/10/19* # 21431851 EMPLOYERS	-1295.70
09/18/19	PMT BY CHECK	DOS 6/18/16-10/18/17* # 130699953 7 HARTFO	-4362.19
09/19/19	PMT BY CHECK	DOS 10/1/115-9/10/19* # 00194554 AMTRUST	-512.11
09/25/19	BLCE OFF SET	BALANCE OFF SET	-2655.06

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/25/19	70000

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y67C26616; Y67C26606

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

Case: vs KIMBAP PARADISE
Date Of Injury: 8/15;4/8/16;6/18/16

DOS	SERVICE	DESCRIPTION	AMOUNT

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

0000103-0000593 D0106 001 827658 EIG

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

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America's small business insurance specialist®

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Claim ID:	2015331267
Client Reference ID:	241151830
VP Trans ID:	649651629
	EIG0001001
Date:	09/20/2019
Amount:	$1,295.70
Check Number:	21431851

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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.OT

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

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Employers Preferred Insurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

21431851

09/20/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$1,295.70**

ONE THOUSAND TWO HUNDRED NINETY FIVE DOLLARS AND 70/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

649651629

⑈21431851⑈ ⑆273970116⑆ 17000129914⑈

Employers Preferred Insurance Company 505

Process Date: 09/18/2019
Control Number: 305896664
EOR Page 1 of 2
Rev/Aud: SS/JS

Payment Number: 241151830 **Payment Date: 09/20/2019**

Claim Number:	2015331267				
Claimant:	GUTIERREZ, HUMBERTO		PPO/OSR ID:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	NPI Number:		
Provider Ref:	GUTIERREZ	Geo Zip: 92781	Claimant SSN:	XXX-XX-9902	
Provider License:	CA99999		Date Of Injury:	09/01/2015	
			Claims Received Date:	09/16/2019	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
09/10/19	11	MDO10		FINAL ORDR/AWAI	1.000	6,170.00	4,874.30	0.00	0.00	1,295.70	197,G67, 6483,G67
			TOTALS:			**6,170.00**	**4,874.30**	**0.00**	**0.00**	**1,295.70**	
			TOTAL RECOMMENDED ALLOWANCE:							**1,295.70**	

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

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
6483 -FULL AND FINAL SETTLEMENT

2444-H-815039-0 46760024

649651629

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2309383

MB 01 002400 66193 B 10 A

002400 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
06/18/2016	72WEC IO2602 Y67C 26609	KIMBAP PARADISE. INC		$4,362.19
Nature of Benefits: Doctor		Nature of Payment: Payment Reason - Doctor	Service Dates 06/18/2016 10/18/2017	$4,362.19

Claim Handler: RENE MARTINEZ
8664019222 x2309383
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:

Issue Date	09/18/2019	Check Number	130699953 7	Total Check Amount	$4,362.19

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

HAR-100-2

11842946 1

VOID VOID VOID

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.	
00194554	
2750327-1	
QWC1016980	
DATE	AMOUNT
9/19/2019	$512.11

Five Hundred Twelve and 11/100s 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

⑈00194554⑈ ⑆021000021⑆ 226733883⑈

Check Number	00194554
Claim Number:	2750327-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	QWC1016980/Kimbap Paradise Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	10/1/2015
Location:	401 S. Vermont Ave. Suite 3 Los Angeles CA 90020 -
Examiner Code:	31681

Amount:	$512.11
Dates of Service:	10/1/2015-9/10/2019
Explanation:	DOS 10 01 15-09 10 19
Category:	M22 - Settlement/multi bills/amt in dispute
Placement:	2 - Medical
Transaction Type:	

SEQUOIA INSURANCE COMPANY
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 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/06/19 75311

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2015342813

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

Case: vs CARRILLO'S TORTILLERIA
Date Of Injury: 8/16 - 8/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/19	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SVCS*	230.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/26/19	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/28/19	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CHRISTINE ABGARYAN	150.00
/ /	-	@ PHYS REHAB SVCS* INITIAL	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/23/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/04/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
07/16/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/23/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/03/19	PMT BY CHECK	DOS 1/24/19-7/16/19* =# 21070643	-1000.00
09/06/19	BLCE OFF SET	BALANCE OFF SET	-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 **

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000069-0000345 D0106 001 821889 EIG

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

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Claim ID:	2015342813
Client Reference ID:	241144277
VP Trans ID:	638040813
	EIG0001001
Date:	09/03/2019
Amount:	$1,000.00
Check Number:	21070643

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support@vpayusa.com
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Form #: CL_VEN_0033_US Rev. 3/2017

EIG.OT

Employers Preferred Insurance Company 505

Process Date: 08/30/2019
Control Number: 305869987
EOR Page 1 of 2
Rev/Aud: SS/JS

Payment Number: 241144277 **Payment Date: 09/03/2019**

Claim Number: 2015342813
Claimant:
Provider Tax ID: 330956713 Vendor: 5628181#5628181
Provider Ref: RAMIREZ GARCIA Geo Zip: 92781
Provider License: CA99999

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 08/03/2017
Claims Received Date: 08/29/2019

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
01/24/19	11	MDS10		LUM SUM/MUL BIL	1.000	500.00	0.00	0.00	0.00	500.00	197,G67, 6483,G67
07/16/19	11	MDS10		LUM SUM/MUL BIL	1.000	500.00	0.00	0.00	0.00	500.00	197,G67, 6483,G67
			TOTALS:			**1,000.00**	**0.00**	**0.00**	**0.00**	**1,000.00**	
			TOTAL RECOMMENDED ALLOWANCE:							**1,000.00**	

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

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
6483 -FULL AND FINAL SETTLEMENT

2444-H-814451-0 46683596

63804813

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/04/19	76205

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017387942

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

Case: vs SUN NONG DAN CORPORATION
Date Of Injury: 3/11/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/18	INITIAL EXAM	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO (2hrs 45mins)	316.25
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/07/18	PR2/REEVAL	DR BARRY MARKS @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/18/18	PR2/REEVAL	DR KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/30/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/19/19	LIEN FIL FEE	LIEN FILING FEE	150.00
08/13/19	PENALTIES	FOR DATE OF SERVICE 03/15/18	47.44
08/13/19	INTEREST	FOR DATE OF SERVICE 03/15/18	38.86
07/19/19	PMT BY CHECK	DOS 7/30/18-6/19/19* =# 20198535 EMPLYERS	-270.00
08/23/19	PMT BY CHECK	DOS 5/22/19* # CS-705525 SCIF	-339.00
08/29/19	PMT BY CHECK	DOS 3/15/19-7/30/19* # 20987798 EMPLOYERS	-411.00
09/04/19	BLCE OFF SET	BALANCE OFF SET	-72.55

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000212-0001081 D0106 001 810259 EIG

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

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Claim ID:	2017387942
Client Reference ID:	241127059
VP Trans ID:	610933184
	EIG0001001
Date:	07/19/2019
Amount:	$270.00
Check Number:	20198535

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JUL 22 2019
BY: .....

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Form #: CL_VEN_0033_US Rev. 3/2017

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EMPLOYERS

Employers Preferred Insurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

20198535

07/19/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$270.00**

TWO HUNDRED SEVENTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

610933184

⑈20198535⑈ ⑆273970116⑆ 170001299⑈

Employers Preferred Insurance Company 505

Process Date: 07/17/2019
Control Number: 305788781
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 241127059 **Payment Date: 07/19/2019**

Claim Number: 2017387040
Claimant:
Provider Tax ID: 330956713 Vendor: 5628181#5628181
Provider Ref: 76205 Geo Zip: 90001
Provider License: 99999999

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 09/20/2017
Claims Received Date: 07/11/2019

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
03/15/18	11	99919		INTERPRETER SE	1.000	316.25	316.25	0.00	0.00	0.00	6541,4846, G5
05/07/18	11	99919		INTERPRETER SE	1.000	180.00	180.00	0.00	0.00	0.00	6541,4846, G5
07/30/18	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	601,G1,6541
08/18/19	11	99919		INTERPRETER SE	1.000	180.00	90.00	0.00	0.00	90.00	601,G1,6541
08/19/19	11	99919		INTERPRETER SE	1.000	150.00	60.00	0.00	0.00	90.00	601,G1,6541
				TOTALS:		1,006.25	736.25	0.00	0.00	270.00	
				TOTAL RECOMMENDED ALLOWANCE:						270.00	

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.
G5 -THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

CARRIER EXPLANATION REASON CODE

601 -CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES
4846 -PER CA LABOR CODE SECTION 4603.2, PROVIDERS MUST SUBMIT BILLS FOR PAYMENT WITHIN 12 MONTHS OF THE DATE OF SERVICE OR DATE OF DISCHARGE FOR INPATIENT FACILITY SERVICES.
6541 -MEDICAL

2111-H-1014041-0 46434309

610933184

Employers Preferred Insurance Company 505

Process Date: 07/17/2019
Control Number: 305788781
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 241127059 **Payment Date: 07/19/2019**

Claim Number: 2017387942
Claimant:
Provider Tax ID: 330956713 Vendor: 5628181#5628181 NPI Number:
Provider Ref: 76205 Geo Zip: 90001 Claimant SSN:
Provider License: 99999999 Date Of Injury: 09/20/2017
Claims Received Date: 07/11/2019

PPO/OSR ID:

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons

Carrier/Insurer: EMPLOYERS PREFERRED INSURANCE COMPANY

Employer Name: SUN NONG DAN (EIG 236746000), Employer ID: EIG 236746000, Employer Address: P.O. BOX 75549, LOS ANGELES, CA 90075

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

Claimant Address: 5305 ROSEMEAD BLVD APT 5 SAN GABRIEL, CA 917766201

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.

*** Workers Compensation ***

46434309

2111-H-1014041-0

610933184

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

Check #: **CS-705525**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/23/19
Doc #: 034687229

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06356038		**Date of Injury:** 03/11/18		
SSN:	Employer name: SUN NONG DAN			Employer ID: 0000009218259170					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-20197500	05/22/19	MDO10	Payment By Order	1	822.55	483.55	G5 375 G67 961	339.00
					Total Allowances:				**$339.00**

RECEIVED
AUG 28 2019
BY: .....

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"

0137381303468722900 1 2

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000065-0000341 D0106 001 820943 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:	2017387942
Client Reference ID:	241142852
VP Trans ID:	635896172
	EIG0001001
Date:	08/29/2019
Amount:	$411.00
Check Number:	20987798

PAID
SEP 0 4 2019

Get Paid Faster

When you sign up for **VCard or ACH**

Email **support@vpayusa.com** today to find out how.

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the VP Trans ID shown (2) destroy this communication and all attached information.

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.OT

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

EMPLOYERS

Employers Preferred Insurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

20987798

08/29/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$411.00

FOUR HUNDRED ELEVEN DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

635896172

⑈20987798⑈ ⑆273970116⑆ 17000129 91⑈

635896172

EMPLOYERS®

America's small business insurance specialist®

PO BOX 32036
Lakeland FL, 33802-2036

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 927814165

Insurer Name:	Employers Preferred Insurance Company
Payee/Provider:	JOYCE ALTMAN INTERPRETERS INC
Client Reference ID:	241142852
Amount:	$411.0

Injured Employee	Claim Number	Payment Id	Invoice Number	Account Number	Payment From	Payment Through	Billed Amount	Allowed Amount	Comment
	2017387942	241142852			03/15/2019	07/30/2019	411.00	411.00	CLAIM 2017387942

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/01/19 76507

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2015346958

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

Case: vs BEL AND BEY CORP/LAUNDROMAT
Date Of Injury: 10/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/16	PR2/REEVAL	DR ALLEN MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/05/16	SHOCK WAVE	THERAPY W/DR JYRKI SUUTARI @ GOFNUNG CHIRO*	150.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
04/28/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/29/16	PR2/REEVAL	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/06/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/29/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/30/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/18/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/29/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/21/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/26/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/27/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/29/16	P AND S	DR MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/01/19 76507

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2015346958

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

Case: vs BEL AND BEY CORP/LAUNDROMAT
Date Of Injury: 10/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/30/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/10/17	PR2/REEVAL	DR KRAVHCENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/27/17	PR2/REEVAL	DR KRAVCHENKO @ GOFGNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/26/17	PR2/REEVAL	& CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/17/17	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/14/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/15/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/12/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/27/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/08/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/01/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/27/19	PMT BY CHECK	DOS 9/18/19* # 21548747 EMPLOYERS	-1500.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/01/19	76507

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2015346958

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

Case: vs BEL AND BEY CORP/LAUNDROMAT
Date Of Injury: 10/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 3040.00

* 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

0000216-0001037 D0106 001 829433 EIG

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

EMPLOYERS®

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Claim ID:	2015346958
Client Reference ID:	241154719
VP Trans ID:	653799925
	EIG0001001
Date:	09/27/2019
Amount:	$1,500.00
Check Number:	21548747

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VCard or ACH

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support@vpayusa.com
today to find out how.

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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.OT

Employers Preferred Insurance Company 505

Process Date: 09/25/2019
Control Number: 305910050
EOR Page 1 of 2
Rev/Aud: SS/JR*

Payment Number: 241154719 **Payment Date: 09/27/2019**

Claim Number:	2015346958		
Claimant:	CALDERON-RIVERA, FERNANDO	PPO/OSR ID:	
Provider Tax ID:	330956713 Vendor: 5628181#5628181	NPI Number:	
Provider Ref:	CALDERON-RIVER Geo Zip: 92781	Claimant SSN:	XXX-XX-1735
Provider License:	CA99999	Date Of Injury:	10/01/2015
		Claims Received Date:	09/24/2019

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
09/18/19	11	MDO10		FINAL ORDR/AWAI	1.000	4,540.00	3,040.00	0.00	0.00	1,500.00	197,G67, 6483,G67
			TOTALS:			4,540.00	3,040.00	0.00	0.00	1,500.00	
			TOTAL RECOMMENDED ALLOWANCE:							1,500.00	

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

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
6483 -FULL AND FINAL SETTLEMENT

2444-H-815311-0 46801385

653799925

76508 - 16504

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

Fernando Calderon Rivera *Applicant,*

v.

Employers Ins *Defendants.*

Case No(s): ADJ10136713
CL# 2015346958

STIPULATION AND ORDER TO PAY LIEN CLAIMANT

TAX ID# 33-0956713
P.O. BOX 4165
Tustin Ca. 92781

Lien Claimant Joyce Altman Interpreters has filed a lien Dated 8/1/19 in the sum of $ 4540.00.

The parties hereto agree to accept the sum $ 3000.00 as full payment and satisfaction of the above lien claim.

Haitford: $1500 To pay
EMPLOYERS: $1500 To pay

The basis for said Lien was services provided as follows:

_____ Medical-legal
_____ ✓ Self-procured treatment
_____ Other _____

Penalty & interest have waived if sum above is paid within 30 days of today

(LIEN CLAIMANT)

9/17/19
DATE

(PAYOR)

9/18/19
DATE

Dated: 9/18/19

LISA A. SUSSMAN
Workers' Compensation Judge

Service by mail on parties as shown on Official Address Record

By_____

( ) I hereby certify that I will serve all parties and lien claimants of record with copies of this order.
By:_____

Atty for (✓) Defendant; ( ) Applicant are ORDERED to serve all parties and lien claimants and retain proof of service.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/10/19	71620

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
LB001214620

BILL TO:
ENSTAR/SEABRIGHT INS
W. C. DEPARTMENT
ATTN: MARY BENAVIDES
P.O. BOX 100239
COLUMBIA, SC 29202

Case: vs STATE FISH COMPANY INC
Date Of Injury: 1/1/12 - 6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/14	PR2/REEVAL	-DR MIRZBEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/01/14	INITIAL EXAM	-DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/06/14	PR2/REEVAL	-DR BROWN/DR SCHILLING @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/12/14	PR2/REEVAL	-DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
08/18/14	PT PR-2	-PHYSICAL THERAPY W/DR GHODS*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/28/14	INITIAL EXAM	-W/ACUPUNCTURIST S. HUNG @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/03/14	PR2/REEVAL	-R BHARATWAL & RE-EVAL W/ ACUPUNCT HONG @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/05/14	PT PR-2	-PHYSICAL THERAPY W/DR BAHAN*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/16/14	PR2/REEVAL	-DR GHODS/HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/01/14	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
10/02/14	PR2-RE/EVAL	-W/ACUPUNCT S. HONG @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
10/09/14	PR2-RE/EVAL	-W/ACUPUNCT S. HONG @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
10/21/14	PR2-RE/EVAL	-W/ACUPUNCT S. HONG @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/05/15	PMT BY CHECK	DOS 10/1/14* # 0000660352	-260.00
10/28/14	PR2/REEVAL	-DR HIGASHI @ ACS*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/10/19	71620

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
LB001214620

BILL TO:
ENSTAR/SEABRIGHT INS
W. C. DEPARTMENT
ATTN: MARY BENAVIDES
P.O. BOX 100239
COLUMBIA, SC 29202

Case: vs STATE FISH COMPANY INC
Date Of Injury: 1/1/12 - 6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PATRICIA HAYES # 500287	0.00
10/29/14	PR2/REEVAL	-DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/06/14	PR2-RE/EVAL	-W/ACUPUNCT S.HONG @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
11/13/14	PR2-RE/EVAL	-W/ACUPUNCT HONG @ ACS*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
03/03/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/09/15	PR2/REEVAL	-DR MENDELSON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/11/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/20/14	FOLLOW-UP	-W/ ACUPUNCT HONG @ ACS*	180.00
/ /	INTERPRETER:	SEAN CIRST # 500186	0.00
03/19/15	FOLLOW-UP	-W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/26/14	PR2/REEVAL	-DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/26/15	FOLLOW-UP	-W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/04/14	FOLLOW-UP	-W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/14/15	PMT BY CHECK	DOS 3/3/15-3/11/15* =# 0000701646	-390.00
12/05/14	INITIAL EXAM	DR A. MASSIHI @ ACS (2H 39M)	287.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/09/14	PR2/REEVAL	-DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/15/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/10/19 71620

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
LB001214620

BILL TO:
ENSTAR/SEABRIGHT INS
W. C. DEPARTMENT
ATTN: MARY BENAVIDES
P.O. BOX 100239
COLUMBIA, SC 29202

Case: vs STATE FISH COMPANY INC
Date Of Injury: 1/1/12 - 6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/05/15	PMT BY CHECK	DOS 11/26/14-3/19/15* # 0000711026	-260.00
12/11/14	FOLLOW-UP	-W/ ACUPUNCT Y. RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
12/18/14	FOLLOW-UP	-W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/19/15	PMT BY CHECK	DOS 12/4/14-3/26/15* =# 0000716818	-260.00
01/08/15	FOLLOW-UP	-W/ ACUPUNCT Y. RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
01/09/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/06/15	PR2/REEVAL	DR P. MANDELSOHN @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/15/15	FOLLOW-UP	-W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
01/20/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/02/15	PMT BY CHECK	DOS 12/5/14* # 0000722387	-178.00
01/22/15	FOLLOW-UP	-W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
05/14/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/09/15	PMT BY CHECK	DOS 12/9/14* # 0000724594	-130.00
02/04/15	INITIAL EXAM	-DR P. MENDELSOHN & -PR2 W/DR BHARATWAL @ ACS*	230.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO #101080	0.00
02/05/15	FOLLOW-UP	-W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/10/19 71620

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
LB001214620

BILL TO:
ENSTAR/SEABRIGHT INS
W. C. DEPARTMENT
ATTN: MARY BENAVIDES
P.O. BOX 100239
COLUMBIA, SC 29202

Case: vs STATE FISH COMPANY INC
Date Of Injury: 1/1/12 - 6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/15	PMT BY CHECK	DOS 4/15/15* # 0000728516	-130.00
07/23/15	PMT BY CHECK	DOS 12/11/14-12/11/14 * # 0000731104	-130.00
05/26/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
07/30/15	PMT BY CHECK	DOS 12/18/14-12/18/14* # 0000733932	-130.00
02/19/15	FOLLOW-UP	-W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/26/15	FOLLOW-UP	-W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
08/14/15	PMT BY CHECK	DOS 01/22/15-01/22/15* =# 0000740360	-130.00
08/17/15	PMT BY CHECK	DOS 01/20/15-01/20/15* =# 0000741722	-130.00
08/20/15	PMT BY CHECK	DOS 05/14/15-05/14/15* =# 0000743018	-130.00
08/21/15	PMT BY CHECK	DOS 02/04/15-02/04/15* =# 0000743802	-130.00
08/27/15	PMT BY CHECK	DOS 02/05/15-02/05/15* =# 0000746270	-130.00
08/28/15	PMT BY CHECK	DOS 05/26/15-05/26/15* =# 0000747060	-130.00
07/01/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/07/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/10/15	PMT BY CHECK	DOS 02/19/15-02/19/15* =# 0000752443	-130.00
08/19/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/10/19	71620

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
LB001214620

BILL TO:
ENSTAR/SEABRIGHT INS
W. C. DEPARTMENT
ATTN: MARY BENAVIDES
P.O. BOX 100239
COLUMBIA, SC 29202

Case: vs STATE FISH COMPANY INC
Date Of Injury: 1/1/12 - 6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/21/15	PMT BY CHECK	DOS 02/26/15-02/26/15* =# 0000757313	-130.00
09/22/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/02/15	PR2/REEVAL	-DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/09/15	PMT BY CHECK	DOS 7/1/15* # 0000765831	-130.00
10/14/15	PMT BY CHECK	DOS 7/7/15* # 0000767269	-130.00
10/23/15	PMT BY CHECK	DOS 8/18/15-8/19/15* =# 0000771795	-260.00
11/04/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/06/15	INITIAL EXAM	-PSYCH EVAL W/DR P. SALKELD @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/19/15	PMT BY CHECK	DOS 10/2/15* # 0000783610	-130.00
12/18/15	PMT BY CHECK	DOS 11/4/15* # 0000797625	-130.00
12/21/15	PMT BY CHECK	DOS 11/6/15* # 0000798303	-130.00
05/02/17	LIEN FIL FEE	LIEN FILING FEE	150.00
05/10/18	PENALTIES	FOR DATE OF SERVICE 07/01/14	34.50
08/27/19	INTEREST	FOR DATE OF SERVICE 07/01/14	126.38
05/10/18	PENALTIES	FOR DATE OF SERVICE 08/28/14	34.50
08/27/19	INTEREST	FOR DATE OF SERVICE 08/28/14	126.38
05/10/18	PENALTIES	FOR DATE OF SERVICE 12/05/14	16.43
08/27/19	INTEREST	FOR DATE OF SERVICE 12/05/14	53.16
05/10/18	PENALTIES	FOR DATE OF SERVICE 02/04/15	15.00
08/27/19	INTEREST	FOR DATE OF SERVICE 02/04/15	47.01
05/10/18	PENALTIES	FOR DATE OF SERVICE 11/06/15	15.00
08/27/19	INTEREST	FOR DATE OF SERVICE 11/06/15	43.26

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/10/19 71620

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
LB001214620

BILL TO:
ENSTAR/SEABRIGHT INS
W. C. DEPARTMENT
ATTN: MARY BENAVIDES
P.O. BOX 100239
COLUMBIA, SC 29202

Case: vs STATE FISH COMPANY INC
Date Of Injury: 1/1/12 - 6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/04/19	PMT BY CHECK	DOS 8/27/19* # 500031295 ENSTAR	-3500.00
09/10/19	BLCE OFF SET	BALANCE OFF SET	-2471.12

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 **

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	02/05/15
Service Begining:	10/01/14
Service Ending:	10/01/14

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	06/24/72	06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	10/01/14-10/01/14	360.00	260.00	0.00	260.00

Messages

PAID FEB 09 2015

Total 260.00

REMOVE DOCUMENT ALONG THIS PERFORATION

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RRD SECURITY MARK™ • RRD SECURITY

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave , Menlo Park, CA 94025
11-491220

0000660352

Date: 02/05/15

Pay TWO HUNDRED SIXTY AND .00 DOLLARS********** $ 260.00

to the order of Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy C Robb

⑈0000660352⑈ ⑆122000496⑆ 7000168038⑈

RRD SECURITY MARK™ • RRD SECURITY

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

CALIFORNIA INSURANCE COMPANY

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	02/05/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	10/01/14 - 10/01/14
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	01/06/15
Phone:	(877)234-4420	**Review Date:**	01/21/15	**Bill Recd. Date:**	01/12/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	JASON DAVIS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD9: 1
Adm. Diag.:

Bill Freq: 2
PPO Network:

Item No.	Service Date	Billed Procedure	Reviewed Procedure	Billed Modifier	Orig Qty	Rev Qty	Time Unit	ICD9 No.	POS	TOS	Billed Amount	Allowed Amount	PPO Discount	Net Due Provider
1	10/01/14				1.00	0.00					180.00	130.00	0.00	130.00
	DR BHARATWAL - PR2/REEVAL									**Reason Code:**	V02, V03			
2	10/02/14				1.00	0.00					180.00	130.00	0.00	130.00
	S HONG - PR2/REEVAL									**Reason Code:**	V02, V03			

Payment Status: 1
Paper Check #: 660352
Paid Date: 02/05/15

Totals: 360.00 260.00 0.00

Summary	Net Due Provider:	260.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.
V03 Please submit with the location, description, date, and time of the service(s) rendered.

If you have any questions regarding this review, please Fax or mail the review, bill and appropriate documentation to Applied Risk Services at (877) 234-4425. Additional recommendations will only be considered if submitted in writing. FAXING WILL EXPEDITE THE HANDLING OF YOUR REQUEST. Should you have other questions, please contact Applied Risk Services at (877) 234-4420.

If a provider disputes the amount of payment made by the claims administrator on a bill for medical treatment services rendered on or after January 1, 2013, submitted pursuant to Labor Code section 4603.2, or bill for medical-legal expenses submitted pursuant to Labor Code section 4622, the provider may request the claims administrator to conduct a second review of the bill.

The second review must be requested within 90 days of the explanation of review provided by the claims administrator. The request for the second review shall be filed on the Second Bill Review form, DWC Form SBR-1 as set forth in the California Code of Regulations, title 8, section 9792.5.6, or on the initially reviewed bill with the appropriate condition codes, and shall include all information as specified in the California Code of Regulations, title 8, section 9792.5.5.

Second review requests should be faxed to (888) 805-5907 or mailed to Combined Claim Services, P.O. Box 3484, Omaha, NE 68103-0464 per the claims administrator.

If the provider further contests the amount of payment after receipt of the final written determination following the second review conducted under section 9792.5.5, the provider shall request an independent bill review as specified in the California Code of Regulations, title 8, section 9792.5.7. The request for independent bill review must be made within 30 days of the final written determination. The Request for Independent Bill Review form, DWC Form IBR-1, can be completed and submitted online at the Division of Workers' Compensation website at https://ibr.dir.ca.gov or by mailing the request along with the required fee as instructed on the form.

Pursuant to Labor Code section 4603.2(b)(4), duplicate submissions of medical services itemizations, for which an explanation of review was previously provided,

California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	05/14/15
Service Begining:	03/03/15
Service Ending:	03/11/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
[redacted]	06/24/72	06/11/14	83145

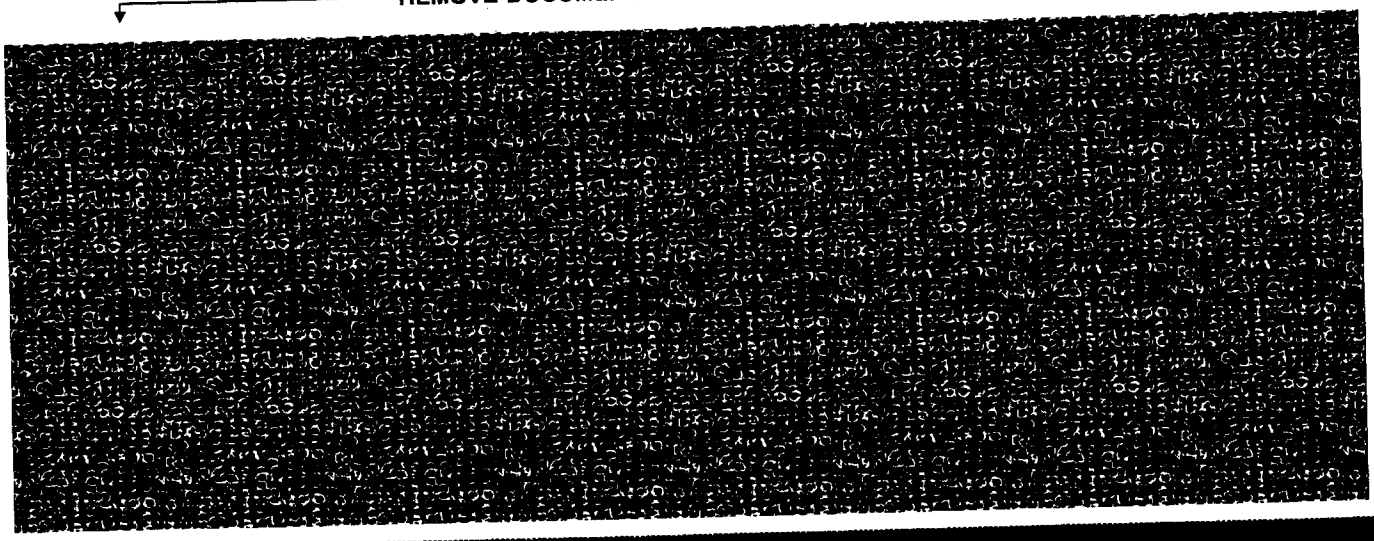
Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	03/03/15-03/11/15	540.00	390.00	0.00	390.00

Messages #0000701646

PAID MAY 18 2015

[redacted]

REMOVE DOCUMENT ALONG THIS PERFORATION



Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

CALIFORNIA INSURANCE COMPANY

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	05/14/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	03/03/15 - 03/11/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	04/16/15
Phone:	(877)234-4420	**Review Date:**	04/27/15	**Bill Recd. Date:**	04/20/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD9: 1
Adm. Diag.:

Bill Freq: 2
PPO Network:

Item No.	Service Date	Billed Procedure	Reviewed Procedure	Billed Modifier	Orig Qty	Rev Qty	Time Unit	ICD9 No.	POS	TOS	Billed Amount	Allowed Amount	PPO Discount	Net Due Provider
1	03/03/15				1.00	0.00					180.00	130.00	0.00	130.00
	DR. HIGASHI									**Reason Code:**	V02			
2	03/09/15				1.00	0.00					180.00	130.00	0.00	130.00
	DR. MENDELSON									**Reason Code:**	V02			
3	03/11/15				1.00	0.00					180.00	130.00	0.00	130.00
	DR. BHARATWAL									**Reason Code:**	V02			

Payment Status: 1
Paper Check #: 701646
Paid Date: 05/14/15

Totals:		540.00	390.00	0.00

Summary	Net Due Provider:	390.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.

If you have any questions regarding this review, please Fax or mail the review, bill and appropriate documentation to Applied Risk Services at (877) 234-4425. Additional recommendations will only be considered if submitted in writing. FAXING WILL EXPEDITE THE HANDLING OF YOUR REQUEST. Should you have other questions, please contact Applied Risk Services at (877) 234-4420.

If a provider disputes the amount of payment made by the claims administrator on a bill for medical treatment services rendered on or after January 1, 2013, submitted pursuant to Labor Code section 4603.2, or bill for medical-legal expenses submitted pursuant to Labor Code section 4622, the provider may request the claims administrator to conduct a second review of the bill.

The second review must be requested within 90 days of the explanation of review provided by the claims administrator. The request for the second review shall be filed on the Second Bill Review form, DWC Form SBR-1 as set forth in the California Code of Regulations, title 8, section 9792.5.6, or on the initially reviewed bill with the appropriate condition codes, and shall include all information as specified in the California Code of Regulations, title 8, section 9792.5.5.

Second review requests should be faxed to (888) 805-5907 or mailed to Combined Claim Services, P.O. Box 3484, Omaha, NE 68103-0464 per the claims administrator.

If the provider further contests the amount of payment after receipt of the final written determination following the second review conducted under section 9792.5.5, the provider shall request an independent bill review as specified in the California Code of Regulations, title 8, section 9792.5.7. The request for independent bill review must be made within 30 days of the final written determination. The Request for Independent Bill Review form, DWC Form IBR-1, can be completed and submitted online at the Division of Workers' Compensation website at https://ibr.dir.ca.gov or by mailing the request along with the required fee as

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	06/05/15
Service Begining:	11/26/14
Service Ending:	03/19/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
[redacted]	06/24/72	06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	11/26/14-03/19/15	360.00	260.00	0.00	260.00

Messages

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PAID JUN 09 2015

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[redacted]

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

CALIFORNIA INSURANCE COMPANY

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	06/05/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	11/26/14 - 03/19/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	05/07/15
Phone:	(877)234-4420	**Review Date:**	05/22/15	**Bill Recd. Date:**	05/12/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD9: 1
Adm. Diag.:

Bill Freq: 2
PPO Network:

Item No.	Service Date	Billed Procedure	Reviewed Procedure	Billed Modifier	Orig Qty	Rev Qty	Time Unit	ICD9 No.	POS	TOS	Billed Amount	Allowed Amount	PPO Discount	Net Due Provider
1	03/19/15				1.00	0.00					180.00	130.00	0.00	130.00
	RHEE - ACUPUNCT - F/U									**Reason Code:**	V02, V03			
2	11/26/14				1.00	0.00					180.00	130.00	0.00	130.00
	DR BHARATWAL - PR2/REEVAL									**Reason Code:**	V02, V03			

Payment Status: 1
Paper Check #: 711026
Paid Date: 06/05/15

	Billed Amount	Allowed Amount	PPO Discount
Totals:	360.00	260.00	0.00

Summary	Net Due Provider:	260.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.
V03 Please submit with the location, description, date, and time of the service(s) rendered.

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Pursuant to Labor Code section 4603.2(b)(4), duplicate submissions of medical services itemizations, for which an explanation of review was previously provided,

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	06/19/15
Service Begining:	12/04/14
Service Ending:	03/26/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	12/04/14-03/26/15	360.00	260.00	0.00	260.00

Messages

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Total 260.00

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0000716818

Date: 06/19/15

Pay TWO HUNDRED SIXTY AND .00 DOLLARS********** $ 260.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy L Robb

SPECIMEN SPECIMEN SPECIMEN SPECIMEN

RRD SECURITY MARK™ • RRD SECURITY

"0000716818" ⑆122000496⑆ 7000168038"

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

CALIFORNIA INSURANCE COMPANY

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	06/19/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	12/04/14 - 03/26/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	05/21/15
Phone:	(877)234-4420	**Review Date:**	06/02/15	**Bill Recd. Date:**	05/26/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD9: 1
Adm. Diag.:
Bill Freq: 2
PPO Network:

Item No.	Service Date	Billed Procedure	Reviewed Procedure	Billed Modifier	Orig Qty	Rev Qty	Time Unit	ICD9 No.	POS	TOS	Billed Amount	Allowed Amount	PPO Discount	Net Due Provider
1	12/04/14				1.00	0.00					180.00	130.00	0.00	130.00
	FOLLOW UP ACUPUNCTURE ACS									**Reason Code:**	V02, V03			
2	03/26/15				1.00	0.00					180.00	130.00	0.00	130.00
	ACUPUNCTURE ACS									**Reason Code:**	V02, V03			

Payment Status: 1
Paper Check #: 716818
Paid Date: 06/19/15

Totals:	360.00	260.00	0.00

Summary	**Net Due Provider:**	260.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.
V03 Please submit with the location, description, date, and time of the service(s) rendered.

If you have any questions regarding this review, please Fax or mail the review, bill and appropriate documentation to Applied Risk Services at (877) 234-4425. Additional recommendations will only be considered if submitted in writing. FAXING WILL EXPEDITE THE HANDLING OF YOUR REQUEST. Should you have other questions, please contact Applied Risk Services at (877) 234-4420.

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Second review requests should be faxed to (888) 805-5907 or mailed to Combined Claim Services, P.O. Box 3484, Omaha, NE 68103-0464 per the claims administrator.

If the provider further contests the amount of payment after receipt of the final written determination following the second review conducted under section 9792.5.5, the provider shall request an independent bill review as specified in the California Code of Regulations, title 8, section 9792.5.7. The request for independent bill review must be made within 30 days of the final written determination. The Request for Independent Bill Review form, DWC Form IBR-1, can be completed and submitted online at the Division of Workers' Compensation website at https://ibr.dir.ca.gov or by mailing the request along with the required fee as instructed on the form.

Pursuant to Labor Code section 4603.2(b)(4), duplicate submissions of medical services itemizations, for which an explanation of review was previously provided,

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	07/02/15
Service Begining:	12/05/14
Service Ending:	12/05/14

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	12/05/14-12/05/14	287.50	178.00	0.00	178.00

Messages

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REMOVE DOCUMENT ALONG THIS PERFORATION

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave. Menlo Park, CA 94025
11-491220

0000722387

Date: 07/02/15

Pay ONE HUNDRED SEVENTY EIGHT AND .00 DOLLARS********** $ 178.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

RRD SECURITY MARK™ ● RRD SECURITY MARK™ ● RRD SECURITY

⑈0000722387⑈ ⑆122000496⑆ 7000168038⑈

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

CALIFORNIA INSURANCE COMPANY

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	07/02/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	12/05/14 - 12/05/14
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	06/08/15
Phone:	(877)234-4420	**Review Date:**	06/19/15	**Bill Recd. Date:**	06/11/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD9: 1
Adm. Diag.:

Bill Freq: 2
PPO Network:

Item No.	Service Date	Billed Procedure	Reviewed Procedure	Billed Modifier	Orig Qty	Rev Qty	Time Unit	ICD9 No.	POS	TOS	Billed Amount	Allowed Amount	PPO Discount	Net Due Provider
1	12/05/14				1.00	0.00					287.50	178.00	0.00	178.00
	DR A MASSIHI ACS 2HR 39M										**Reason Code:** V02			

Payment Status: 1
Paper Check #: 722387
Paid Date: 07/02/15

	Billed Amount	Allowed Amount	PPO Discount
Totals:	287.50	178.00	0.00

Summary	Net Due Provider:	178.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.

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If the provider further contests the amount of payment after receipt of the final written determination following the second review conducted under section 9792.5.5, the provider shall request an independent bill review as specified in the California Code of Regulations, title 8, section 9792.5.7. The request for independent bill review must be made within 30 days of the final written determination. The Request for Independent Bill Review form, DWC Form IBR-1, can be completed and submitted online at the Division of Workers' Compensation website at https://ibr.dir.ca.gov or by mailing the request along with the required fee as instructed on the form.

Pursuant to Labor Code section 4603.2(b)(4), duplicate submissions of medical services itemizations, for which an explanation of review was previously provided, shall require no further or additional notification or objection by the employer to the medical provider and shall not subject the employer to any additional penalties or interest pursuant to this section for failing to respond to the duplicate submission.

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	07/09/15
Service Begining:	12/09/14
Service Ending:	12/09/14

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	12/09/14-12/09/14	180.00	130.00	0.00	130.00

Messages

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0000724594

Date: 07/09/15

Pay ONE HUNDRED THIRTY AND .00 DOLLARS********** $ 130.00

to the order of Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy L Robb

RRD SECURITY MARK™ ♦ RRD SECURITY MARK™ ♦ RRD SECURITY

⑈0000724594⑈ ⑆122000496⑆ 7000168038⑈

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

CALIFORNIA INSURANCE COMPANY

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	07/09/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	12/09/14 - 12/09/14
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	06/12/15
Phone:	(877)234-4420	**Review Date:**	06/22/15	**Bill Recd. Date:**	06/15/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG: **Bill Freq:** 2 **PPO Network:**
ICD9: 1
Adm. Diag.:

Item No.	Service Date	Billed Procedure	Reviewed Procedure	Billed Modifier	Orig Qty	Rev Qty	Time Unit	ICD9 No.	POS	TOS	Billed Amount	Allowed Amount	PPO Discount	Net Due Provider
1	12/09/14				1.00	0.00					180.00	130.00	0.00	130.00
	DR HIGASHI /ACS										**Reason Code:**	V02, V03		

Payment Status: 1
Paper Check #: 724594
Paid Date: 07/09/15

	Billed Amount	Allowed Amount	PPO Discount
Totals:	180.00	130.00	0.00

Summary	Net Due Provider:	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.
V03 Please submit with the location, description, date, and time of the service(s) rendered.

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California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	07/17/15
Service Begining:	04/15/15
Service Ending:	04/15/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	04/15/15-04/15/15	180.00	130.00	0.00	130.00

Messages

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California Insurance Company
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave | Menlo Park, CA 94025
11-491220

0000728516

Date: 07/17/15

Pay ONE HUNDRED THIRTY AND .00 DOLLARS********** $ 130.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

RRD SECURITY MARK™ • RRD SECURITY MARK™ • RRD SECURITY

"0000728516" ⑆122000496⑆ 7000168038"

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

CALIFORNIA INSURANCE COMPANY

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	07/17/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	04/15/15 - 04/15/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	06/18/15
Phone:	(877)234-4420	**Review Date:**	07/08/15	**Bill Recd. Date:**	06/23/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG: **Bill Freq:** 2 **PPO Network:**
ICD9: 1
Adm. Diag.:

Item No.	Service Date	Billed Procedure	Reviewed Procedure	Billed Modifier	Orig Qty	Rev Qty	Time Unit	ICD9 No.	POS	TOS	Billed Amount	Allowed Amount	PPO Discount	Net Due Provider
1	04/15/15				1.00	0.00					180.00	130.00	0.00	130.00
	DR RAMESHNI /ADVANCE CARE										**Reason Code:**	V02		

Payment Status: 1
Paper Check #: 728516
Paid Date: 07/17/15

	Billed Amount	Allowed Amount	PPO Discount
Totals:	180.00	130.00	0.00

Summary	Net Due Provider:	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.

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California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	07/23/15
Service Begining:	12/11/14
Service Ending:	12/11/14

Claimant Name	Date Of Birth	Date Of Injury	Claim #
[redacted]	[redacted]	06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	12/11/14-12/11/14	180.00	130.00	0.00	130.00

Messages

#0002731104

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[redacted]

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Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

CALIFORNIA INSURANCE COMPANY

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	07/23/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	12/11/14 - 12/11/14
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	06/24/15
Phone:	(877)234-4420	**Review Date:**	07/14/15	**Bill Recd. Date:**	06/29/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD9: 1
Adm. Diag.:

Bill Freq: 2
PPO Network:

Item No.	Service Date	Billed Procedure	Reviewed Procedure	Billed Modifier	Orig Qty	Rev Qty	Time Unit	ICD9 No.	POS	TOS	Billed Amount	Allowed Amount	PPO Discount	Net Due Provider
1	12/11/14				1.00	0.00					180.00	130.00	0.00	130.00
	W/ ACUPUNCT. Y. RHEE										**Reason Code:**	V02		

Payment Status: 1
Paper Check #: 731104
Paid Date: 07/23/15

Totals:	180.00	130.00	0.00

Summary	**Net Due Provider:**	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	07/30/15
Service Begining:	12/18/14
Service Ending:	12/18/14

Claimant Name	Date Of Birth	Date Of Injury	Claim #
-		06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	12/18/14-12/18/14	180.00	130.00	0.00	130.00

Messages

PAID
AUG 03 2015
BY: .....

Total 130.00

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave • Menlo Park, CA 94025
11-491220

0000733932

Date: 07/30/15

Pay ONE HUNDRED THIRTY AND .00 DOLLARS********** $ 130.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy L Robb

⑈0000733932⑈ ⑆122000496⑆ 7000168038⑈

RRD SECURITY MARK™ • RRD SECURITY MARK™ • RRD SECURITY

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

CALIFORNIA INSURANCE COMPANY

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	07/30/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	12/18/14 - 12/18/14
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	06/29/15
Phone:	(877)234-4420	**Review Date:**	07/17/15	**Bill Recd. Date:**	07/06/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD9: 1
Adm. Diag.:

Bill Freq: 2
PPO Network:

Item No.	Service Date	Billed Procedure	Reviewed Procedure	Billed Modifier	Orig Qty	Rev Qty	Time Unit	ICD9 No.	POS	TOS	Billed Amount	Allowed Amount	PPO Discount	Net Due Provider
1	12/18/14				1.00	0.00					180.00	130.00	0.00	130.00
	W/ ACUPUNCT. RHEE										**Reason Code:**	V02		

Payment Status: 1
Paper Check #: 733932
Paid Date: 07/30/15

Totals:	180.00	130.00	0.00

Summary	**Net Due Provider:**	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.

If you have any questions regarding this review, please Fax or mail the review, bill and appropriate documentation to Applied Risk Services at (877) 234-4425. Additional recommendations will only be considered if submitted in writing. FAXING WILL EXPEDITE THE HANDLING OF YOUR REQUEST. Should you have other questions, please contact Applied Risk Services at (877) 234-4420.

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Second review requests should be faxed to (888) 805-5907 or mailed to Combined Claim Services, P.O. Box 3484, Omaha, NE 68103-0464 per the claims administrator.

If the provider further contests the amount of payment after receipt of the final written determination following the second review conducted under section 9792.5.5, the provider shall request an independent bill review as specified in the California Code of Regulations, title 8, section 9792.5.7. The request for independent bill review must be made within 30 days of the final written determination. The Request for Independent Bill Review form, DWC Form IBR-1, can be completed and submitted online at the Division of Workers' Compensation website at https://ibr.dir.ca.gov or by mailing the request along with the required fee as instructed on the form.

Pursuant to Labor Code section 4603.2(b)(4), duplicate submissions of medical services itemizations, for which an explanation of review was previously provided, shall require no further or additional notification or objection by the employer to the medical provider and shall not subject the employer to any additional penalties or interest pursuant to this section for failing to respond to the duplicate submission.

California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	08/14/15
Service Begining:	01/22/15
Service Ending:	01/22/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	06/24/72	06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	01/22/15-01/22/15	180.00	130.00	0.00	130.00

Messages

PAID

BY:

[redacted] 130.00

REMOVE DOCUMENT ALONG THIS PERFORATION

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RRD SECURITY MARK™ ◆ RRD SECURITY

California Insurance Company
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0000740360

Date: 08/14/15

Pay ONE HUNDRED THIRTY AND .00 DOLLARS********** $ 130.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Authorized Signature

RRD SECURITY MARK™ ◆ RRD SECURITY

⑈0000740360⑈ ⑆122000496⑆ 7000168038⑈

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	08/14/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	01/22/15 - 01/22/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	07/22/15
Phone:	(877)234-4420	**Review Date:**	08/07/15	**Bill Recd. Date:**	07/27/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:	1	**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD9: 1
Adm. Diag.:

Bill Freq: 2
PPO Network:

Item •No.	Service •Date	Billed •Procedure	Reviewed •Procedure	Billed •Modifier	Orig •Qty	Rev •Qty	Time •Unit	ICD9 •No.	POS	TOS	Billed •Amount	Allowed •Amount	PPO •Discount	Net Due •Provider
1	01/22/15				1.00	0.00					180.00	130.00	0.00	130.00
	FOLLOW UP ACUPUCT / RHEE @ ACS										**Reason Code:**	V02, V03		

Payment Status: 1
Paper Check #: 740360
Paid Date: 08/14/15

Totals:	180.00	130.00	0.00

Summary	**Net Due Provider:**	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.
V03 Please submit with the location, description, date, and time of the service(s) rendered.

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S2032B

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	08/17/15
Service Begining:	01/20/15
Service Ending:	01/20/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	01/20/15-01/20/15	180.00	130.00	0.00	130.00

Messages

PAID

BY:.....

Total [redacted] 130.00

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave, Menlo Park, CA 94025
11-491220

0000741722

Date: 08/17/15

Pay ONE HUNDRED THIRTY AND .00 DOLLARS********** $ 130.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

RRD SECURITY MARK™ • RRD SECURITY MARK™ • RRD SECURITY

⑈0000741722⑈ ⑆122000496⑆ 7000168038⑈

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	08/17/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	01/20/15 - 01/20/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	07/20/15
Phone:	(877)234-4420	**Review Date:**	08/06/15	**Bill Recd. Date:**	07/24/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD9: 1
Adm. Diag.:

Bill Freq: 2
PPO Network:

Item •No.	Service •Date	Billed •Procedure	Reviewed •Procedure	Billed •Modifier	Orig •Qty	Rev •Qty	Time •Unit	ICD9 •No.	POS	TOS	Billed •Amount	Allowed •Amount	PPO •Discount	Net Due •Provider
1	01/20/15				1.00	0.00					180.00	130.00	0.00	130.00
	DR HIGASHI @ ADVANCE CARE										**Reason Code:**	V02, V03		

Payment Status: 1
Paper Check #: 741722
Paid Date: 08/17/15

	Billed	Allowed	PPO
Totals:	180.00	130.00	0.00

Summary	**Net Due Provider:**	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.
V03 Please submit with the location, description, date, and time of the service(s) rendered.

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	08/20/15
Service Begining:	05/14/15
Service Ending:	05/14/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	06/24/72	06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	05/14/15-05/14/15	180.00	130.00	0.00	130.00

Messages

PAID

BY: .....

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94026
11-491220

0000743018

Date: 08/20/15

Pay ONE HUNDRED THIRTY AND .00 DOLLARS $ 130.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

"0000743018" ⑆122000496⑆ 7000168038"

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RRD SECURITY MARK™ • RRD SECURITY MARK™ • RRD SECURITY

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	08/20/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	05/14/15 - 05/14/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	07/23/15
Phone:	(877)234-4420	**Review Date:**	08/07/15	**Bill Recd. Date:**	07/27/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:		***Service Provider:***	
Tax Id:	330956713 **Suffix:**	**Tax Id or NPI:**	
Name:	JOYCE ALTMAN INTERPRETERS INC	**Name:**	
Address:	PO Box 4165	**License:**	
City/State:	Tustin, CA - 92781-4165		
Phone:	(714)838-0950	**Phone:**	

DRG: **Bill Freq:** **PPO Network:**
ICD9: 1 2
Adm. Diag.:

Item •No.	Service •Date	Billed •Procedure	Reviewed •Procedure	Billed •Modifier	Orig •Qty	Rev •Qty	Time •Unit	ICD9 •No.	POS	TOS	Billed •Amount	Allowed •Amount	PPO •Discount	Net Due •Provider
1	05/14/15				1.00	0.00					180.00	130.00	0.00	130.00
	DR BHARATWAL @ ADANCE CARE										**Reason Code:**	V02, V03		

Payment Status: 1
Paper Check #: 743018
Paid Date: 08/20/15

Totals:	180.00	130.00	0.00

Summary	**Net Due Provider:**	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.
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California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	08/21/15
Service Begining:	02/04/15
Service Ending:	02/04/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	02/04/15-02/04/15	230.00	130.00	0.00	130.00

Messages

PAID

BY: .....

Total [redacted] $ 130.00

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California Insurance Company
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0000743802

Date: 08/21/15

Pay ONE HUNDRED THIRTY AND .00 DOLLARS********** $ 130.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Audrey Robb

VOID VOID VOID VOID VOID

RRD SECURITY MARK™ • RRD SECURITY MARK™ • RRD SECURITY

⑈0000743802⑈ ⑆122000496⑆ 7000168038⑈

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	08/21/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	02/04/15 - 02/04/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	07/27/15
Phone:	(877)234-4420	**Review Date:**	08/12/15	**Bill Recd. Date:**	07/30/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD9: 1
Adm. Diag.:

Bill Freq: 2
PPO Network:

Item •No.	Service •Date	Billed •Procedure	Reviewed •Procedure	Billed •Modifier	Orig •Qty	Rev •Qty	Time •Unit	ICD9 •No.	POS	TOS	Billed •Amount	Allowed •Amount	PPO •Discount	Net Due •Provider
1	02/04/15				2.00	2.00					230.00	130.00	0.00	130.00
	DR. P. MEDELSOHN & PR -2 W-DR BHARATWAL @ACS										**Reason Code:**	V02		

Payment Status: 1
Paper Check #: 743802
Paid Date: 08/21/15

Totals:	230.00	130.00	0.00

Summary	**Net Due Provider:**	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	08/27/15
Service Begining:	02/05/15
Service Ending:	02/05/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	02/05/15-02/05/15	180.00	130.00	0.00	130.00

Messages

PAID

BY:.....

Total 130.00

REMOVE DOCUMENT ALONG THIS PERFORATION

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

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Union Bank of California, N.A.
716 Santa Cruz Ave , Menlo Park, CA 94025
11-491220

0000746270

Date: 08/27/15

Pay ONE HUNDRED THIRTY AND .00 DOLLARS********** $ 130.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

"0000746270" ⑆122000496⑆ 7000168038"

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	08/27/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	02/05/15 - 02/05/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	07/29/15
Phone:	(877)234-4420	**Review Date:**	08/17/15	**Bill Recd. Date:**	08/03/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD9: 1
Adm. Diag.:
Bill Freq: 2
PPO Network:

Item No.	Service Date	Billed Procedure	Reviewed Procedure	Billed Modifier	Orig Qty	Rev Qty	Time Unit	ICD9 No.	POS	TOS	Billed Amount	Allowed Amount	PPO Discount	Net Due Provider
1	02/05/15				1.00	0.00					180.00	130.00	0.00	130.00
	FOLLOW UP ACUPUNCTURE RHEE/ ACS										**Reason Code:**	V02, V03		

Payment Status: 1
Paper Check #: 746270
Paid Date: 08/27/15

Totals:	180.00	130.00	0.00

Summary	**Net Due Provider:**	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.
V03 Please submit with the location, description, date, and time of the service(s) rendered.

If you have any questions regarding this review, please Fax or mail the review, bill and appropriate documentation to Applied Risk Services at (877) 234-4425. Additional recommendations will only be considered if submitted in writing. FAXING WILL EXPEDITE THE HANDLING OF YOUR REQUEST. Should you have other questions, please contact Applied Risk Services at (877) 234-4420.

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Second review requests should be faxed to (888) 805-5907 or mailed to Combined Claim Services, P.O. Box 3484, Omaha, NE 68103-0464 per the claims administrator.

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	08/28/15
Service Begining:	05/26/15
Service Ending:	05/26/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	05/26/15-05/26/15	180.00	130.00	0.00	130.00

Messages

PAID

BY: .....

Total $ 130.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0000747060

Date: 08/28/15

Pay ONE HUNDRED THIRTY AND .00 DOLLARS********** $ 130.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy L Robb

PRD SECURITY MARK™ ◆ PRD SECURITY MARK™ ◆ PRD SECURITY

⑈0000747060⑈ ⑆122000496⑆ 7000168038⑈

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	08/28/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	05/26/15 - 05/26/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	08/03/15
Phone:	(877)234-4420	**Review Date:**	08/19/15	**Bill Recd. Date:**	08/06/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:	[redacted]	**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD9: 1
Adm. Diag.:

Bill Freq: 2
PPO Network:

Item •No.	Service •Date	Billed •Procedure	Reviewed •Procedure	Billed •Modifier	Orig •Qty	Rev •Qty	Time •Unit	ICD9 •No.	POS	TOS	Billed •Amount	Allowed •Amount	PPO •Discount	Net Due •Provider
1	05/26/15				1.00	0.00					180.00	130.00	0.00	130.00
	DR HIGASHI /ADVANCE CARE										**Reason Code:**	V02, V03		

Payment Status: 1
Paper Check #: 747060
Paid Date: 08/28/15

	Billed	Allowed	PPO
Totals:	180.00	130.00	0.00

Summary	Net Due Provider:	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.
V03 Please submit with the location, description, date, and time of the service(s) rendered.

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	09/10/15
Service Begining:	02/19/15
Service Ending:	02/19/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	02/19/15-02/19/15	180.00	130.00	0.00	130.00

Messages

PAID

BY:.....

Total [redacted]

REMOVE DOCUMENT ALONG THIS PERFORATION

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0000752443

Date: 09/10/15

Pay ONE HUNDRED THIRTY AND .00 DOLLARS $ 130.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

HRD SECURITY MARK™ ◆ HRD SECURITY MARK™ ◆ HRD SECURITY

"0000752443" ⑆122000496⑆ 7000168038"

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	09/10/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	02/19/15 - 02/19/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	08/13/15
Phone:	(877)234-4420	**Review Date:**	09/01/15	**Bill Recd. Date:**	08/17/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD9: 1
Adm. Diag.:

Bill Freq: 2
PPO Network:

Item •No.	Service •Date	Billed •Procedure	Reviewed •Procedure	Billed •Modifier	Orig •Qty	Rev •Qty	Time •Unit	ICD9 •No.	POS	TOS	Billed •Amount	Allowed •Amount	PPO •Discount	Net Due •Provider
1	02/19/15				1.00	0.00					180.00	130.00	0.00	130.00
	ACUPUNCT RHEE/ ACS										**Reason Code:** V02, V03			

Payment Status: 1
Paper Check #: 752443
Paid Date: 09/10/15

Totals:	180.00	130.00	0.00

Summary	**Net Due Provider:**	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.
V03 Please submit with the location, description, date, and time of the service(s) rendered.

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P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	09/21/15
Service Begining:	02/26/15
Service Ending:	02/26/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	02/26/15-02/26/15	180.00	130.00	0.00	130.00

Messages

PAID
SEP 24 2015

BY: [redacted]

REMOVE DOCUMENT ALONG THIS PERFORATION

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California Insurance Company
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0000757313

Pay ONE HUNDRED THIRTY AND .00 DOLLARS $ 130.00

Date: 09/21/15

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Ashley Robb

"0000757313" 1:122000496: 7000168038"

PRD SECURITY MARK™ ◆ PRD SECURITY MARK™ ◆ PRD SECURITY

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	09/21/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	02/26/15 - 02/26/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	08/25/15
Phone:	(877)234-4420	**Review Date:**	09/03/15	**Bill Recd. Date:**	08/28/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD: A
Adm. Diag.:

Bill Freq: B
PPO Network:

Item •No.	Service •Date	Billed •Procedure	Reviewed •Procedure	Billed •Modifier	Orig •Qty	Rev •Qty	DX.PT.	POS	TOS	Billed •Amount	Allowed •Amount	PPO •Discount	Net Due •Provider
1	02/26/15				1.00	0.00				180.00	130.00	0.00	130.00
	W/ ACUPUNCT. RHEE									**Reason Code:** V02			

Payment Status: 1
Paper Check #: 757313
Paid Date: 09/21/15

	Billed	Allowed	PPO
Totals:	180.00	130.00	0.00

Summary	**Net Due Provider:**	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	10/09/15
Service Begining:	07/01/15
Service Ending:	07/01/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
[redacted]	[redacted]	06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	07/01/15-07/01/15	180.00	130.00	0.00	130.00

Messages

#0009765831

PAID OCT 14 2015

[redacted]

REMOVE DOCUMENT ALONG THIS PERFORATION

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	10/09/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	07/01/15 - 07/01/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	09/15/15
Phone:	(877)234-4420	**Review Date:**	09/23/15	**Bill Recd. Date:**	09/18/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:		***Service Provider:***
Tax Id:	330956713 **Suffix:**	**Tax Id or NPI:**
Name:	JOYCE ALTMAN INTERPRETERS INC	**Name:**
Address:	PO Box 4165	**License:**
City/State:	Tustin, CA - 92781-4165	
Phone:	(714)838-0950	**Phone:**

DRG: **Bill Freq:** **PPO Network:**

ICD: A B

Adm. Diag.:

Item •No.	Service •Date	Billed •Procedure	Reviewed •Procedure	Billed •Modifier	Orig •Qty	Rev •Qty	DX.PT.	POS	TOS	Billed •Amount	Allowed •Amount	PPO •Discount	Net Due •Provider
1	07/01/15				1.00	0.00				180.00	130.00	0.00	130.00
	DE BHARATWAL @ ADVANCE CARE									**Reason Code:**	V02, V03		

Payment Status: 1
Paper Check #: 765831
Paid Date: 10/09/15

Totals:	180.00	130.00	0.00

Summary	**Net Due Provider:**	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.
V03 Please submit with the location, description, date, and time of the service(s) rendered.

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California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	10/14/15
Service Begining:	07/07/15
Service Ending:	07/07/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
[redacted]	[redacted]	06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
53236	07/07/15-07/07/15	180.00	130.00	0.00	130.00

Messages

F 0007672b9

PAID OCT 19 2015

[redacted]

REMOVE DOCUMENT ALONG THIS PERFORATION

[redacted]

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	10/14/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	07/07/15 - 07/07/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	09/16/15
Phone:	(877)234-4420	**Review Date:**	09/28/15	**Bill Recd. Date:**	09/21/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD: A
Adm. Diag.:

Bill Freq: B
PPO Network:

Item •No.	Service •Date	Billed •Procedure	Reviewed •Procedure	Billed •Modifier	Orig •Qty	Rev •Qty	DX.PT.	POS	TOS	Billed •Amount	Allowed •Amount	PPO •Discount	Net Due •Provider
1	07/07/15				1.00	0.00				180.00	130.00	0.00	130.00
	DR. HIGASHI									**Reason Code:** V02			

Payment Status: 1
Paper Check #: 767269
Paid Date: 10/14/15

Totals:	180.00	130.00	0.00

Summary	**Net Due Provider:**	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.

If you have any questions regarding this review, please Fax or mail the review, bill and appropriate documentation to Applied Risk Services at (877) 234-4425. Additional recommendations will only be considered if submitted in writing. FAXING WILL EXPEDITE THE HANDLING OF YOUR REQUEST. Should you have other questions, please contact Applied Risk Services at (877) 234-4420.

If a provider disputes the amount of payment made by the claims administrator on a bill for medical treatment services rendered on or after January 1, 2013, submitted pursuant to Labor Code section 4603.2, or bill for medical-legal expenses submitted pursuant to Labor Code section 4622, the provider may request the claims administrator to conduct a second review of the bill.

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Second review requests should be faxed to (888) 805-5907 or mailed to Combined Claim Services, P.O. Box 3484, Omaha, NE 68103-0464 per the claims administrator.

If the provider further contests the amount of payment after receipt of the final written determination following the second review conducted under section 9792.5.5, the provider shall request an independent bill review as specified in the California Code of Regulations, title 8, section 9792.5.7. The request for independent bill review must be made within 30 days of the final written determination. The Request for Independent Bill Review form, DWC Form IBR-1, can be completed and submitted online at the Division of Workers' Compensation website at https://ibr.dir.ca.gov or by mailing the request along with the required fee as instructed on the form.

Pursuant to Labor Code section 4603.2(b)(4), duplicate submissions of medical services itemizations, for which an explanation of review was previously provided, shall require no further or additional notification or objection by the employer to the medical provider and shall not subject the employer to any additional penalties or interest pursuant to this section for failing to respond to the duplicate submission.

California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	10/23/15
Service Begining:	08/18/15
Service Ending:	08/19/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
[redacted]	[redacted]	06/11/14	83145 63236

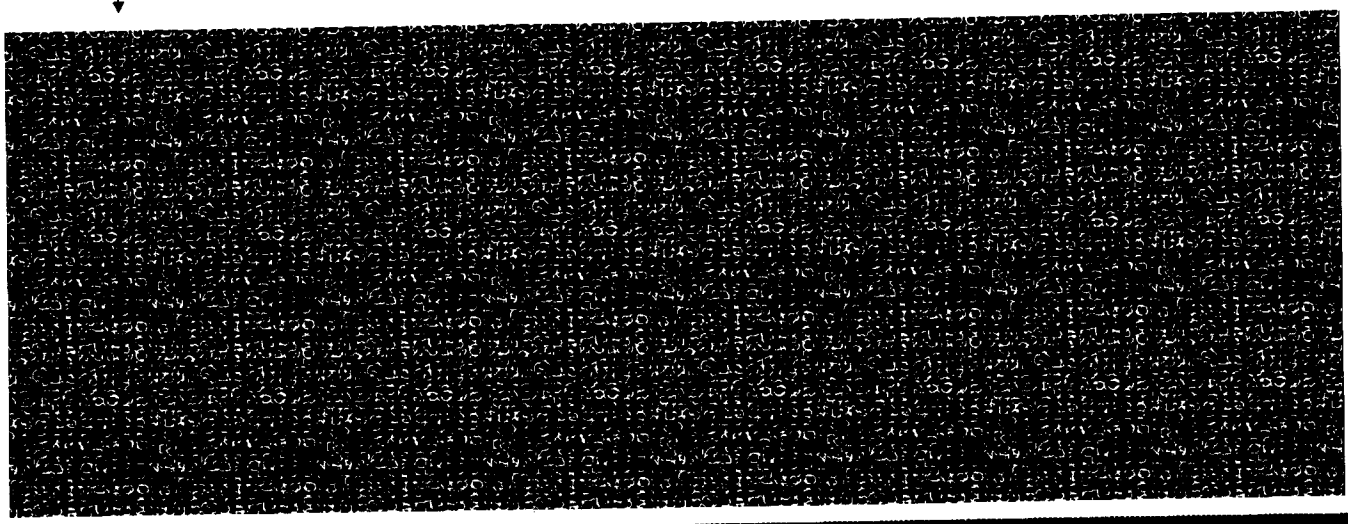
Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	08/18/15-08/19/15	360.00	260.00	0.00	260.00

Messages #0002717795

PAID OCT 26 2015

[redacted]

REMOVE DOCUMENT ALONG THIS PERFORATION



Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	10/23/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	08/18/15 - 08/19/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	09/28/15
Phone:	(877)234-4420	**Review Date:**	10/13/15	**Bill Recd. Date:**	09/29/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD: A
Bill Freq: B
PPO Network:
Adm. Diag.:

Item •No.	Service •Date	Billed •Procedure	Reviewed •Procedure	Billed •Modifier	Orig •Qty	Rev •Qty	DX.PT.	POS	TOS	Billed •Amount	Allowed •Amount	PPO •Discount	Net Due •Provider
1	08/18/15				1.00	0.00				180.00	130.00	0.00	130.00
	DR. HIGASHI								**Reason Code:**	V02			
2	08/19/15				1.00	0.00				180.00	130.00	0.00	130.00
	DR. BHARATWAL								**Reason Code:**	V02			

Payment Status: 1
Paper Check #: 771795
Paid Date: 10/23/15

Totals:	360.00	260.00	0.00

Summary	**Net Due Provider:**	260.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.

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Second review requests should be faxed to (888) 805-5907 or mailed to Combined Claim Services, P.O. Box 3484, Omaha, NE 68103-0464 per the claims administrator.

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Pursuant to Labor Code section 4603.2(b)(4), duplicate submissions of medical services itemizations, for which an explanation of review was previously provided, shall require no further or additional notification or objection by the employer to the medical provider and shall not subject the employer to any additional penalties

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	11/19/15
Service Begining:	10/02/15
Service Ending:	10/02/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	10/02/15-10/02/15	180.00	130.00	0.00	130.00

Messages

PAID NOV 23 2015

Total 130.00

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave , Menlo Park, CA 94025
11-491220

0000783610

Date: 11/19/15

Pay ONE HUNDRED THIRTY AND .00 DOLLARS********** $ 130.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Audrey Robb

RRD SECURITY MARK™ ♦ RRD SECURITY MARK™ ♦ RRD SECURITY

RRD SECURITY MARK™ ♦ RRD SECURITY MARK™ ♦ RRD SECURITY

⑈0000783610⑈ ⑆122000496⑆ 7000168038⑈

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	11/19/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	10/02/15 - 10/02/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	10/21/15
Phone:	(877)234-4420	**Review Date:**	11/06/15	**Bill Recd. Date:**	10/26/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG: **Bill Freq:** **PPO Network:**
ICD: A B
Adm. Diag.:

Item •No.	Service •Date	Billed •Procedure	Reviewed •Procedure	Billed •Modifier	Orig •Qty	Rev •Qty	DX.PT.	POS	TOS	Billed •Amount	Allowed •Amount	PPO •Discount	Net Due •Provider
1	10/02/15				2.00	2.00				180.00	130.00	0.00	130.00
	DR. MASSIHI - PR2/RE-EVAL									**Reason Code:**	V02		

Payment Status: 1
Paper Check #: 783610
Paid Date: 11/19/15

Totals:	180.00	130.00	0.00

Summary	**Net Due Provider:**	130.00

Reasons:
V02 Charge exceeds guidelines set by the California Code of Regulations, Title 8, Section 9795.3.

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	12/18/15
Service Begining:	11/04/15
Service Ending:	11/04/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	11/04/15-11/04/15	180.00	130.00	0.00	130.00

Messages

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[redacted]

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0000797625

Date: 12/18/15

Pay ONE HUNDRED THIRTY AND .00 DOLLARS $ 130.00

to the order of Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Tony Robb

RRD SECURITY MARK™ • RRD SECURITY MARK™ • RRD SECURITY

⑈0000797625⑈ ⑆122000496⑆ 7000168038⑈

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	12/18/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	11/04/15 - 11/04/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	11/19/15
Phone:	(877)234-4420	**Review Date:**	12/15/15	**Bill Recd. Date:**	11/25/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG:
ICD: A
Bill Freq: B
PPO Network:
Adm. Diag.:

Item •No.	Service •Date	Billed •Procedure	Reviewed •Procedure	Billed •Modifier	Orig •Qty	Rev •Qty	DX.PT.	POS	TOS	Billed •Amount	Allowed •Amount	PPO •Discount	Net Due •Provider
1	11/04/15				1.00	0.00				180.00	130.00	0.00	130.00
	DR BHARATWAL PR2/REEVAL									**Reason Code:**			

Payment Status: 1
Paper Check #: 797625
Paid Date: 12/18/15

Totals:	180.00	130.00	0.00

Summary	**Net Due Provider:**	130.00

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California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	12/21/15
Service Begining:	11/06/15
Service Ending:	11/06/15

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		06/11/14	83145

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
63236	11/06/15-11/06/15	230.00	130.00	0.00	130.00

Messages

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[redacted]

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California Insurance Company
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0000798303

Date: 12/21/15

Pay ONE HUNDRED THIRTY AND .00 DOLLARS $ 130.00

To the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy A Robb

RRD SECURITY MARK™ • RRD SECURITY MARK™ • RRD SECURITY

0000798303 ⑆122000496⑆ 7000168038

Applied Risk Services
PO Box 3804
Omaha, NE - 68103
Phone: (877)234-4420
Fax: (877)234-4425

California Insurance Company

Explanation of Review

Client:	California Insurance Company	**Bill Id:**		**Print Date:**	12/21/15
Address:	P. O. Box 3804	**Review Type:**		**FDOS / EDOS:**	11/06/15 - 11/06/15
City/State:	Omaha, NE - 68103-0804	**Ins. Type:**	Workers Compensation	**Invoice Date:**	11/23/15
Phone:	(877)234-4420	**Review Date:**	12/15/15	**Bill Recd. Date:**	11/27/15
Carrier Name:	California Insurance Company	**NAIC:**	38865-0031	**Examiner:**	KIMBERLY MEEKS
Address:	P. O. Box 3804	**Self-Insured #:**		**State Jurisdn.:**	CA
City/State:	Omaha, NE - 68103-0804	**Service Co:**			
Patient:		**SSN #:**		**Claim #:**	83145
Address:		**Patient Acct. #:**		**DOI:**	06/11/14
City/State:		**Employer ID:**	00-82885	**Employer:**	STATE FISH COMPANY,

Billing Provider:
Tax Id: 330956713 **Suffix:**
Name: JOYCE ALTMAN INTERPRETERS INC
Address: PO Box 4165
City/State: Tustin, CA - 92781-4165
Phone: (714)838-0950

Service Provider:
Tax Id or NPI:
Name:
License:
Phone:

DRG: **Bill Freq:** **PPO Network:**
ICD: A B
Adm. Diag.:

Item •No.	Service •Date	Billed •Procedure	Reviewed •Procedure	Billed •Modifier	Orig •Qty	Rev •Qty	DX.PT.	POS	TOS	Billed •Amount	Allowed •Amount	PPO •Discount	Net Due •Provider
1	11/06/15				1.00	0.00				230.00	130.00	0.00	130.00
	PSYCH EVAL W/DR P. SALKELD									**Reason Code:**			

Payment Status: 1
Paper Check #: 798303
Paid Date: 12/21/15

Totals:	230.00	130.00	0.00

Summary	**Net Due Provider:**	130.00

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000 0000730 00000000 001 002 00487 INS: 0 0

CHECK NO : 500031295

PAYEE: JOYCE ALTMAN INTERPRETERS INC.

DATE: 09/04/2019

AMOUNT: 3,500.00

PAGE: 1 of 3

Item #: 1
Acct:
Date of Loss: 12/31/2013
Claimant:

Invoice No: PAL-09CA-408578
Service Dates: 08/27/2019 - 08/27/2019
Ref No: cc:13032296

Insured: State Fish Company, Inc.
Description: CT. 1/1/12-6/20/14--DUE TO REPETITIVE WORK OF PACKING
Memo:
Claim: LB001214620 Amount: 3,500.00

TOTAL: 3,500.00

WARNING: THIS DOCUMENT CONTAINS SEVERAL DOCUMENT SECURITY FEATURES - DO NOT CASH IF THE WORD VOID IS VISIBLE - SEE REVERSE SIDE FOR LIST OF SECURITY FEATURES

Clarendon National Insurance Company
Enstar (US) Inc.
475 Kilvert St., Suite 330
Warwick, RI 02886

63-4 / 630 FL
Bank of America

Check No
500031295

09/04/2019

PAY Three Thousand Five Hundred And 0/100 Dollars $3,500.00

VOID AFTER SIX MONTHS

PAY TO THE ORDER OF:

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

TWO SIGNATURES REQUIRED

CHECKS REQUIRE TWO SIGNATURES

SIGNATURE HAS A BLUE GREEN BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈500031295⑈ ⑆063000047⑆ 898052474841⑈

PALADIN
Managed Care Services
Part of the Enstar Group

Explanation of Review
PALADIN MANAGED CARE SERVICES, INC.

Carrier

SEABRIGHT INSURANCE COMPANY
Carrier No:
Carrier: SEABRIGHT INSURANCE COMPANY
SEABRIGHT INS. CO / 1501 4TH AVE, SUITE 2600
SEATTLE, WA 98101

Bill: PAL-09CA-408578

Provider

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

Claimant

Rendering NPI:
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
External ID: 664143

Invoice Date: 09-03-2019

Region: 26 **Payment Status Code:** 1

Claim Number: LB001214620
DOI/DOL: 12-31-2013
CR Date / BR Date: 09-03-2019 / 09-03-2019
External Claim Number: LB001214620
Social Security Number:

Employer/Insured: State Fish Company, Inc.
Employer/Insured Address: 2194 Signal Place
San Pedro, CA 90731-7288

Branch ID: LB

Bill Details

Dates of Service: 08-27-2019
Post Date: 09-03-2019

Reviewer: JL/b©
Pay Auth: 01
Client Type of Bill: 1621
Adjuster: 32396

Bill ICD Version: 10
Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Explanation Code(s)
				Charges	BR	PPO OTHER PREV ALW	Allow.
1	08-27-2019	11	MDS10	A	1	SETTLEMENT FOR DISPUTE	G67, 961
				9,782.12	6,282.12		3,500.00

Totals

Total Charges:	9,782.12
BILL REVIEW Reductions:	6,282.12
Recommended Allowance:	**3,500.00**

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

Paladin Managed Care Services, Inc., an Enstar Company.

SEND INQUIRIES TO:
ENSTAR (US) INC.
P.O. BOX 100239
COLUMBIA, SC 29202-3239
PHONE: 800-559-5556

000 0000731 00000000 002 002 00487 INS: 0 0

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/23/19	62383

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
000808-078603WC01

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W. C. DEPARTMENT
ATTN: MICHAEL ELENEZ
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: vs SODEXO INC
Date Of Injury: 2/22/13- 10/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
07/23/14	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/06/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/26/14	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO-FINAL*	150.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/15/14	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/24/14	F/U CHIRO TX	CHIRO TREATMENT W/DR KHAN @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
03/20/15	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/28/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/09/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/13/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/01/16	LIEN FIL FEE	LIEN FILING FEE	150.00
04/10/19	PENALTIES	FOR DATE OF SERVICE 03/20/15	34.50
09/11/19	INTEREST	FOR DATE OF SERVICE 03/20/15	115.15
09/12/19	PMT BY CHECK	DOS 5/5/14-5/20/15* # 0157440287	-1100.00
09/23/19	BLCE OFF SET	BALANCE OFF SET	-929.65

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/23/19	62383

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
000808-078603WC01

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W. C. DEPARTMENT
ATTN: MICHAEL ELENEZ
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: vs SODEXO INC
Date Of Injury: 2/22/13- 10/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

MDG2009 00004052 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 000808 094957 WC 01 (78633001) **BRANCH NO.:** 138 **NO.:** 0157440287
CLAIMANT: **ACC DATE:** 22Feb13 **VN:** 0002871677
DESCRIPTION: STIPULATION AND ORDER TO PAY LIEN CLMT JOYCE ALTMAN F/F SAT **DATE:** 12Sep19
DATES OF SERVICE: 05May14 **THRU** 20Mar15 **AMOUNT:** 1100.00
BENEFIT PERIOD: **THRU**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004052 004751 001 002

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

CHECK NO. 0157440287 003603
VN. 0002871677
DATE: 12Sep19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1100.00

CLAIM NO.: 000808 094957 WC 01 (78633001) **BRANCH NO.:** 138
PAY ONE THOUSAND ONE HUNDRED 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

⑈0157440287⑈ ⑆031100209⑆ 4007490⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/04/19 68640

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
002343-002488-WC-01

BILL TO:
GALLAGHER BASSETT (OR-14260)
W. C. DEPARTMENT
ATTN: WENDY MALLARS
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs BAX GLOBAL INC.
Date Of Injury: 10/14/00-07/18/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/07/07	INITIAL EXAM	DR ROSE*	230.00
03/20/07	MRI	REF BY DR ROSE: BIL KNEES, LT SHOULDER*	150.00
03/29/07	FOLLOW-UP	DR ROSE*	180.00
04/07/07	FOLLOW-UP	DR HAJJ*	180.00
04/12/07	EMG TESTING	BY DR HERIC: L/E*	125.00
04/12/07	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
05/03/07	FOLLOW-UP	DR ROSE*	180.00
08/01/07	PRE-OP	DR CHAN*	150.00
08/08/07	SURGERY	DR HAJJ -LT KNEE ARTHROSCOP*	150.00
09/25/07	PR2/REEVAL	DR CHAN*	180.00
10/26/07	PR2/REEVAL	DR CHAN*	180.00
11/19/07	PR2/REEVAL	DR CHAN*	180.00
12/03/07	PR2/REEVAL	DR CHAN*	180.00
12/06/07	PRE-OP	DR CHAN*	150.00
08/15/07	PR2/REEVAL	DR HAJJ*	180.00
09/25/07	PR2/REEVAL	DR HAJJ*	180.00
12/11/07	SURGERY	DR HAJJ - RT KNEE*	150.00
01/03/08	PR2/REEVAL	DR CHAN*	180.00
12/18/07	POST-OP	DR HAJJ*	150.00
02/07/08	PR2/REEVAL	DR CHAN*	180.00
03/06/08	PR2/REEVAL	DR CHAN*	180.00
02/05/08	PR2/REEVAL	DR HAJJ*	180.00
04/03/08	PR2/REEVAL	DR CHAN*	180.00
06/10/08	PENALTIES	FOR DATE OF SERVICE 2/7/07	34.50
06/10/08	INTEREST	FOR DATE OF SERVICE 2/7/07	36.89
06/10/08	PENALTIES	FOR DATE OF SERVICE 3/20/07	22.50
06/10/08	INTEREST	FOR DATE OF SERVICE 3/20/07	22.12
06/10/08	PENALTIES	FOR DATE OF SERVICE 4/12/07	37.50
06/10/08	INTEREST	FOR DATE OF SERVICE 4/12/07	35.06
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/04/19 68640

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
002343-002488-WC-01

BILL TO:
GALLAGHER BASSETT (OR-14260)
W. C. DEPARTMENT
ATTN: WENDY MALLARS
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs BAX GLOBAL INC.
Date Of Injury: 10/14/00-07/18/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/19	PEN & INT	PEN & INT	5725.22
08/14/19	PMT BY CHECK	DOS 8/12/19* # 33999991 AIG	-875.00
08/20/19	PMT BY CHECK	DOS 2/7/07-8/12/19* # 107112331 CNA	-7000.00
08/26/19	PMT BY CHECK	DOS 8/12/19* # 0157039011 GALLAGHER	-875.00
09/04/19	BLCE OFF SET	BALANCE OFF SET	-1163.79

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 **

P4000028001

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

20190814O119

Electronic Service Requested

ENV 20072 1 OF 2 F

ALL FOR AADC 926
20072 0.5738 AB 0.409

JOYCE ALTMAN INTERPRETERS INC 268
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 33999991
RFP No.: 793845
Check Date: 08/14/2019
Check Amount: 875.00
Insured: CHINA AIRLINES LTD INC

Claimant:

Claim Office: 710
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID
AUG 19 2019
BY:

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000007589475	00711476	001	12/31/2006	MED	C	875.00
					Total Amount	875.00

Reason for Payment
LIEN RESOLVE/STIP SETTLEMENT ADJ2318599

Use File # 710/00711476 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000942

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

PAID
AUG 28 2019

* To expedite handling of your claim, please include our claim number on all future correspondence to us.

Claim Number * E3 176261MM

Insured/Client: BAX GLOBAL, INC.

Claimant

ATT

08/20/19

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
12/14/06		02/07/07-08/12/19	MED	21		MI	$7,000.00
							$7,000.00

Reason
FULL & FINAL SETTLEMENT OF ALL LIENS

To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.

ACCIWF 02.28.13

PLEASE DETACH BEFORE CASHING

CNA
Continental Casualty Company
Chicago, IL 60604

UNDERWRITTEN BY:
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVAN

107112331
Date Issued
08/20/19

66-156
531
Bank Acct.
4759628092

VOID IF PURPLE BACKGROUND IS ABSENT — THIS DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E3 176261	MM	BAX GLOBAL, INC.	2C
Prefix & Contract No. WC -205248121		Claimant	Date of Loss 12/14/06
From-thru (Dates) 02/07/07	In Payment of 08/12/19	FULL & FINAL SETTLEMENT OF ALL LIENS	

PAY SEVEN THOUSAND AND NO/100THS ---------- Dollars

******$7,000.00

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

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

Wells Fargo Bank, N.A

⑈0107112331⑈ ⑆053101561⑆ 4759628092⑈

L137648F

2000020E3001762611071123310000000000942

GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

002343 PAGE 1 OF 1 003437

MDG2009 00004241 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 002343 002488 WC 01 (LAX-C)
CLAIMANT:
DESCRIPTION: PER THE 8/12/19 STIP ORDER

DATES OF SERVICE: 12Aug19 **THRU** 12Aug19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 24Dec06

NO.: 0157039011
VN: 0000250677
DATE: 26Aug19
AMOUNT: 875.00

PAID
SEP 0 4 2019

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004241 004821 001 002

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

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

CHECK NO. 0157039011 003437
VN. 0000250677
DATE: 26Aug19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **875.00

CLAIM NO.: 002343 002488 WC 01 (LAX-C) **BRANCH NO.:** 138
PAY EIGHT HUNDRED SEVENTY-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

⑈0157039011⑈ ⑆031100209⑆ 40074901⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/27/19	71250

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
009044004580WC01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: LILLIANA ARIAS
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs GRUMA CORP/MISSION FOODS
Date Of Injury: 9/1/15 - 9/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/17	INITIAL EXAM	DR GALAL GOUBRAN/JOE TRUJILLO P.A. @ SIDHU (3 HRS)	345.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/20/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/02/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/27/19 71250

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
009044004580WC01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: LILLIANA ARIAS
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs GRUMA CORP/MISSION FOODS
Date Of Injury: 9/1/15 - 9/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/08/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 50090	0.00
04/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/27/19	71250

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
009044004580WC01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: LILLIANA ARIAS
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs GRUMA CORP/MISSION FOODS
Date Of Injury: 9/1/15 - 9/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/04/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/16/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/27/19 71250

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
009044004580WC01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: LILLIANA ARIAS
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs GRUMA CORP/MISSION FOODS
Date Of Injury: 9/1/15 - 9/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003692	0.00
07/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/03/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/27/19	71250

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
009044004580WC01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: LILLIANA ARIAS
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs GRUMA CORP/MISSION FOODS
Date Of Injury: 9/1/15 - 9/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/16/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/27/19	71250

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
009044004580WC01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: LILLIANA ARIAS
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs GRUMA CORP/MISSION FOODS
Date Of Injury: 9/1/15 - 9/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/29/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/05/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/16/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/02/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/02/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/17/19	PENALTIES	FOR DATE OF SERVICE 02/02/17	34.50
09/17/19	INTEREST	FOR DATE OF SERVICE 02/02/17	64.20
09/17/19	PENALTIES	FOR DATE OF SERVICE 02/20/17	34.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/27/19 71250

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
009044004580WC01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: LILLIANA ARIAS
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs GRUMA CORP/MISSION FOODS
Date Of Injury: 9/1/15 - 9/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/19	INTEREST	FOR DATE OF SERVICE 02/20/17	64.20
09/19/19	PMT BY CHECK	DOS 9/17/19* # 0157609973	-9020.00
09/27/19	BLCE OFF SET	BALANCE OFF SET	-6302.40

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 **

MDG2009 00004161 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 909-581-1919
GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 009044 004580 WC 01 (100426)
CLAIMANT:
DESCRIPTION: LIEN ORDER 09/17/19

DATES OF SERVICE: 17Sep19 **THRU** 17Sep19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 164
ACC DATE: 01Sep16

NO.: 0157609973
VN: 0000180792
DATE: 19Sep19

AMOUNT: 9020.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004161 004766 001 003

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

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INSURANCE CO

CHECK NO. 0157609973 003131
VN. 0000180792
DATE: 19Sep19 62-20/311

CLAIM NO.: 009044 004580 WC 01 (100426) **BRANCH NO.:** 164

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **9020.00

PAY NINE THOUSAND TWENTY 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

⑈0157609973⑈ ⑆031100209⑆ 4007490⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/25/19 71313

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
000808-104963WC-01;000808

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs SODEXO/SDM SERVICES WEST
Date Of Injury: 6/1/13; 6/13-5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/16/17	INITIAL EXAM	-DR GALAL GOUBRAN/ANDREW MILE @ SIDHU*	258.75
/ /	-	(2HRS 15MIN) DOI: BOTH	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/20/17	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/03/17	INITIAL ACUP	-W/ ACUPUNCT CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/21/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS F	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/10/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA 3 003693	0.00
05/15/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/18/17	PMT BY CHECK	DOS 2/28/17-4/20/17* # 0137094802	-595.25
06/02/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/08/17	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/13/17	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/18/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
08/10/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/14/17	INITIAL EXAM	DR MICHAEL PRICE/ROBERT TAYLOR @ SIDHU*	230.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/25/19 71313

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
000808-104963WC-01;000808

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs SODEXO/SDM SERVICES WEST
Date Of Injury: 6/1/13; 6/13-5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267 (AMENDED)	0.00
10/26/17	PR2/REEVAL	-DR PRICE/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/30/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/23/18	LEGAL_C&R	C&R READING @ L/O DENNIS	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/23/18	LIEN FIL FEE	LIEN FILING FEE	150.00
12/12/18	PENALTIES	FOR DATE OF SERVICE 5/3/17	34.50
09/12/19	INTEREST	FOR DATE OF SERVICE 5/3/17	61.52
02/20/19	PMT BY CHECK	DOS 4/21/17* # 0152517942	-250.00
02/20/19	PMT BY CHECK	DOS 7/18/17* # 0152517941	-156.50
02/20/19	PMT BY CHECK	DOS 4/23/18* # 0152517940	-250.00
08/23/19	COSTS	ADD'L COSTS AWARDED	1353.98
08/30/19	PMT BY CHECK	DOS 2/28/17-4/23/15* # 0157164104	-3500.00

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
P.O. BOX 255397
SACRAMENTO CA 95865-5397

000808 PAGE 1 OF 1 003913

MAY 22 2017

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
P.O. BOX 255397
SACRAMENTO CA 95865-5397

CLAIM NO.: 000808 104963 WC 01 (78633001)
CLAIMANT:
DESCRIPTION: INV #: 71313 — 1

BRANCH NO.: 011
ACC DATE: 01May15

NO.: 0137094802
VN: 0002400128
DATE: 18May17

DATES OF SERVICE: 28Feb17 **THRU** 20Apr17
BENEFIT PERIOD: **THRU**

AMOUNT: 595.25

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005016 005707 002 003

[redacted]

PO BOX 2934
CLINTON IA 52733-2934

MDG2009 00004149 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

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

CLAIM NO.: 000808 104961 WC 01 (78633001)
CLAIMANT:
DESCRIPTION: DEPO REVIEW DOS 4/21/17

BRANCH NO.: 011
ACC DATE: 01Jun13

NO.: 0152517942
VN: 0002755941
DATE: 20Feb19

DATES OF SERVICE: 21Apr17 THRU 21Apr17
BENEFIT PERIOD: THRU

AMOUNT: 250.00

PAID
FEB 26 2019

BY.....

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004149 004755 001 003

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

CHECK NO. 0152517942 003171
VN. 0002755941
DATE: 20Feb19 62-20/311

CLAIM NO.: 000808 104961 WC 01 (78633001) BRANCH NO.: 011

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

PAY TWO HUNDRED FIFTY 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

⑈0152517942⑈ ⑆031100209⑆ 4007490⑈

PO BOX 2934
CLINTON IA 52733-2934

000808 PAGE 1 OF 1 003172

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

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

CLAIM NO.: 000808 104961 WC 01 (78633001)
CLAIMANT:
DESCRIPTION: STATUS CONFERENCE 7/18/17

DATES OF SERVICE: 18Jul17 **THRU** 18Jul17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 01Jun13

NO.: 0152517941
VN: 0002755942
DATE: 20Feb19

AMOUNT: 156.50

PAID
FEB 26 2019

PV. .....

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004149 004756 002 003

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

CHECK NO. 0152517941 003172
VN. 0002755942
DATE: 20Feb19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **156.50

CLAIM NO.: 000808 104961 WC 01 (78633001) **BRANCH NO.:** 011
PAY ONE HUNDRED FIFTY-SIX AND 50/100 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

⑈0152517941⑈ ⑆031100209⑆ 4007490⑈

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

000808 PAGE 1 OF 1 003173

M

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

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

CLAIM NO.: 000808 104961 WC 01 (78633001)
CLAIMANT:
DESCRIPTION: C&R READING 4/23/18

DATES OF SERVICE: 23Apr18 THRU 23Apr18
BENEFIT PERIOD: THRU

BRANCH NO.: 011
ACC DATE: 01Jun13

NO.: 0152517940
VN: 0002755943
DATE: 20Feb19

AMOUNT: 250.00

**

PAID
FEB 26 2019

BY. .....

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004149 004757 003 003

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

CHECK NO. 0152517940 003173
VN. 0002755943
DATE: 20Feb19 62-20/311

CLAIM NO.: 000808 104961 WC 01 (78633001) BRANCH NO.: 011

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

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

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

Donna M. Karte

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

AUTHORIZED SIGNATURE

⑈0152517940⑈ ⑆031100209⑆ 4007490⑈

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

000808 PAGE 1 OF 1 010573

MDG2009 00006443 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

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

CLAIM NO.: 000808 104961 WC 01 (78633001)
CLAIMANT:
DESCRIPTION: PER ORDER DATED 8/23/19

BRANCH NO.: 011
ACC DATE: 01Jun13

NO.: 0157164104
VN: 0002865440
DATE: 30Aug19

DATES OF SERVICE: 28Feb17 **THRU** 23Apr18
BENEFIT PERIOD: **THRU**

AMOUNT: 3500.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006443 007225 001 001

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39602

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

CHECK NO. 0157164104 010573
VN. 0002865440
DATE: 30Aug19 62-20/311

CLAIM NO.: 000808 104961 WC 01 (78633001) **BRANCH NO.:** 011

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **3500.00

PAY THREE THOUSAND FIVE HUNDRED 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

⑈0157164104⑈ ⑆031100209⑆ 4007490⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/18/19 71428

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005261-043912-WC-01

BILL TO:
GALLAGER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2840
CLINTON, IA 52733

Case: vs ASHLEY FURNITURE INDUSTRIES
Date Of Injury: 8/25/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/17	INITIAL EXAM	DR GALAL GOUBRAN/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/13/17	PR2/REEVAL	DR GOUBRAN/DAVE FRANKE, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/22/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/27/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/14/19	PENALTIES	FOR DATE OF SERVICE 3/2/17	34.50
01/14/19	INTEREST	FOR DATE OF SERVICE 3/2/17	37.75
01/18/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/13/19	PMT BY CHECK	DOS 3/27/17-7/27/17* # 0157477685	-850.00
09/18/19	BLCE OFF SET	BALANCE OFF SET	-142.25

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 **

GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

005261 PAGE 1 OF 1 008747

MDG2009 00006652 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR ASHLEY FURNITURE

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005261 043912 WC 01 (3727) **BRANCH NO.:** 187 **NO.:** 0157477685

CLAIMANT: **ACC DATE:** 25Aug16 **VN:** 0000266935

DESCRIPTION: FULL AND FINAL SATISFACTION OF LIEN PER AGREEMENT **DATE:** 13Sep19

DATES OF SERVICE: 27Mar17 **THRU** 27Jul17 **AMOUNT:** 850.00

BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006652 007457 001 001

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

39602

GALLAGHER BASSETT SERVICES INC
FOR ASHLEY FURNITURE

CHECK NO. 0157477685 008747
VN. 0000266935
DATE: 13Sep19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **850.00

CLAIM NO.: 005261 043912 WC 01 (3727) **BRANCH NO.:** 187

PAY EIGHT HUNDRED FIFTY 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

⑈0157477685⑈ ⑆031100209⑆ 4007490 1⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/27/19 72597

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
007087057655-WC-01

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

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 6/16/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/17	INITIAL EXAM	-DR GALAL GOUBRAN/ROBERT TAYLOR @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/19/17	PR2/REEVAL	DR MICHAEL PRICE/ANDREW MILES @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/16/17	PR2/REEVAL	DR PRICE/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/21/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/08/18	INITIAL ACUP	-W/ ACUPUNCT MIN CHOI @ SIDHU	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/15/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/24/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/26/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/29/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/31/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/01/18	PR2/REEVAL	DR FRIEDMAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/02/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI, INITIAL CHIRO & PHYS THERAPY	180.00
/ /	-	W/DR CHRISTINA HA @ SIDHU*	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/27/19 72597

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
007087057655-WC-01

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

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 6/16/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/09/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/16/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/19/18	FOLLOW-UP	W/ ACUPUNCT CHIO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/23/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MAWRIA BARBOSA # 500267	0.00
03/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/08/18	PR2/REEVAL	DR JOHN XIAO-JIANG QIAN & DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/04/18	F/U CHIRO TX	-& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/12/18	PR2/REEVAL	DR JOHN QIAN/TRUJILLO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/17/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/14/18	PR2/REEVAL	DR QIAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/31/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/23/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/27/19 72597

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
007087057655-WC-01

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

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 6/16/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/20/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/18/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
11/15/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
11/20/18	PMT BY CHECK	DOS 9/7/17-10/18/18* =# 0150447018	-2790.00
05/28/19	LIEN FIL FEE	LIEN FILING FEE	150.00
08/05/19	PENALTIES	FOR DATE OF SERVICE 09/07/17	21.00
09/09/19	INTEREST	FOR DATE OF SERVICE 09/07/17	26.69
08/05/19	PENALTIES	FOR DATE OF SERVICE 01/08/18	21.00
09/09/19	INTEREST	FOR DATE OF SERVICE 01/08/18	26.16
08/05/19	PENALTIES	FOR DATE OF SERVICE 02/07/18	13.50
09/09/18	INTEREST	FOR DATE OF SERVICE 02/07/18	16.02
09/19/19	PMT BY CHECK	DOS 9/9/19* # 0157609644	-2000.00
09/27/19	BLCE OFF SET	BALANCE OFF SET	-1254.37

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
P.O. BOX 255397
SACRAMENTO CA 95865-5397

CHECK#: 0150447018
DATE: 20Nov18

NOV 27 2018

MDG2009 00001323 1 MB .424 1

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

GALLAGHER BASSETT EXPLANATION OF BENEFITS

FOR INQUIRES PLEASE CALL:
INTELLIGENT MEDICAL SOLUTIONS, INC. AT 833-467-7001
OR SEND THE BILL AND THE ANALYSIS TO:
PO BOX 2831
CLINTON, IA 52733-2831

PAYER #: 00000
PAYER: AMERICAN ZURICH INSURANCE CO
EMPLOYER ID/NAME: 007087 BURLINGTON COAT FACTORY
CLAIM: 007087 057655 WC 01 (00512)
ADJUSTER: SOTTILE
BRANCH: 000 ***BRANCH FAX #:*** 916-929-3791
DATE: 20Nov18
ICN #: 4868087
NETWORK:

MPN NAME:
MPN ID:
RENDERING PROVIDER NAME:
PROVIDER STATE LICENSE #:
RENDERING PROVIDER NPI:
PAYMENT STATUS CODE: 00001
PAYMENT STATUS DESCRIPTION: Paid
BILL FREQUENCY TYPE: 00000
REVIEW DATE: 2018-11-19
INSURER ID: 363141762
JURISDICTION STATE: CA
DATE OF BIRTH:
EMPLOYER ADDRESSES 1: 1830 ROUTE 130
EMPLOYER ADDRESSES 2:
CASE: 00IM 3650 868087
FILE: 00000000002250
TAX ID#: 33-0956713
PROVIDER: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781
BILL REVIEWER:
DIAGNOSIS CODE: T14.90
DIAGNOSIS DESC: INJURY UNSPECIFIED
DATE OF SERVICE: 09-07-17 TO 10-18-18
DATE OF INJURY: 06-16-16
DATE BILL RECEIVED: 09-07-17
PATIENT ACCOUNT #: 72597
SSN:
PATIENT:
DCN #:

SEE REVERSE FOR PROCEDURE AND BILLING DETAILS
DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001323 002601 001 002

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

GALLAGHER BASSETT SERVICES INC
FOR BURLINGTON STORES INC

CHECK NO. 0150447018 000492
VN: 0000881860
DATE: 20Nov18 62-20/311

VOID VOID VOID

CLAIM NO.: 007087 057655 WC 01 (00512) **BRANCH NO.:** 011

NOT NEGOTIATED AFTER 90 DAYS
PAY EXACTLY
$ **2790.00

PAY TWO THOUSAND SEVEN HUNDRED NINETY AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0150447018⑈ ⑆031100209⑆ 4007490⑈

GB-SACRAMENTO WEST
P.O. BOX 255397
SACRAMENTO CA 95865-5397

CHECK #: 0150447018
DATE: 20Nov18

MDG2009 00001323 1 MB .424 1

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

GALLAGHER BASSETT EXPLANATION OF BENEFITS

FOR INQUIRES PLEASE CALL:
INTELLIGENT MEDICAL SOLUTIONS, INC. AT 833-467-7001
OR SEND THE BILL AND THE ANALYSIS TO:
PO BOX 2831
CLINTON, IA 52733-2831

PAYER #:	00000
PAYER:	AMERICAN ZURICH INSURANCE CO
EMPLOYER ID/NAME:	007087 BURLINGTON COAT FACTORY
CLAIM:	007087 057655 WC 01 (00512)
ADJUSTER:	SOTTILE
BRANCH:	000 ***BRANCH FAX #:*** 916-929-3791
DATE:	20Nov18
ICN #:	4868087
NETWORK:	

MPN NAME:	
MPN ID:	
RENDERING PROVIDER NAME:	
PROVIDER STATE LICENSE #:	
RENDERING PROVIDER NPI:	
PAYMENT STATUS CODE:	00001
PAYMENT STATUS DESCRIPTION:	Paid
BILL FREQUENCY TYPE:	00000
REVIEW DATE:	2018-11-19
INSURER ID:	363141762
JURISDICTION STATE:	CA
DATE OF BIRTH:	
EMPLOYER ADDRESSES 1:	1830 ROUTE 130
EMPLOYER ADDRESSES 2:	
CASE:	00IM 3650 868087
FILE:	00000000002250
TAX ID#:	33-0956713
PROVIDER:	JOYCE ALTMAN INTERPRETERS, INC P.O. BOX 4165 TUSTIN CA 92781
BILL REVIEWER:	
DIAGNOSIS CODE:	T14.90
DIAGNOSIS DESC:	INJURY UNSPECIFIED
DATE OF SERVICE:	09-07-17 TO 10-18-18
DATE OF INJURY:	06-16-16
DATE BILL RECEIVED:	09-07-17
PATIENT ACCOUNT #:	72597
SSN:	
PATIENT:	
DCN #:	

SEE REVERSE FOR PROCEDURE AND BILLING DETAILS
DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

P 0001323 002601 001 002

Check Date	Claim #	Case #	DCN #
20Nov18	007087 057655 WC 01 (00512)	00IM 3650 868087	

Check #	ICN #	Patient Name
0150447018	4868087	

FOR INQUIRES CALL: INTELLIGENT MEDICAL SOLUTIONS, INC. AT 833-467-7001
PO BOX 2831 , CLINTON, IA 52733-2831

BILLED PROCEDURE	MODIFIERS	REVIEWED PROCEDURE	MODIFIERS	BILLED UNITS	ADJUSTMENT UNITS	TOTAL CHARGES	REDUCTIONS	PPO REDUCTIONS	RECOMMENDED ALLOWANCES
Date of Service: 09-07-17									
T1013		T1013				230.00	140.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 10-19-17									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 11-16-17									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 12-21-17									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 01-08-18									
T1013		T1013				230.00	140.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 01-10-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 01-15-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 01-24-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 01-26-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 01-29-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									

Check Date	Claim #	Case #	DCN #
20Nov18	007087 057655 WC 01 (00512)	00IM 3650 868087	

Check #	ICN #	Patient Name
0150447018	4868087	

FOR INQUIRES CALL: INTELLIGENT MEDICAL SOLUTIONS, INC. AT 833-467-7001
PO BOX 2831 , CLINTON, IA 52733-2831

BILLED PROCEDURE	MODIFIERS	REVIEWED PROCEDURE	MODIFIERS	BILLED UNITS	ADJUSTMENT UNITS	TOTAL CHARGES	REDUCTIONS	PPO REDUCTIONS	RECOMMENDED ALLOWANCES
Date of Service: 01-31-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 02-01-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 02-02-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 02-07-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 02-09-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 02-12-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 02-16-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 02-19-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 02-23-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 02-28-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 03-05-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 03-07-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 03-08-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 04-04-18									
T1013		T1013				90.00	0.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 04-12-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 05-17-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 06-14-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									

**

Check Date	Claim #	Case #	DCN #
20Nov18	007087 057655 WC 01 (00512)	00IM 3650 868087	

Check #	ICN #	Patient Name
0150447018	4868087	

FOR INQUIRES CALL: INTELLIGENT MEDICAL SOLUTIONS, INC. AT 833-467-7001
PO BOX 2831 , CLINTON, IA 52733-2831

BILLED PROCEDURE	MODIFIERS	REVIEWED PROCEDURE	MODIFIERS	BILLED UNITS	ADJUSTMENT UNITS	TOTAL CHARGES	REDUCTIONS	PPO REDUCTIONS	RECOMMENDED ALLOWANCES
Date of Service: 07-31-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 08-23-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 09-20-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									
Date of Service: 10-18-18									
T1013		T1013				180.00	90.00		90.00
PROCEDURE DESC: SIGN LANGUAGE/ORAL INTEP									

TOTAL CHARGES:	5590.00
BILL REVIEW REDUCTIONS:	2800.00
RECOMMENDED ALLOWANCE:	2790.00

Please send refunds / returned Payments directly to Gallagher Bassett.

STATE SPECIFIC EOB MESSAGES:

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 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 explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, the Electronic Medical Billing and Payment Companion 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.

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 the Health Care Claim Payment/Advice (835) ASC X12N/005010X221 which is the electronic explanation of review (EOR). This EOR is the final written determination by the claims administrator on the bill. After the EOR is issued on the second bill review submission, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The Request for Independent Bill Review must conform to the requirements of title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review 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 independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final.

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

007087 PAGE 1 OF 1 003132

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

GALLAGHER BASSETT SERVICES INC
FOR BURLINGTON STORES INC

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

CLAIM NO.: 007087 057655 WC 01 (00512)
CLAIMANT:
DESCRIPTION: FULL & FINAL FOR ALL DOS

DATES OF SERVICE: 09Sep19 **THRU** 09Sep19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 16Jun16

NO.: 0157609644
VN: 0000937259
DATE: 19Sep19

AMOUNT: 2000.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004161 004767 002 003

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

GALLAGHER BASSETT SERVICES INC
FOR BURLINGTON STORES INC

CHECK NO. 0157609644 003132
VN. 0000937259
DATE: 19Sep19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **2000.00

CLAIM NO.: 007087 057655 WC 01 (00512) **BRANCH NO.:** 011
PAY TWO THOUSAND AND 00/100 DOLLARS**********

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

Donna M. Korte

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

AUTHORIZED SIGNATURE

⑈0157609644⑈ ⑆031100209⑆ 4007490⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/16/19 74039

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005497-0000545-WC-01

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

Case: vs THE COMMERCE CASINO
Date Of Injury: 3/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/29/18	LEGAL_PREP	DEPO PREP @ L/O DIETZ GILMOR	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
06/27/18	PMT BY CHECK	DOS 5/29/18 # 0146895192	-156.50
07/16/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/17/18	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/24/18	INITIAL PHYS	THERAPY W/DR CHRIS MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/26/18	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/02/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/06/18	PMT BY CHECK	DOS 7/16/18* # 0147828377	-250.00
08/08/18	PMT BY CHECK	DOS 7/17/18* # 0147886666	-230.00
08/07/18	FOLLOW UP	PHYSICAL THERAPY W/DR MINA LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/09/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/15/18	PMT BY CHECK	DOS 7/24/18* # 0148056197	-90.00
08/14/18	FOLLOW UP	PHYS TX W/DR MINA LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/16/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/23/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/16/19 74039

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005497-0000545-WC-01

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

Case: _____ vs THE COMMERCE CASINO
Date Of Injury: 3/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/28/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/30/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/05/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/06/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/13/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/11/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/19/18	PR2/REEVAL	DR SHERRY ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/21/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ #500341	0.00
09/27/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/04/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/05/18	FOLLOW UP	PHYS THERAPY W/DR LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/15/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/18/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500348	0.00
10/23/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/25/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/16/19 74039

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005497-0000545-WC-01

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

Case: vs THE COMMERCE CASINO
Date Of Injury: 3/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/07/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/14/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/20/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/13/18	PR2/REEVAL	DR RON MARINARO @ EPC (2H 19M (TRANSFER OF CARE)	202.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/21/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/28/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/29/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/05/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILAGOMEZ # 500341	0.00
12/12/18	SHOCK WAVE	THERAPY W/DR LAHIJANI @ EPC*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/13/18	PR2/REEVAL	DR RON MARINARO @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/19/18	SHOCK WAVE	THERAPY W/DR LAHIJANI*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/04/19	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/06/19	SHOCK WAVE	THERAPY W/DR LAHIJANI*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/19/19	FOLLOW UP	PHYSICAL TX W/DR MARINARO*	90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/16/19 74039

EAMS#(s):

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Terms: 60 days
Claim #(s):
005497-0000545-WC-01

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

Case: vs THE COMMERCE CASINO
Date Of Injury: 3/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/14/19	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/13/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/09/19	PENALTIES	FOR DATE OF SERVICE 7/26/18	34.50
09/09/19	INTEREST	FOR DATE OF SERVICE 7/26/18	28.91
09/09/19	PENALTIES	FOR DATE OF SERVICE 8/2/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 8/2/18	22.40
09/09/19	PENALTIES	FOR DATE OF SERVICE 8/7/18	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 8/7/18	11.06
09/09/19	PENALTIES	FOR DATE OF SERVICE 8/9/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 8/9/18	22.06
09/09/19	PENALTIES	FOR DATE OF SERVICE 8/14/18	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 8/14/18	10.72
09/09/19	PENALTIES	FOR DATE OF SERVICE 8/16/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 8/16/18	21.38
09/09/19	PENALTIES	FOR DATE OF SERVICE 8/23/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 8/23/18	20.98
09/09/19	PENALTIES	FOR DATE OF SERVICE 8/28/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 8/28/18	20.64
09/09/19	PENALTIES	FOR DATE OF SERVICE 8/30/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 8/30/18	20.42
09/09/19	PENALTIES	FOR DATE OF SERVICE 9/5/18	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 9/5/18	10.01
09/09/19	PENALTIES	FOR DATE OF SERVICE 9/6/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 9/6/18	19.62
09/09/19	PENALTIES	FOR DATE OF SERVICE 9/13/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 9/13/18	19.28
09/09/19	PENALTIES	FOR DATE OF SERVICE 9/11/18	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 9/11/18	9.61
09/09/19	PENALTIES	FOR DATE OF SERVICE 9/19/19	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/16/19	74039

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
005497-0000545-WC-01

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

Case: vs THE COMMERCE CASINO
Date Of Injury: 3/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/19	INTEREST	FOR DATE OF SERVICE 9/19/19	19.00
09/09/19	PENALTIES	FOR DATE OF SERVICE 9/21/18	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 9/21/18	9.44
09/09/19	PENALTIES	FOR DATE OF SERVICE 9/27/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 9/27/18	18.83
09/09/19	PENALTIES	FOR DATE OF SERVICE 10/4/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 10/4/18	18.60
09/09/19	PENALTIES	FOR DATE OF SERVICE 10/5/18	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 10/5/18	9.27
09/09/19	PENALTIES	FOR DATE OF SERVICE 10/15/18	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 10/15/18	8.85
09/09/19	PENALTIES	FOR DATE OF SERVICE 10/18/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 10/18/18	17.64
09/09/19	PENALTIES	FOR DATE OF SERVICE 10/23/18	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 10/23/18	8.73
09/09/19	PENALTIES	FOR DATE OF SERVICE 10/25/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 10/25/18	17.41
09/09/19	PENALTIES	FOR DATE OF SERVICE 11/7/18	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 11/7/18	8.42
09/09/19	PENALTIES	FOR DATE OF SERVICE 11/14/18	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 11/14/18	8.08
09/09/19	PENALTIES	FOR DATE OF SERVICE 11/20/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 11/20/18	16.05
09/09/19	PENALTIES	FOR DATE OF SERVICE 11/13/18	30.38
09/09/19	INTEREST	FOR DATE OF SERVICE 11/13/18	17.86
09/09/19	PENALTIES	FOR DATE OF SERVICE 11/21/18	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 11/21/18	7.91
09/09/19	PENALTIES	FOR DATE OF SERVICE 11/28/18	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 11/28/18	7.88
09/09/19	PENALTIES	FOR DATE OF SERVICE 11/29/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 11/29/18	15.65

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/16/19 74039

EAMS#(s):

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Terms: 60 days
Claim #(s):
005497-0000545-WC-01

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

Case: vs THE COMMERCE CASINO
Date Of Injury: 3/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/19	PENALTIES	FOR DATE OF SERVICE 12/5/18	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 12/5/18	7.63
09/09/19	PENALTIES	FOR DATE OF SERVICE 12/12/18	22.50
09/09/19	INTEREST	FOR DATE OF SERVICE 12/12/18	12.48
09/09/19	PENALTIES	FOR DATE OF SERVICE 12/13/18	27.00
09/09/19	INTEREST	FOR DATE OF SERVICE 12/13/18	14.52
09/09/19	PENALTIES	FOR DATE OF SERVICE 12/19/18	22.50
09/09/19	INTEREST	FOR DATE OF SERVICE 12/19/18	11.77
09/09/19	PENALTIES	FOR DATE OF SERVICE 2/4/19	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 2/4/19	6.04
09/09/19	PENALTIES	FOR DATE OF SERVICE 2/6/19	22.50
09/09/19	INTEREST	FOR DATE OF SERVICE 2/6/19	9.92
09/09/19	PENALTIES	FOR DATE OF SERVICE 2/19/19	13.50
09/09/19	INTEREST	FOR DATE OF SERVICE 2/19/19	6.21
09/09/19	COSTS	ADD'L COSTS AWARDED	579.84
09/17/19	PMT BY CHECK	DOS 3/9/18-9/17/19* # 0157541906	-7281.00

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 **

GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

005497 PAGE 1 OF 1 006139

MDG2009 00004139 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005497 000545 WC 01 (28)
CLAIMANT:
DESCRIPTION: FULL AND FINAL SATISFACTION OF YOUR LIEN

DATES OF SERVICE: 09Mar18 **THRU** 17Sep19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 09Mar18

NO.: 0157541906
VN: 0000095068
DATE: 17Sep19

AMOUNT: 7281.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004139 004775 001 001

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

39602

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

CHECK NO. 0157541906 006139
VN. 0000095068
DATE: 17Sep19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **7281.00

CLAIM NO.: 005497 000545 WC 01 (28) **BRANCH NO.:** 138
PAY SEVEN THOUSAND TWO HUNDRED EIGHTY-ONE AND 00/100 DOLLARS**********

TO THE ORDER OF JOYCE ALTMAN
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

⑈0157541906⑈ ⑆031100209⑆ 4007490⑈

GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

005497 PAGE 1 OF 1 007993

MDG2009 00005825 1 MB .424 1
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

JUL 03 2018

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005497 000545 WC 01 (28)
CLAIMANT:
DESCRIPTION: INV #: 74039

BRANCH NO.: 138
ACC DATE: 09Mar18

NO.: 0146895192
VN: 0000060051
DATE: 27Jun18

DATES OF SERVICE: 29May18 THRU 29May18
BENEFIT PERIOD: THRU

AMOUNT: 156.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005825 006620 001 001

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GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

CHECK NO. 0146895192 007993
VN. 0000060051
DATE: 27Jun18 62-20/311

CLAIM NO.: 005497 000545 WC 01 (28) BRANCH NO.: 138
PAY ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **156.50

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

⑈0146895192⑈ ⑆031100209⑆ 4007490⑈

GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

005497 PAGE 1 OF 1 003459

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

AUG 13 2018

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005497 000545 WC 01 (28)
CLAIMANT:
DESCRIPTION: INV #: 74039 -1
DATES OF SERVICE: 16Jul18 **THRU** 16Jul18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 09Mar18

NO.: 0147828377
VN: 0000061730
DATE: 06Aug18
AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004649 005294 002 002

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

CHECK NO. 0147828377 003459
VN. 0000061730
DATE: 06Aug18 82-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 005497 000545 WC 01 (28) **BRANCH NO.:** 138
PAY TWO HUNDRED FIFTY 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

⑈0147828377⑈ ⑆031100209⑆ 4007490⑈

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

AUG 13 2018

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005497 000545 WC 01 (28)
CLAIMANT:
DESCRIPTION: INV #: 74039

BRANCH NO.: 138
ACC DATE: 09Mar18

NO.: 0147886666
VN: 0000061851
DATE: 08Aug18

DATES OF SERVICE: 17Jul18 THRU 17Jul18
BENEFIT PERIOD: THRU

AMOUNT: 230.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE.

C 0004784 005566 001 001

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GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

CHECK NO. 0147886666 007682
VN. 0000061851
DATE: 08Aug18 62-20/311

CLAIM NO.: 005497 000545 WC 01 (28) BRANCH NO.: 138

PAY TWO HUNDRED THIRTY AND 00/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **230.00

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

⑈0147886666⑈ ⑆031100209⑆ 4007490⑈

GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

005497 PAGE 1 OF 1 006505

MDG2009 00004319 1 MB .424 1
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

AUG 20 2018

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

74039-1

CLAIM NO.: 005497 000545 WC 01 (28)
CLAIMANT:
DESCRIPTION: REM AMOUNT OF 74039

BRANCH NO.: 138
ACC DATE: 09Mar18

NO.: 0148056197
VN: 0000062088
DATE: 15Aug18

DATES OF SERVICE: 24Jul18 THRU 24Jul18
BENEFIT PERIOD: THRU

AMOUNT: 90.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004319 004945 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

CHECK NO. 0148056197 006505
VN. 0000062088
DATE: 15Aug18 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **90.00

CLAIM NO.: 005497 000545 WC 01 (28) BRANCH NO.: 138
PAY NINETY 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

⑈0148056197⑈ ⑆031100209⑆ 4007490⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/01/19 74363

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005211-003786-WC-01

BILL TO:
GALLAGHER BASSETT (FLORIDA)
W. C. DEPARTMENT
ATTN: ROBIN HUDSPETH
2901 SW 149TH AVE., STE 200
MIRAMAR, FL 33027

Case: vs ATRIA WOODBRIDGE
Date Of Injury: 4/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/19/18	PR2/REEVAL	DR JOHN XIAN TIANG QIAN @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/16/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/20/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/28/18	INITL CHIRO	& PHYS THERAPY W/DR CHRISTINE HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/18/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
11/13/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA @ 003693	0.00
12/11/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/19/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/25/19	PMT BY CHECK	DOS 7/19/18-6/19/19* # 0157742371	-1320.00

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 **

GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

005211 PAGE 1 OF 1 005600

MDG2009 00004001 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR SAFETY NATIONAL

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005211 003786 WC 01 (10601)
CLAIMANT:
DESCRIPTION: INV#-74363

DATES OF SERVICE: 19Jul18 **THRU** 19Jun19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 18Apr17

NO.: 0157742371
VN: 0000151282
DATE: 25Sep19

AMOUNT: 1320.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004001 004562 001 001

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GALLAGHER BASSETT SERVICES INC
FOR SAFETY NATIONAL

CHECK NO. 0157742371 005600
VN. 0000151282
DATE: 25Sep19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1320.00

CLAIM NO.: 005211 003786 WC 01 (10601) **BRANCH NO.:** 170
PAY ONE THOUSAND THREE HUNDRED TWENTY 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

⑈0157742371⑈ ⑆031100209⑆ 4007490⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/03/19 74455

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
006528-000105-WC-01

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

Case: vs TPE ACQUISITION
Date Of Injury: 5/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/18	INITL CHIRO	& PHYS THERAPY W/DR CHRISTINE HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/08/18	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/13/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/22/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/24/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/31/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/29/18	FOLLOW UP	PHYS TX W/DR CHOI @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA #500267	0.00
09/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/26/18	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/03/19 74455

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
006528-000105-WC-01

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

Case: vs TPE ACQUISITION
Date Of Injury: 5/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	EILSA L. MEDINA # 003693	0.00
09/21/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/03/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/02/18	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
11/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/16/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/18/19	PMT BY CHECK	DOS 8/3/18-12/19/18* # 0157573353	-4000.00
09/25/19	BLCE OFF SET	BALANCE OFF SET	-970.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/03/19	74455

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
006528-000105-WC-01

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

Case: ____ vs TPE ACQUISITION
Date Of Injury: 5/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

006528 PAGE 1 OF 1 003330

MDG2009 00004124 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 006528 000105 WC 01 (4016)
CLAIMANT:
DESCRIPTION: FULL & FINAL SATISFACTION OF LIEN FOR ALL DOS

DATES OF SERVICE: 03Aug18 **THRU** 19Dec18
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 01May18

NO.: 0157573353
VN: 0000008696
DATE: 18Sep19

AMOUNT: 4000.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004124 004761 001 002

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GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CHECK NO. 0157573353 003330
VN. 0000008696
DATE: 18Sep19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **4000.00

CLAIM NO.: 006528 000105 WC 01 (4016) **BRANCH NO.:** 170
PAY FOUR THOUSAND 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

⑈0157573353⑈ ⑆031100209⑆ 4007490⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 75710

EAMS#(s):

SS # : XXX-XX-____
DOB :
Terms: 60 days
Claim #(s):
007420-004297-WC-01

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

Case: vs LONGWOOD ENTERPRISES INC
Date Of Injury: 9/11/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/19	INITIAL EXAM	DR CHRISTINE ABGARYAN @ PHYISCAL REHAB SVCS*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/07/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/06/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
07/18/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/16/19	PMT BY CHECK	DOS 9/13/19* # 0157533234	-770.00

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 **

GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

0101687 01 RE 0.425 **AUTO T4 0 1680 92781-416565 -P01688

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

DIRECT INQUIRIES TO:

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 2934
CLINTON IA 52733-2934

GALLAGHER BASSETT SERVICES INC FOR AMERICAN ZURIC

CLAIM NO. 007420 004297 WC 01

CLAIMANT:

DESCRIPTION: FULL AND FINAL

DATE OF SERVICE: 13-Sep-2019 TO 13-Sep-2019

BRANCH NO. 164

ACC. DATE 11-Sep-2018

CHECK NO. 0157533234

VN. 0000216399

DATE: 16-Sep-2019

PAYMENT AMOUNT: $770.00

RE0101687-0001_of_0001 1680-0001864 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0157533234 ATTACHED BELOW

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/19 72386

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
PRWC720105-002

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: KASY RADER
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: [redacted] vs PRO COURTS
Date Of Injury: 1/1/97 - 6/26/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/17	INITIAL EXAM	-DR MAYYA KRAVCHENKO @ GOFNUN CHIRO*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/08/17	INITL CHIRO	TREATMENT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/22/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/25/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/15/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/22/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/29/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/06/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/10/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/13/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/24/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/31/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
11/03/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/07/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/19 72386

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
PRWC720105-002

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: KASY RADER
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs PRO COURTS
Date Of Injury: 1/1/97 - 6/26/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/14/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/17/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/01/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO #101143	0.00
12/08/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/15/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/12/18	P AND S	-DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/30/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/25/19	PMT BY CHECK	DOS 9/20/19* =# 009709050	-2250.00
09/30/19	BLCE OFF SET	BALANCE OFF SET	-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 **

Explanation of Review

BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES

Carrier

Carrier No:
Carrier: NORGUARD INSURANCE COMPANY
P.O. BOX A-H / 16 S. RIVER STREET
WILKES-BARRE, PA 18703-0020

Provider

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

Bill: GUA-GUCA-892413

Claimant (

NPI:
Tax ID: 33-0956713
License: A99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386
Invoice Date: 09-15-2019
Patient Account: 72386

Rendering NPI:
Type: OM **Specialty (1):** AO
Specialty (2): AO

Claim Number: PRWC720105-002
DOI/DOL: 06-26-2017

External Claim Number: PR720105002

Payment Status Code: 1

Bill Details

Dates of Service: 06-26-2017
Post Date: 09-23-2019

Reviewer: DH/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: JMUKORO

Bill ICD Version: 10
Dx A: T14.9 UNSPECIFIED INJURY

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BR	Description	Network	ONR	Other	Explanation Code(s)	Allow.
1	06-26-2017	11	MDS10	A	2,250.00	1		SETTLEMENT FOR DISPUTE				G67, 961	2,250.00

Totals

Total Charges: 2,250.00
Recommended Allowance: **2,250.00**

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

GUARD INSURANCE GROUP, PO BOX 1368, WILKES-BARRE, PA 18703, (800) 673 - 2465

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DCN Number: MN-092020190320

GDCH1019092572B.000802.02.02.000000

009709050

802

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

GDCH1019092572B.000802.01.02.000000

09/25/2019 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
Pineda, Heriberto B. (E034) 250.00 PIWC808018-001 DOL:06/23/2017
Inv/Case#: 75355
:08/26/2019
(Continued on next pages)

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company

P.O. Box A-H
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
T210

009709050

DATE 09/25/2019

AMOUNT ******$2,500.00

➪➪➪➪➪PAY ONLY $2,500.00
DOLLAR TWO COMMA FIVE ZERO ZERO PERIOD ZERO ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ TWO THOUSAND FIVE HUNDRED DOLLARS AND 00 CENTS**********

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

VOID OVER $2,500.00

⑈009709050⑈ ⑆121000248⑆ 2000519409116⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/03/19 70019

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y67C27041

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

Case: vs ALLIGATOR PEAR INC
Date Of Injury: 6/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/16	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
07/20/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/25/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
07/27/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/03/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
08/05/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/10/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
08/12/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/29/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
02/14/18	LIEN FIL FEE	LIEN FILING FEE	150.00
03/20/19	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/26/19	PMT BY CHECK	DOS 9/25/19* # 130732887 3	-1000.00
10/03/19	BLCE OFF SET	BALANCE OFF SET	-330.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/03/19	70019

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y67C27041

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

Case: vs ALLIGATOR PEAR INC
Date Of Injury: 6/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2309383

MB 01 002649 73224 B 9 A

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

002649 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
06/01/2016	72WEC KU3368 Y67C 27041	ALLIGATOR PEAR INC !		$1,000.00
Nature of Benefits: Doctor		Nature of Payment: Payment Reason - Doctor	Service Dates 09/25/2019 09/25/2019	$1,000.00

Claim Handler: RENE MARTINEZ
8664019222 x2309383
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:
full and final settlement of lien

Issue Date	09/26/2019	Check Number	130732887 3	Total Check Amount	$1,000.00

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

HAR-100-2

118479016

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/19 71668

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017007148

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: JED LANDMARK
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs CAR PARTS DIRECT
Date Of Injury: 3/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/17	INITIAL EXAM	-DR GALAL GOUBRAN/ROBERT TAYLOR @ SIDHU	316.25
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090 (2hrs 45mins)	0.00
06/08/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/13/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/17/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/19/18	LIEN FIL FEE	LIEN FILING FEE	150.00
07/17/19	PENALTIES	FOR DATE OF SERVICE 04/08/17	47.44
09/11/19	INTEREST	FOR DATE OF SERVICE 04/08/17	75.93
09/23/19	PMT BY CHECK	DOS 9/20/19* # 2800828	-200.00
09/30/19	BLCE OFF SET	BALANCE OFF SET	-929.62

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 **

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 09/23/2019
Check Number: 2800828
Check Amount: $200.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,4J2YD9

4J2YD9

11/9/18 3:44 PM 3 0000923 20190924 OI7V8102 JOP-FEC 1 oz DOM OI7V810000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2017007148		03/04/2017		180	09/20/2019	09/20/2019	$200.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/04/19 71847

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017008471

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ERICH KELLERMAN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs GDM CONCEPTS
Date Of Injury: CT 9/29/14 - 9/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/31/17	INITIAL EXAM	-DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/12/17	INITIAL ACUP	-W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/14/17	INITIAL EXAM	-DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/19/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/26/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/28/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/05/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/07/17	INITIAL EXAM	-DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/10/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/12/17	FOLLOW UP	-PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/19/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/24/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/31/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/02/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/04/19 71847

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017008471

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ERICH KELLERMAN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs GDM CONCEPTS
Date Of Injury: CT 9/29/14 - 9/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/04/17	PR2/REEVAL	-DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/14/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/16/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/17/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/21/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/28/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/11/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/13/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/14/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/15/17	FOLLOW UP	-PHYSICAL TX W/DR MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/18/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/02/17	FOLLOW-UP	-W/ ACUPUNCT YIRYE KANG @ EPC	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/06/17	PR2/REEVAL	-DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/09/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/11/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/04/19 71847

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017008471

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ERICH KELLERMAN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs GDM CONCEPTS
Date Of Injury: CT 9/29/14 - 9/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/16/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/19/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESU CASTILLO # 500358	0.00
11/01/17	FOLLOW UP	-PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/03/17	P AND S	-DR MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/30/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/29/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/07/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/14/17	FOLLOW-UP	-W/ ACUPUNCT YIRYE KANG @ EPC	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/21/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/04/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/11/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/18/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/01/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/06/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/08/18	FOLLOW-UP	-W/ ACUPUNCT YOUN RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/04/19	71847

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017008471

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ERICH KELLERMAN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs GDM CONCEPTS
Date Of Injury: CT 9/29/14 - 9/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/16/18	PR2/REEVAL	-DR MENDOZA @ EPC* AMENDED	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/22/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/01/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/13/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
03/19/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/26/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/10/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/03/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/08/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/17/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/24/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/31/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/05/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/07/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/04/19 71847

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017008471

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ERICH KELLERMAN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs GDM CONCEPTS
Date Of Injury: CT 9/29/14 - 9/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/14/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/21/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/05/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/12/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/19/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/26/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/09/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/13/18	FOLLOW-UP	-W/ ACUPUNCT W/DR MINA LAHIJANI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/20/18	FOLLOW UP	-PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/23/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/27/18	FOLLOW UP	-PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/28/18	P AND S	-DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/28/19	LIEN FIL FEE	LIEN FILING FEE	150.00
06/26/19	PENALTIES	FOR DATE OF SERVICE 05/31/17	34.50
07/31/19	INTEREST	FOR DATE OF SERVICE 05/31/17	52.68
06/26/19	PENALTIES	FOR DATE OF SERVICE 06/12/17	34.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/04/19 71847

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017008471

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ERICH KELLERMAN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs GDM CONCEPTS
Date Of Injury: CT 9/29/14 - 9/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/19	INTEREST	FOR DATE OF SERVICE 06/12/17	52.68
06/26/19	PENALTIES	FOR DATE OF SERVICE 06/14/17	34.50
07/31/19	INTEREST	FOR DATE OF SERVICE 06/14/17	52.68
06/26/19	PENALTIES	FOR DATE OF SERVICE 07/07/17	34.50
07/31/19	INTEREST	FOR DATE OF SERVICE 07/07/17	52.68
06/26/19	PENALTIES	FOR DATE OF SERVICE 11/03/17	34.50
07/31/19	INTEREST	FOR DATE OF SERVICE 11/03/17	45.07
06/26/19	PENALTIES	FOR DATE OF SERVICE 08/28/18	34.50
07/31/19	INTEREST	FOR DATE OF SERVICE 08/28/18	23.41
08/26/19	PMT BY CHECK	DOS 9/29/16-7/31/19* # 2766201	-9855.00
09/04/19	BLCE OFF SET	BALANCE OFF SET	-3771.20

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 **

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 08/26/2019
Check Number: 2766201
Check Amount: $9,855.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,HV6KDU

HV6KDU

11/9/18 3:44 PM 3 0001024 20190827 OH8IX103 JOP-FEC 1 oz DOM OH8IX10000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2017008471		09/29/2016		180	09/29/2016	07/31/2019	$9,855.00

Category	Stub Notes	Stub Amount
180	Per S&O dated 7/31/19	$0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/18/19 65674

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
17-099553

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: CLAUDIA McWILLIAMS
P.O. BOX 5915
ORANGE, CA 92863

Case: vs TWO STARS PERSONAL
Date Of Injury: 5/21/14;7/14 - 11/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* DOI: 5/21/14 (ACS)	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/26/14	INITIAL EXAM	DR GHODS @ ADVANCE CARE* DOI: 5/21/14	230.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
12/30/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* DOI: 7/14 - 11/14	230.00
/ /	INTERPRETER:	GLADYS REYNA # 500257	0.00
12/31/14	PR2/REEVAL	DR TOSHA BROWN @ ACS* DOI: 5/21/14	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/11/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* DOI: 7/14 - 11/14	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/18/15	F.C.E. TEST	FUNCT CAPACITY EVAL @ ACS W/DR CONNOLY* INIT.	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/17/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE* DOI: 5/21/14	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
04/28/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE* DOI: 5/21/14	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
06/10/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* DOI: 5/21/14	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/17/15	INITIAL EXAM	DR BHARATWAL @ ADVANCE CARE* DOI: 5/21/14	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/28/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/18/19	65674

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
17-099553

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: CLAUDIA McWILLIAMS
P.O. BOX 5915
ORANGE, CA 92863

Case: vs TWO STARS PERSONAL
Date Of Injury: 5/21/14;7/14 - 11/14

DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: 7/14 - 11/14	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/26/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
		DOI: 5/21/14	
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/29/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
		DOI: 5/21/14	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/21/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
		DOI: 5/21/14	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/07/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
		(TRANSFER OF CARE)	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
		(DOI: 5/21/14	
05/18/17	LIEN FIL FEE	LIEN FILING FEE	150.00
08/28/19	PENALTIES	FOR DATE OF SERVICE 12/23/14	34.50
08/28/19	INTEREST	FOR DATE OF SERVICE 12/23/14	93.34
08/28/19	PENALTIES	FOR DATE OF SERVICE 12/26/14	34.50
08/28/19	INTEREST	FOR DATE OF SERVICE 12/26/14	93.34
08/28/19	PENALTIES	FOR DATE OF SERVICE 12/30/14	34.50
08/28/19	INTEREST	FOR DATE OF SERVICE 12/30/14	93.34
08/28/19	PENALTIES	FOR DATE OF SERVICE 06/17/15	34.50
08/28/19	INTEREST	FOR DATE OF SERVICE 06/17/15	93.34
09/03/19	PMT BY CHECK	DOS 12/7/15* # 3266556	-3200.00
09/10/19	BLCE OFF SET	BALANCE OFF SET	-331.36

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/18/19	65674

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
17-099553

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: CLAUDIA McWILLIAMS
P.O. BOX 5915
ORANGE, CA 92863

Case: vs TWO STARS PERSONAL
Date Of Injury: 5/21/14;7/14 - 11/14

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

Electronic Service Requested

ALL FOR AADC 926
48106 0.3820 AB 0.409

Joyce Altman Interpeters
PO BOX 4165 649
TUSTIN, CA 92781-4165

2019090440106

Payee: Joyce Altman Interpeters
Company Name: Clarendon National Insurance Compan
Facility: Vensure Employer Services, Inc
Policy ID: CPCA17606
IRS/SSN:
Administrator: CMcWilliam
Claim #: 17-099553
Account #:
Check #: 3266556
Check Total: $3,200.00
Check Date: 09/03/2019
Injury Date: 05/21/2014
From/Through Date: 12/07/15-12/07/15
Claimant Name:
Invoice #:
Description: Medical Lien Payment
Document #: PAL91CA145715
Primary ICD-9:
Received Date: 08/22/2019
Reviewed Date: 08/29/2019
PPO Name:
Pharmacy #:
DRG Code:

ENV 48106 1 OF 1

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	12/07/15-12/07/15 SETTLEMENT FOR DISPUTE	MDS10	001	3,200.00	MDS10	3,200.00	0.00	3,200.00	MCA-961 M
	Totals:			3,200.00		3,200.00	0.00	3,200.00	

Reason Code Description

This analysis constitutes the claim administrators objection to fees in excess of OMFS and/or Title 8 of the California Code of Regulation Section 9795 and/or 9789.10 - 9789.110. The provider shall not attempt to collect expenses for medical treatment from the injured worker, LC 4600. If you disagree with our objections, you have the right to file a lien/application with the WCAB to adjudicate the matter

Paladin Managed Care Services 1100 W. Town & Country Rd Ste., 1500 Orange, CA 92868
MCA- ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/03/19 68161

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6334083A04022

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: CHERYL ENG
P.O. BOX 5915
ORANGE, CA 92863

Case: vs SUNWEST CLEAN UP INC
Date Of Injury: 2/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/15	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/18/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/25/16	INITIAL EXAM	-DR T. BROWN @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/27/16	INITIAL ACUP	-W/ ACUPUNCT JUNGSOOK CHOI @ EHANCED PRECISION*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/15/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/25/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/24/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
06/08/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/30/16	PR2/REEVAL	-DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/20/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/28/16	PR2/REEVAL	-DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/17/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/22/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/29/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/01/16	PR2/REEVAL	-DR BROWN/MALIN @ EPC*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/03/19 68161

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6334083A04022

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: CHERYL ENG
P.O. BOX 5915
ORANGE, CA 92863

Case: vs SUNWEST CLEAN UP INC
Date Of Injury: 2/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/07/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/09/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/14/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/16/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/23/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAOGMEZ # 500341	0.00
09/29/16	PR2/REEVAL	-DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/05/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/07/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/10/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/07/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/18/16	INITIAL EXAM	-DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/05/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/15/16	PR2/REEVAL	-DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
01/04/17	P AND S	-DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/12/17	PR2/REEVAL	-DR BROWN/MALIN,PA @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/03/19 68161

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6334083A04022

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: CHERYL ENG
P.O. BOX 5915
ORANGE, CA 92863

Case: vs SUNWEST CLEAN UP INC
Date Of Injury: 2/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/15/17	PMT BY CHECK	DOS 1/27/17* # 3196925	-180.00
10/11/17	LIEN FIL FEE	LIEN FILING FEE	150.00
01/23/18	PENALTIES	FOR DATE OF SERVICE 12/21/15	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 12/21/15	91.38
01/23/18	PENALTIES	FOR DATE OF SERVICE 01/25/16	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 01/25/16	91.38
01/23/18	PENALTIES	FOR DATE OF SERVICE 01/27/16	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 01/27/16	91.38
01/23/18	PENALTIES	FOR DATE OF SERVICE 11/18/16	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 11/18/16	71.74
01/23/18	PENALTIES	FOR DATE OF SERVICE 01/04/17	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 01/04/17	68.99
09/26/19	PMT BY CHECK	DOS 1/27/17* # 3267185	-5000.00
10/03/19	BLCE OFF SET	BALANCE OFF SET	-1387.37

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 **

PR5280280002

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201702160117

Electronic Service Requested

ALL FOR AADC 926
14995 0.3820 AB 0.400

Joyce Altman Interpeters 163
PO BOX 4165
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Sussex Insurance
Facility:	Sunwest Clean-Up, Inc.
Policy ID:	CPCA17149
IRS/SSN:	
Administrator:	SEBIRD
Claim Number:	6334-083-A04022-1
Check #:	3196925
Check Total:	180.00
Check Date:	02/15/2017

1 OF 1

ENV 14995

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
2/3/2014	6334-083-A04022-1 68161	01/27/17-01/27/17		Interpreter Fees - Medical Rel 180.00
			Totals:	**180.00**

PAID
FEB 21 2017

[redacted]

P852802800 3

HD 20190927020 3

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

Electronic Service Requested

Joyce Altman Interpeters
PO BOX 4165
TUSTIN, CA 92781-4165

Payee: Joyce Altman Interpeters
Company Name: Clarendon National Insurance Co
Facility: Sunwest Clean-Up, Inc.
Policy ID: CPCA17149
IRS/SSN:
Administrator: TCUMBERLAN
Claim #: 6334-083-A04022-1
Account #:
Check #: 3267185
Check Total: $5,000.00
Check Date: 09/26/2019
Injury Date: 02/03/2014
From/Through Date: 01/27/17-01/27/17
Claimant Name:
Invoice #:
Description: Medical Lien Payment
Document #: PAL91CA146439
Primary ICD-9:
Received Date: 09/23/2019
Reviewed Date: 09/24/2019
PPO Name:
Pharmacy #:
DRG Code:

15 OF 17

ENV 4

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	01/27/17-01/27/17 SETTLEMENT FOR DISPUTE	MDS10	001	6,387.37	MDS10	5,000.00	0.00	5,000.00	MCA-961 M
	Totals:			6,387.37		5,000.00	0.00	5,000.00	

Reason Code Description

This analysis constitutes the claim administrators objection to fees in excess of OMFS and/or Title 8 of the California Code of Regulation Section 9795 and/or 9789.10 - 9789.110. The provider shall not attempt to collect expenses for medical treatment from the injured worker, LC 4600. If you disagree with our objections, you have the right to file a lien/application with the WCAB to adjudicate the matter

Paladin Managed Care Services 1100 W. Town & Country Rd Ste., 1500 Orange, CA 92868
MCA- ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/09/19 70352

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
17-103901

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: CHERYL ENG
P.O. BOX 5915
ORANGE, CA 92863

Case: vs SECURE STAFF
Date Of Injury: 12/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/16	INITIAL EXAM	-DR GALAL GOUBRAN/JOE TRUJILL P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/08/16	PR2/REEVAL	-DR GOUBRAN/ANDREW MILES, P.A @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/16	PR2/REEVAL	-DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/15/16	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/16	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/19/17	PR2/REEVAL	-DR GOUBRAN/ROBERT TAYLOR @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/16/17	PR2/REEVAL	-DR GOUBRAN/FRANKE,PA @ SIDHU	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/16/17	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/20/17	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/28/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/09/19 70352

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
17-103901

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: CHERYL ENG
P.O. BOX 5915
ORANGE, CA 92863

Case: vs SECURE STAFF
Date Of Injury: 12/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/18/17	FOLLOW-UP	-DR GOUBRAN/MILES @ (AMENDED) SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/15/17	PR2/REEVAL	-DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/20/17	PR2/REEVAL	-DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/07/17	INITIAL EXAM	-DR PRICE @ SIDHU* (AMEMDED)	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/05/17	PR2/REEVAL	-DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/02/17	PR2/REEVAL	-DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/07/17	PR2/REEVAL	-DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/04/18	PR2/REEVAL	DR RAFLA/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/01/18	PR2/REEVAL	DR AMIR FRIEDMAN/FRANKE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/09/19 70352

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
17-103901

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: CHERYL ENG
P.O. BOX 5915
ORANGE, CA 92863

Case: vs SECURE STAFF
Date Of Injury: 12/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/18	PR2/REEVAL	DR JOHN XIAO TIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/24/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/29/18	P AND S	DR QIAN/FRANKE @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/27/18	LIEN FIL FEE	LIEN FILING FEE	150.00
03/06/18	PENALTIES	FOR DATE OF SERVICE 08/11/16	34.50
08/12/19	INTEREST	FOR DATE OF SERVICE 08/11/16	69.28
03/06/18	PENALTIES	FOR DATE OF SERVICE 04/28/17	34.50
06/04/19	INTEREST	FOR DATE OF SERVICE 04/28/17	59.64
03/06/18	PENALTIES	FOR DATE OF SERVICE 05/29/18	34.50
06/04/19	INTEREST	FOR DATE OF SERVICE 05/29/18	31.38
08/29/19	PMT BY CHECK	DOS 11/27/18* # 3266460	-3500.00
09/09/19	BLCE OFF SET	BALANCE OFF SET	-2693.80

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 **

P8528028003

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201908300104

Electronic Service Requested

ALL FOR AADC 926
17802 0.3820 AB 0.409

Joyce Altman Interpeters
PO BOX 4165
TUSTIN, CA 92781-4165

179

Payee: Joyce Altman Interpeters
Company Name: Clarendon National Insurance Compan
Facility: Vensure Employer Services, Inc
Policy ID: CPCA18112
IRS/SSN: XXXXX6713
Administrator: CENG
Claim #: 17-103901
Account #: 70352
Check #: 3266460
Check Total: $3,500.00
Check Date: 08/29/2019
Injury Date: 12/31/2014
From/Through Date: 11/27/18-11/27/18
Claimant Name:
Invoice #:
Description: Medical Lien Payment
Document #: PAL91CA145796
Primary ICD-9:
Received Date: 08/28/2019
Reviewed Date: 08/28/2019
PPO Name:
Pharmacy #:
DRG Code:

ENV 17802 1 OF 1

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	11/27/18-11/27/18 SETTLEMENT FOR DISPUTE	MDS10	001	6,193.80	MDS10	3,500.00	0.00	3,500.00	MCA-961 M
	Totals:			6,193.80		3,500.00	0.00	3,500.00	

Reason Code Description

This analysis constitutes the claim administrators objection to fees in excess of OMFS and/or Title 8 of the California Code of Regulation Section 9795 and/or 9789.10 - 9789.110. The provider shall not attempt to collect expenses for medical treatment from the injured worker, LC 4600. If you disagree with our objections, you have the right to file a lien/application with the WCAB to adjudicate the matter

Paladin Managed Care Services 1100 W. Town & Country Rd Ste., 1500 Orange, CA 92868
MCA- ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/19/19	66192

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
N/A

BILL TO:
*KAMRON STAFFING
W. C. DEPARTMENT
ATTN: MANAGER/OWNER
601 S. MILLIKEN AVE., STE H
ONTARIO, CA 91761

Case: vs KAMRON STAFFING
Date Of Injury: 11/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/17/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/28/15	INITIAL EXAM	DR MILLMAN & INTL W/ACUPUNCT KIM @ ACS*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	LISBETH CALDERON # 101080	0.00
05/19/15	FOLLOW-UP	W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	LISBETH CALDERON # 101080	0.00
05/22/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
05/26/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
06/19/15	PR2/REEVAL	DR HIGSHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/26/15	INITIAL EXAM	DR MASSIHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/17/15	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
07/07/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/28/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LISBETH Y CALDERON PARRENO # 101080	0.00
07/31/15	PR2/REEVAL	DR MASSIHI @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/05/15	PR2/REEVAL	DR MILLMAN @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/02/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/19/19	66192

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
N/A

BILL TO:
*KAMRON STAFFING
W. C. DEPARTMENT
ATTN: MANAGER/OWNER
601 S. MILLIKEN AVE., STE H
ONTARIO, CA 91761

Case: vs KAMRON STAFFING
Date Of Injury: 11/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/15	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/25/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/30/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/09/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/28/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/30/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/05/15	INITIAL EXAM	DR TOSHA BROWN/LEONARD MALIN, P.A. @ ENHANCED	230.00
/ /	-	PRECISION CARE*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/19/15	PR2/REEVAL	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/09/17	LIEN FIL FEE	LIEN FILING FEE	150.00
03/06/19	PENALTIES_U	FOR UNPAID STLM'T 02/01/19	350.00
08/27/19	INTEREST_U	FOR UNPAID STLM'T 02/01/19	186.70
04/18/19	BLCE OFF SET	BALANCE OFF SET	-630.00
08/29/19	PMT BY CHECK	DOS 8/13/19* CASHIER CHECK # 1599526123	-3850.00
09/04/19	BLCE OFF SET	BALANCE OFF SET	-186.70

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/19/19	66192

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
N/A

BILL TO:
*KAMRON STAFFING
W. C. DEPARTMENT
ATTN: MANAGER/OWNER
601 S. MILLIKEN AVE., STE H
ONTARIO, CA 91761

Case: vs KAMRON STAFFING
Date Of Injury: 11/26/13

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

Bank of America

Cashier's Check

No. 1599526123

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days

91-170/1221

NAZ

Date 08/29/19 11:31:28 AM

THE MILLS

0007 0001999 0043

Pay BANK OF AMERICA THREE EIGHT FIVE ZERO CTS CTS

$3,850.00

Three Thousand Eight Hundred Fifty and 00/100 Dollars

To The Order Of JOYCE ALTMAN INTERPRETERS, INC.

Remitter (Purchased By): MAX FURLER

Bank of America, N.A.
PHOENIX, AZ

AUTHORIZED SIGNATURE

00-53-3364B 11-2010

⑈1599526123⑈ ⑆122101706⑆ 457002931717⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/03/19 59760

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
608-A80228

BILL TO:
LIBERTY MUTUAL (ROCKLIN779008)
W. C. DEPARTMENT
ATTN: RICHARD COKER
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs CRST INTERNATIONAL
Date Of Injury: 8/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/05/13	INITIAL EXAM	-DR GHODS @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/16/13	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL @ DR RINK*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/12/13	INITIAL EXAM	-DR OPOKU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/10/13	PR2/REEVAL	-DR OPOKU @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/15/13	PT INITIAL	-PHYSICAL THERAPY W/DR GHODS ADVANCE CARE*	90.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/17/13	PR2/REEVAL	-DR GHODS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/07/13	PR2/REEVAL	-DR OPOKU @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/03/13	PR2/REEVAL	-DR GHODS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/20/13	EMG TESTING	-& NCV BY DR BAZAN: L/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/08/14	R.P.T.	-REHAB PHYSICAL THERAPY @ DR WILLIAMS*	90.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/24/14	PR2/REEVAL	-DR GHODS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/19/15	LIEN FIL FEE	LIEN FILING FEE	150.00
07/29/19	PENALTIES	FOR DATE OF SERVICE 9/5/13	34.50
09/25/19	INTEREST	FOR DATE OF SERVICE 9/5/13	147.54
07/29/19	PENALTIES	FOR DATE OF SERVICE 9/12/13	34.50
09/25/19	INTEREST	FOR DATE OF SERVICE 9/12/13	147.54

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/03/19 59760

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
608-A80228

BILL TO:
LIBERTY MUTUAL (ROCKLIN779008)
W. C. DEPARTMENT
ATTN: RICHARD COKER
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs CRST INTERNATIONAL
Date Of Injury: 8/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/19	PENALTIES	FOR DATE OF SERVICE 10/15/13	13.50
09/25/19	INTEREST	FOR DATE OF SERVICE 10/15/13	57.73
08/27/19	PMT BY CHECK	DOS 9/5/13-10/15/16* =# 0032026342	-449.10
08/27/19	PMT BY CHECK	DOS 6/19/15* =# 0032025027	-630.90
09/03/19	BLCE OFF SET	BALANCE OFF SET	-1345.31

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 **

Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0032026342	08/27/19
CHECK AMOUNT	BLOCK NUMBER
****$449.10	018747

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801082711-007386
BANK: 288
CHECK REF: 0032026342 DATE: 08/27/19 AMT: 449.10
INTERNAL BILL NO: 122782850 MSR: N0077377
CUST/EXTERNAL BILL NO: 2000401512
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-A80228 HOD
CONTRACT NO: WA7-64D-001632-111
DOCUMENT NO: 1958520

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 59760
SSN:
DOI: 08/16/12
PATIENT:

PROVIDER: JOYY ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 201312181531594046l732
DIAG CODES: 959.9

EMPLOYER: CRST INTERNATIONAL INC
ADDRESS: 10641 CALABASH AVE
FONTANA, CA 92337

LOCATION CODE: 999999

DATES OF SERVICE: 09/05/13-10/08/15
AUDIT DATE: 08/26/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/13	T1013		SIGN LANG/ORAL INTERPRETE							
09/05/13	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	230.00	230.00	N/A	0.00	230.00 G1	4917
09/16/13	T1013		SIGN LANG/ORAL INTERPRETE							
09/16/13	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	150.00	150.00	N/A	0.00	150.00 G1	4917
09/12/13	T1013		SIGN LANG/ORAL INTERPRETE	1.00	230.00	N/A	N/A	0.00	0.00 SS4	5834
									G1	5898
10/10/13	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00 SS4	5834
									G1	5898
10/15/13	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	90.00	69.10	N/A	0.00	69.10 G1	309
10/17/13	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00 SS4	5834
									G1	5898
11/07/13	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00 SS4	5834
									G1	5898
12/03/13	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00 SS4	5834
									G1	5898
12/20/13	T1013		SIGN LANG/ORAL INTERPRETE	1.00	150.00	N/A	N/A	0.00	0.00 SS4	5834
									G1	5898

CAREFULLY DETACH CHECK BEFORE DEPOSITING. RETAIN STATEMENT FOR YOUR RECORDS.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
018748

OSN: MM0801082711-007387
BANK: 288
CHECK REF: 0032026342 DATE: 08/27/19 AMT: 449.10
INTERNAL BILL NO: 122782850 MSR: N0077377
CUST/EXTERNAL BILL NO: 2000401512
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-A80228 HOD
CONTRACT NO: WA7-64D-001632-111
DOCUMENT NO: 1958520

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 59760
SSN:
DOI: 08/16/12
PATIENT:

PROVIDER: JOYY ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 201312181531594046l732
DIAG CODES: 959.9

EMPLOYER: CRST INTERNATIONAL INC
ADDRESS: 10641 CALABASH AVE
FONTANA, CA 92337

LOCATION CODE: 999999

DATES OF SERVICE: 09/05/13-10/08/15
AUDIT DATE: 08/26/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
01/08/14	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	N/A	N/A	0.00	0.00	SS4 5834 G1 5898
01/24/14	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	SS4 5834 G1 5898
06/19/15	T1013		SIGN LANG/ORAL INTERPRETE	1.00	150.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
10/08/15	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	N/A	N/A	0.00	0.00	SS4 5834
09/05/13	99199		SPECIAL SERVICE/PROC/REPO	1.00	130.15	N/A	N/A	0.00	0.00	SS4 5834
10/08/15	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	N/A	N/A	0.00	0.00	SS4 5834
09/05/13	99199		SPECIAL SERVICE/PROC/REPO	1.00	130.15	N/A	N/A	0.00	0.00	SS4 5834
10/08/15	99199		SPECIAL SERVICE/PROC/REPO	1.00	13.50	N/A	N/A	0.00	0.00	SS4 5834
09/05/13	99199		SPECIAL SERVICE/PROC/REPO	1.00	50.93	N/A	N/A	0.00	0.00	SS4 5834

TOTAL CHARGES:	2383.73
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	449.10
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	449.10

EXPLANATION CODE DESCRIPTIONS:

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

4917 CODE (T1013) CHANGED TO (MDS10) BETTER DEFINING SERVICES PERFORMED.

SS4 NO PAYMENT IS BEING MADE, AS NONE IS NECESSARILY OWED.

5834 THE CLAIM HAS BEEN SETTLED AND INSURER IS NOT RESPONSIBLE FOR PAYMENT OF ONGOING MEDICAL SERVICE. PLEASE BILL THE PATIENT DIRECTLY. (5834)

5898 CONTESTED CHARGES MAY BE ADJUDICATED BEFORE THE WORKERS' COMPENSATION APPEALS BOARD. (5898)

309 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.

G56 THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL" CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE

U301 THIS ITEM HAS BEEN REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR IS CURRENTLY IN PROCESS. NOTIFICATION OF DECISION HAS BEEN PREVIOUSLY PROVIDED OR WILL BE ISSUED UPON COMPLETION OF OUR REVIEW. (U301)

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)

Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
018749

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801082711-007388
BANK: 288
CHECK REF: 0032026342 DATE: 08/27/19 AMT: 449.10
INTERNAL BILL NO: 122782850 MSR: N0077377
CUST/EXTERNAL BILL NO: 2000401512
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-A80228 HOD
CONTRACT NO: WA7-64D-001632-111
DOCUMENT NO: 1958520

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 59760
SSN:
DOI: 08/16/12
PATIENT:

PROVIDER: JOYY ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 201312181531594046173 2
DIAG CODES: 959.9

EMPLOYER: CRST INTERNATIONAL INC
ADDRESS: 10641 CALABASH AVE
FONTANA, CA 92337

LOCATION CODE: 999999

DATES OF SERVICE: 09/05/13-10/08/15
AUDIT DATE: 08/26/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

5688 TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMSBR_1.PDF 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 FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMIBR_1.PDF 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.

5792 TO OBTAIN INFORMATION ABOUT THE STATUS OF YOUR MEDICAL BILL SUBMISSIONS AND TO LEARN ABOUT THE RECONSIDERATION PROCESS, OR THE BENEFITS OF PAPERLESS BILLING & ELECTRONIC PAYMENTS (EFT), VISIT OUR PROVIDER SUPPORT WEBSITE AT WWW.LIBERTYMUTUALPROVIDERSUPPORT.COM.

NOTES
- FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOB, INCLUDE
- A COPY OF THE EOB, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION.
- SEND THIS INFORMATION TO THE APPEALS ONLY ADDRESS LOCATED ON THE LEFT CORNER OF THE EOB. (Z212)
- DATE BILL RECEIVED: 08/20/2019 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER PATIENT
- DOB: 05/15/1953
- PPO/MPN NAME: PPO/MPN ID #: PAY-TO PROVIDER STATE LIC #:
-
- LINE # 1 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
- LINE # 2 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
- LINE # 3 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
- LINE # 4 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
- LINE # 5 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
- LINE # 6 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
018750

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801082711-007389
BANK: 288
CHECK REF: 0032026342 DATE: 08/27/19 AMT: 449.10
INTERNAL BILL NO: 122782850 MSR: N0077377
CUST/EXTERNAL BILL NO: 2000401512
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-A80228 HOD
CONTRACT NO: WA7-64D-001632-111
DOCUMENT NO: 1958520

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 59760
SSN:
DOI: 08/16/12
PATIENT:

PROVIDER: JOYY ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 201312181531594046173 2
DIAG CODES: 959.9

EMPLOYER: CRST INTERNATIONAL INC
ADDRESS: 10641 CALABASH AVE
FONTANA, CA 92337

LOCATION CODE: 999999

DATES OF SERVICE: 09/05/13-10/08/15
AUDIT DATE: 08/26/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
¬ LINE # 7	BILLED UNIT:	1.00	RX #:	RENDRG PROV NPI:						
¬ LINE # 8	BILLED UNIT:	1.00	RX #:	RENDRG PROV NPI:						
¬ LINE # 9	BILLED UNIT:	1.00	RX #:	RENDRG PROV NPI:						
¬ LINE # 10	BILLED UNIT:	1.00	RX #:	RENDRG PROV NPI:						
¬ LINE # 11	BILLED UNIT:	1.00	RX #:	RENDRG PROV NPI:						
¬ LINE # 12	BILLED UNIT:	1.00	RX #:	RENDRG PROV NPI:						
¬ LINE # 13	BILLED UNIT:	1.00	RX #:	RENDRG PROV NPI:						
¬ LINE # 14	BILLED UNIT:	1.00	RX #:	RENDRG PROV NPI:						
¬ LINE # 15	BILLED UNIT:	1.00	RX #:	RENDRG PROV NPI:						
¬ LINE # 16	BILLED UNIT:	1.00	RX #:	RENDRG PROV NPI:						
¬ LINE # 17	BILLED UNIT:	1.00	RX #:	RENDRG PROV NPI:						
¬ LINE # 18	BILLED UNIT:	1.00	RX #:	RENDRG PROV NPI:						

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7071
LONDON, KY 40742

Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0032025027	08/27/19
CHECK AMOUNT	BLOCK NUMBER
****$630.90	021177

OSN:MM0301082711-009813

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT ACCT. #	DATES OF SERVICE	CUST/EXTERNAL BILL #	TOTAL BILL CHARGES	TOTAL PAID
59760	09/05/13-06/19/15	2000401428	1,990.00	330.00
59760	09/05/13-06/19/15	2000401450	2,320.90	300.90

TOTAL BILLS COMBINED: 2

630.90

CAREFULLY DETACH CHECK BEFORE DEPOSITING. RETAIN STATEMENT

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7071
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
021178

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0301082711-009814
BANK: 288
CHECK REF: 0032025027 DATE: 08/27/19 AMT: 330.00
INTERNAL BILL NO: 109539478 MSR: N0084247
CUST/EXTERNAL BILL NO: 2000401428
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-A80228 HOD
CONTRACT NO: WA7-64D-001632-111
DOCUMENT NO: 5N1801500130009

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 59760
SSN:
DOI: 08/16/12
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN

AGENCY CLAIM #(BOARD COMM #): 201312181531594046l732
DIAG CODES: 799.8

EMPLOYER: CRST INTERNATIONAL INC
ADDRESS: 10641 CALABASH AVE
FONTANA, CA 92337

LOCATION CODE: 999999

DATES OF SERVICE: 09/05/13-06/19/15
AUDIT DATE: 08/26/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	230.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
09/16/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	150.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
09/12/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	230.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
10/10/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
10/15/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
10/17/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
11/07/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
12/03/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
12/20/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	150.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
01/08/14	T1013		SIGN LANG/ORAL INTERPRETE	8.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
01/24/14	T1013		SIGN LANG/ORAL INTERPRETE							
01/24/14	MDS10		LUMP SUM SETTLEMENT WHERE	8.00	180.00	180.00	N/A	0.00	180.00	G1 4917
06/19/15	T1013		SIGN LANG/ORAL INTERPRETE							
06/19/15	MDS10		LUMP SUM SETTLEMENT WHERE	8.00	150.00	150.00	N/A	0.00	150.00	G1 4917

TOTAL CHARGES:	1990.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	330.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	330.00

EXPLANATION CODE DESCRIPTIONS:

G56 THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL" CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE

U301 THIS ITEM HAS BEEN REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR IS CURRENTLY IN PROCESS. NOTIFICATION OF DECISION HAS BEEN PREVIOUSLY PROVIDED OR WILL BE ISSUED UPON COMPLETION OF OUR REVIEW. (U301)

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7071
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
021179

OSN: MM0301082711-009815
BANK: 288
CHECK REF: 0032025027 DATE: 08/27/19 AMT: 330.00
INTERNAL BILL NO: 109539478 MSR: N0084247
CUST/EXTERNAL BILL NO: 2000401428
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-A80228 HOD
CONTRACT NO: WA7-64D-001632-111
DOCUMENT NO: 5N1801500130009

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 59760
SSN:
DOI: 08/16/12
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN

EMPLOYER: CRST INTERNATIONAL INC
ADDRESS: 10641 CALABASH AVE
FONTANA, CA 92337

LOCATION CODE: 999999

AGENCY CLAIM #(BOARD COMM #): 201312181531594046l732
DIAG CODES: 799.8

DATES OF SERVICE: 09/05/13-06/19/15
AUDIT DATE: 08/26/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

5898 CONTESTED CHARGES MAY BE ADJUDICATED BEFORE THE WORKERS' COMPENSATION APPEALS BOARD. (5898)
4917 CODE (T1013) CHANGED TO (MDS10) BETTER DEFINING SERVICES PERFORMED.
ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)
Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)
Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)
5688 TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMSBR_1.PDF 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 FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMIBR_1.PDF 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.
5792 TO OBTAIN INFORMATION ABOUT THE STATUS OF YOUR MEDICAL BILL SUBMISSIONS AND TO LEARN ABOUT THE RECONSIDERATION PROCESS, OR THE BENEFITS OF PAPERLESS BILLING & ELECTRONIC PAYMENTS (EFT), VISIT OUR PROVIDER SUPPORT WEBSITE AT WWW.LIBERTYMUTUALPROVIDERSUPPORT.COM.

NOTES
- FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOB, INCLUDE
- A COPY OF THE EOB, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION.
- SEND THIS INFORMATION TO THE APPEALS ONLY ADDRESS LOCATED ON THE LEFT CORNER OF THE EOB. (Z212)
- DATE BILL RECEIVED: 08/20/2019 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER PATIENT
- DOB: 05/15/1953

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7071
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
021180

OSN: MM0301082711-009816
BANK: 288
CHECK REF: 0032025027 DATE: 08/27/19 AMT: 330.00
INTERNAL BILL NO: 109539478 MSR: N0084247
CUST/EXTERNAL BILL NO: 2000401428
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-A80228 HOD
CONTRACT NO: WA7-64D-001632-111
DOCUMENT NO: 5N1801500130009

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 59760
SSN:
DOI: 08/16/12
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN

EMPLOYER: CRST INTERNATIONAL INC
ADDRESS: 10641 CALABASH AVE
FONTANA, CA 92337

LOCATION CODE: 999999

AGENCY CLAIM #(BOARD COMM #): 201312181531594046l732
DIAG CODES: 799.8

DATES OF SERVICE: 09/05/13-06/19/15
AUDIT DATE: 08/26/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

¬ PPO/MPN NAME: PPO/MPN ID #: PAY-TO PROVIDER STATE LIC #:
¬
¬ LINE # 1 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 2 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 3 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 4 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 5 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 6 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 7 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 8 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 9 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 10 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 11 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 12 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7071
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Liberty Mutual INSURANCE

BLOCK NUMBER
021181

OSN: MM0301082711-009817
BANK: 288
CHECK REF: 0032025027 DATE: 08/27/19 AMT: 300.90
INTERNAL BILL NO: 120797144 MSR: N0160565
CUST/EXTERNAL BILL NO: 2000401450
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-A80228 HOD
CONTRACT NO: WA7-64D-001632-111
DOCUMENT NO: 3G1831805550003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 59760
SSN:
DOI: 08/16/12
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN

EMPLOYER: CRST INTERNATIONAL INC
ADDRESS: 10641 CALABASH AVE
FONTANA, CA 92337

LOCATION CODE: 999999

AGENCY CLAIM #(BOARD COMM #): 201312181531594046l732
DIAG CODES: 799.8

DATES OF SERVICE: 09/05/13-06/19/15
AUDIT DATE: 08/26/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	230.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
09/16/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	150.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
09/12/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	230.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
10/10/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
10/15/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
10/17/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
11/07/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
12/03/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
12/20/13	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
01/08/14	T1013		SIGN LANG/ORAL INTERPRETE	8.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
01/24/14	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
06/19/15	T1013		SIGN LANG/ORAL INTERPRETE	8.00	150.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
06/19/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	34.50	34.50	N/A	0.00	34.50	G1 876
06/19/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	115.95	115.95	N/A	0.00	115.95	G1 876
06/19/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	34.50	34.50	N/A	0.00	34.50	G1 876
06/19/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	115.95	115.95	N/A	0.00	115.95	G1 876

TOTAL CHARGES:	2320.90
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	300.90
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	300.90

EXPLANATION CODE DESCRIPTIONS:
G56 THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL" CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7071
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
021182

OSN: MM0301082711-009818
BANK: 288
CHECK REF: 0032025027 DATE: 08/27/19 AMT: 300.90
INTERNAL BILL NO: 120797144 MSR: N0160565
CUST/EXTERNAL BILL NO: 2000401450
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-A80228 HOD
CONTRACT NO: WA7-64D-001632-111
DOCUMENT NO: 3G1831805550003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 59760
SSN:
DOI: 08/16/12
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN

EMPLOYER: CRST INTERNATIONAL INC
ADDRESS: 10641 CALABASH AVE
FONTANA, CA 92337

LOCATION CODE: 999999

AGENCY CLAIM #(BOARD COMM #): 201312181531594046l732
DIAG CODES: 799.8

DATES OF SERVICE: 09/05/13-06/19/15
AUDIT DATE: 08/26/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

U301 THIS ITEM HAS BEEN REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR IS CURRENTLY IN PROCESS. NOTIFICATION OF DECISION HAS BEEN PREVIOUSLY PROVIDED OR WILL BE ISSUED UPON COMPLETION OF OUR REVIEW. (U301)

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

5898 CONTESTED CHARGES MAY BE ADJUDICATED BEFORE THE WORKERS' COMPENSATION APPEALS BOARD. (5898)

876 FEE SCHEDULE AMOUNT IS EQUAL TO THE CHARGE

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)

Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

5688 TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMSBR_1.PDF 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 FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMIBR_1.PDF 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.

5792 TO OBTAIN INFORMATION ABOUT THE STATUS OF YOUR MEDICAL BILL SUBMISSIONS AND TO LEARN ABOUT THE RECONSIDERATION PROCESS, OR THE BENEFITS OF PAPERLESS BILLING & ELECTRONIC PAYMENTS (EFT), VISIT OUR PROVIDER SUPPORT WEBSITE AT WWW.LIBERTYMUTUALPROVIDERSUPPORT.COM.

NOTES
- FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOB, INCLUDE

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7071
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
021183

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0301082711-009819
BANK: 288
CHECK REF: 0032025027 DATE: 08/27/19 AMT: 300.90
INTERNAL BILL NO: 120797144 MSR: N0160565
CUST/EXTERNAL BILL NO: 2000401450
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-A80228 HOD
CONTRACT NO: WA7-64D-001632-111
DOCUMENT NO: 3G1831805550003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 59760
SSN:
DOI: 08/16/12
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN

EMPLOYER: CRST INTERNATIONAL INC
ADDRESS: 10641 CALABASH AVE
FONTANA, CA 92337

LOCATION CODE: 999999

AGENCY CLAIM #(BOARD COMM #): 201312181531594046l732
DIAG CODES: 799.8

DATES OF SERVICE: 09/05/13-06/19/15
AUDIT DATE: 08/26/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

¬ A COPY OF THE EOB, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION.
¬ SEND THIS INFORMATION TO THE APPEALS ONLY ADDRESS LOCATED ON THE LEFT CORNER OF THE EOB. (Z212)
¬ DATE BILL RECEIVED: 08/20/2019 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER PATIENT
¬ DOB: 05/15/1953
¬ PPO/MPN NAME: PPO/MPN ID #: PAY-TO PROVIDER STATE LIC #:
¬
¬ LINE # 1 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 2 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 3 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 4 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 5 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 6 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 7 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 8 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 9 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 10 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 11 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 12 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
¬ LINE # 13 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
¬ LINE # 14 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
¬ LINE # 15 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
¬ LINE # 16 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/19 60309

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
648A85678

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: JOSIE BLAIR
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs AVX FILTERS CORP
Date Of Injury: 7/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/13	INITIAL EXAM	DR MIRZABEIGI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 301547	0.00
11/18/13	EMG TESTING	& NCV BY DR BEHZAD: U/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
12/02/13	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
12/03/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
01/10/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/06/14	PMT BY CHECK	DOS 11/1/13-1/10/14* =# 0027549119	-450.00
09/20/19	PMT BY CHECK	DOS 9/18/19* # 0032066522	-225.00
09/30/19	BLCE OFF SET	BALANCE OFF SET	-245.00

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 **

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0027549119	03/06/14
CHECK AMOUNT	BLOCK NUMBER
****$810.00	023038

OSN:MM0801030611-003749

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	11/01/13-01/10/14	WC 648-A85678 HOD	920.00	450.00
	10/23/13-12/04/13	WC 648-438169 REG	1,940.00	360.00

60309

PAID MAR 12 2014

TOTAL BILLS COMBINED: 2

810.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
023039

OSN: MM0801030611-003749
BANK: 288
CHECK REF: 0027549119 DATE: 03/06/14 AMT: 450.00
INTERNAL BILL NO: 103640794 MSR: N0240908
CUST/EXTERNAL BILL NO: 26140511581100
BR PROVIDER #: 059330956713F0

CLAIM NO. WC 648-A85678 HOD
CONTRACT NO: WA7-62D-061348-103-92
DOCUMENT NO: 0N0481403740011

PAYEE: JOYCE ALTMAN INTERPRETER
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETER
PO BOX 4165
TUSTIN, CA 92781

PATIENT ACCT. #: 60309
SSN:
DOI:
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETER

EMPLOYER: AVX CORPORATION
ADDRESS: 11144 PENROSE ST
SUN VALLEY, CA 91352

LOCATION CODE: SV140000

AGENCY CLAIM#(BOARD COMM#): 2013101412131076661329
IDC-9 CODES: 799.89

DATES OF SERVICE: 11/01/13-01/10/14
AUDIT DATE: 02/28/14

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
11/01/13	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	90.00	N/A	0.00	90.00 G1	ZC93
11/18/13	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	90.00	N/A	0.00	90.00 G1	ZC93
12/02/13	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	90.00	N/A	0.00	90.00 G1	ZC93
12/03/13	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	90.00	N/A	0.00	90.00 G1	ZC93
01/10/14	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	90.00	N/A	0.00	90.00 G1	ZC93

TOTAL CHARGES:	920.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	450.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	450.00

EXPLANATION CODE DESCRIPTIONS:

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

ZC93 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE. (ZC93)

ZCA1 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. (ZCA1)

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)

ZD40 FOR SECOND REVIEW REQUESTS CA LABOR CODE 9792.5 AND 9794 PLEASE SEND A COPY OF THE EOR WITH YOUR REQUEST AND DWC FORM SBR-1 TO THE APPEALS ONLY ADDRESS LOCATED ON THE LEFT CORNER OF THE EOR. (ZD40)

ZD41 IF THE PROVIDER DISPUTES THE AMOUNT OF PAYMENT ON A BILL FOR MEDICAL TREATMENT SERVICES SUBMITTED PURSUANT TO LABOR CODE SECTION 4603.2, OR BILL FOR MEDICAL-LEGAL EXPENSES SUBMITTED PURSUANT TO LABOR CODE SECTION 4622, THE PROVIDER MAY REQUEST A SECOND REVIEW OF THE BILL. THE SECOND REVIEW MUST BE REQUESTED WITHIN 90 DAYS OF 1)THE DATE OF SERVICE OF THE EXPLANATION OF REVIEW PROVIDED BY A CLAIMS ADMINISTRATOR IN CONJUNCTION WITH THE PAYMENT, ADJUSTMENT, OR DENIAL OF THE INITIALLY SUBMITTED BILL, IF A PROOF OF SERVICE ACCOMPANIES THE EXPLANATION OF REVIEW. (2) THE DATE OF RECEIPT OF THE EXPLANATION OF REVIEW BY THE PROVIDER, IF A PROOF OF SERVICE DOES NOT ACCOMPANY THE EXPLANATION OF REVIEW AND THE CLAIMS ADMINISTRATOR HAS DOCUMENTATION OF RECEIPT. (3) IF THE EXPLANATION OF REVIEW IS SENT BY MAIL AND IF IN THE ABSENCE OF A PROOF OF SERVICE OR DOCUMENTATION OF RECEIPT, THE DATE THAT IS FIVE (5) CALENDAR DAYS AFTER THE DATE OF THE UNITED STATES POSTMARK STAMPED ON THE ENVELOPE IN WHICH THE EXPLANATION OF REVIEW WAS MAILED. (ZD41)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DNC ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE REQUESTING A SECOND REVIEW, CA LABOR CODE 9792.5, BY SUBMITTING DWC FORM SBR 1, A COPY OF THE EOR, ORIGINAL DATES OF SERVICE AND THE SAME ITEMIZED SERVICES RENDERED AS THE ORIGINAL BILL, INFORMATION ON THE ITEM AND AMOUNT IN DISPUTE, THE ADDITIONAL PAYMENT REQUESTED AND THE REASON THEREFOR, THE ADDITIONAL INFORMATION

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
023040

OSN: MM0801030611-003750
BANK: 288
CHECK REF: 0027549119 DATE: 03/06/14 AMT: 450.00
INTERNAL BILL NO: 103640794 MSR: N0240908
CUST/EXTERNAL BILL NO: 26140511581100
BR PROVIDER #: 059330956713F0

CLAIM NO. WC 648-A85678 MOD
CONTRACT NO: WA7-62D-061348-103-92
DOCUMENT NO: 0W0481403740011

PAYEE: JOYCE ALTMAN INTERPRETER
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETER
PO BOX 4165
TUSTIN, CA 92781

PROVIDER: JOYCE ALTMAN INTERPRETER

PATIENT ACCT. #:
SSN:
DOI:
PATIENT:

EMPLOYER: AVX CORPORATION
ADDRESS: 11144 PENROSE ST
SUN VALLEY, CA 91352

LOCATION CODE: SV140000

AGENCY CLAIM#(BOARD COMM#): 201310141213107666 1329
IDC-9 CODES: 799.89

DATES OF SERVICE: 11/01/13-01/10/14
AUDIT DATE: 02/28/14

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

PROVIDED IN RESPONSE TO A REQUEST IN THE FIRST EOR OR ANY OTHER ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THE ADDITIONAL PAYMENT REQUESTED. IF A COPY OF THE EOR IS NOT PROVIDED, INCLUDE THE DATE OF THE EXPLANATION OF REVIEW, THE CLAIM NUMBER AND THE UNIQUE IDENTIFYING NUMBER PROVIDED ON THE EOR IN THE CUST EXTERNAL BILL NO FIELD. NO NEW DATES OF SERVICE MAY BEINCLUDED. IF THE ONLY DISPUTE IS THE AMOUNT OF PAYMENT AND THE PROVIDER DOES NOT REQUEST A SECOND REVIEW WITHIN THE TIMEFRAMES SET FORTH IN 9792.5.5 SUBDIVISION B, THE BILL SHALL BE DEEMED SATISFIED AND NEITHER THE CLAIMS ADMINISTRATOR NOR THE EMPLOYEE SHALL BE LIABLE FOR ANY FURTHER PAYMENT. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, TO LEARN ABOUT OUR APPEAL PROCESS, OR TO CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.LIBERTYMUTUALPROVIDERSUPPORT.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOB, INCLUDE A COPY OF THE EOB, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE APPEALS ONLY ADDRESS LOCATED ON THE LEFT CORNER OF THE EOB. (Z212)
DATE BILL RECEIVED: 02/14/2014 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER
PPO/MPN NAME: PPO/MPN ID #: PAY-TO PROVIDER STATE LIC #:

LINE # 1 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
LINE # 2 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
LINE # 3 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
LINE # 4 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
LINE # 5 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:

Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0032066522	09/20/19
CHECK AMOUNT	BLOCK NUMBER
****$225.00	001793

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801092002-001793
BANK: 288
CHECK REF: 0032066522 DATE: 09/20/19 AMT: 225.00
INTERNAL BILL NO: 124973280 MSR: N0077377
CUST/EXTERNAL BILL NO: 1104220168
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 648-A85678 HOD
CONTRACT NO: WA7-62D-061348-103
DOCUMENT NO: 11042201680

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: NA
SSN:
DOI:
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 201310141213107666l329
DIAG CODES: R68.89

EMPLOYER: AVX CORPORATION
ADDRESS: 11144 PENROSE ST
SUN VALLEY, CA 91352

DATES OF SERVICE: 09/18/19-09/18/19
LOCATION CODE: SV140000 AUDIT DATE: 09/19/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/18/19	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	225.00	225.00	N/A	0.00	225.00 G1	876

TOTAL CHARGES:	225.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	225.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	225.00

EXPLANATION CODE DESCRIPTIONS:

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

876 FEE SCHEDULE AMOUNT IS EQUAL TO THE CHARGE

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)

Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS

CAREFULLY DETACH CHECK BEFORE DEPOSITING. RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
001794

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801092002-001794
BANK: 288
CHECK REF: 0032066522 DATE: 09/20/19 AMT: 225.00
INTERNAL BILL NO: 124973280 MSR: N0077377
CUST/EXTERNAL BILL NO: 1104220168
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 648-A85678 HOD
CONTRACT NO: WA7-62D-061348-103
DOCUMENT NO: 11042201680

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: NA
SSN:
DOI:
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 2013101412131076661329
DIAG CODES: R68.89

EMPLOYER: AVX CORPORATION
ADDRESS: 11144 PENROSE ST
SUN VALLEY, CA 91352

DATES OF SERVICE: 09/18/19-09/18/19
AUDIT DATE: 09/19/19

LOCATION CODE: SV140000

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

5688 TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMSBR_1.PDF 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 FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMIBR_1.PDF 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.

5792 TO OBTAIN INFORMATION ABOUT THE STATUS OF YOUR MEDICAL BILL SUBMISSIONS AND TO LEARN ABOUT THE RECONSIDERATION PROCESS, OR THE BENEFITS OF PAPERLESS BILLING & ELECTRONIC PAYMENTS (EFT), VISIT OUR PROVIDER SUPPORT WEBSITE AT WWW.LIBERTYMUTUALPROVIDERSUPPORT.COM.

NOTES
- FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOB, INCLUDE
- A COPY OF THE EOB, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION.
- SEND THIS INFORMATION TO THE APPEALS ONLY ADDRESS LOCATED ON THE LEFT CORNER OF THE EOB. (Z212)
- DATE BILL RECEIVED: 09/18/2019 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER PATIENT
- DOB: 07/30/1952
- PPO/MPN NAME: PPO/MPN ID #: PAY-TO PROVIDER STATE LIC #:
-
- LINE # 1 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/27/19 60644

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
608A58338

BILL TO:
LIBERTY MUTUAL (LONDON, KY)
W. C. DEPARTMENT
ATTN: KERA JESKE
P.O. BOX 7203
LONDON, KY 40742

Case: vs MIDDLE EAST RESTAURANT
Date Of Injury: 12/1/97-3/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/02/14	INITIAL EXAM	-DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
01/07/14	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/10/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR RINK*	150.00
/ /	INTERPRETER:	LESLIE RIVERA # 500259	0.00
01/22/14	EMG TESTING	& NCV BY DR SCHILLING: L/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	LESLIE RIVERA # 500259	0.00
01/30/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/27/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/05/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	LESLIE RIVERA MELTON # 500259	0.00
03/11/14	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
04/03/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
04/08/14	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 5000371	0.00
05/02/14	INITIAL EXAM	DR MASSIHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/13/14	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	PATY PAREDES NAVA # 101026	0.00
05/16/14	INITIAL EXAM	-DR SHAMLOU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
05/28/14	F/U CHIRO TX	-CHIRO TREATMENT W/DR BAHAN @ ADVANCE CARE*	90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/27/19 60644

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
608A58338

BILL TO:
LIBERTY MUTUAL (LONDON, KY)
W. C. DEPARTMENT
ATTN: KERA JESKE
P.O. BOX 7203
LONDON, KY 40742

Case: vs MIDDLE EAST RESTAURANT
Date Of Injury: 12/1/97-3/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/29/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/30/14	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/03/14	F/U CHIRO TX	-CHIRO TREATMENT @ ACS W/ DR BAHAN*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/06/14	PR2/REEVAL	-W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/10/14	F/U CHIRO TX	-CHIRO TREATMENT @ ACS W/DR BAHAN*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/17/14	PR2/REEVAL	-DR BAHAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/13/14	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
06/24/14	F/U CHIRO TX	-CHIRO TREATMENT W/DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/26/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/27/14	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/08/14	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/09/14	F/U CHIRO TX	-CHIRO TREATMENT W/ DR GHODS @ ADVANCE CARE*	90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/27/19 60644

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
608A58338

BILL TO:
LIBERTY MUTUAL (LONDON, KY)
W. C. DEPARTMENT
ATTN: KERA JESKE
P.O. BOX 7203
LONDON, KY 40742

Case: vs MIDDLE EAST RESTAURANT
Date Of Injury: 12/1/97-3/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/11/14	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
07/18/14	PR2-RE/EVAL	-W/ACUPUNCTURIST PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
07/22/14	F/U CHIRO TX	-CHIRO TREATMENT W/DR BAHAN @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
07/25/14	PR2-RE/EVAL	-W/ACUPUNCTURIST HAN @ ADVANC CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/29/14	F/U CHIRO TX	-CHIRO TREATMENT W/DR BAHAN @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/05/14	PR2/REEVAL	DR WADE & -PR2/REEVAL DR BAHA @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301321	0.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/08/14	PR2/REEVAL	-W/ACUP. W/HAN & JANG @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/12/14	PR2/REEVAL	-DR BAHAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/22/14	PR2-RE/EVAL	-W/ACUPUNCT HAN/BUKUM @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/15/14	PR2-RE/EVAL	-W/ACUPUNCT JANG/HAN @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/02/14	PR2/REEVAL	-DR WADE & -F/U CHIRO TREATME W/ DR BAHAN @ ACS*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
/ /	INTERPRETER:	PATY PAREDES NAVA # 101026	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
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*** INVOICE ***

Date	NO#
09/27/19	60644

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LIBERTY MUTUAL (LONDON, KY)
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ATTN: KERA JESKE
P.O. BOX 7203
LONDON, KY 40742

Case: vs MIDDLE EAST RESTAURANT
Date Of Injury: 12/1/97-3/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/09/14	F/U CHIRO TX	-CHIRO TREATMENT @ ACS W/ DR BAHAN*	90.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
09/16/14	F/U CHIRO TX	-CHIRO TREATMENT @ ACS W/ DR BAHAN*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/18/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
09/19/14	PR2-RE/EVAL	-W/ACUPUNCT HAN/KIM @ ACS*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/23/14	F/U CHIRO TX	-CHIRO TREATMENT W/DR BAHAN*	90.00
/ /	INTERPRETER:	LESLIE R. MELITON # 500259	0.00
09/26/14	PR2-RE/EVAL	-W/ACUPUNCT KIM @ ADVANCE CAR *	180.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
10/10/14	PR2-RE/EVAL	-W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	MARIA CHUY DEL OLMO # 301577	0.00
10/14/14	PR2/REEVAL	-DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
10/23/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
10/17/14	PR2-RE/EVAL	-W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
11/11/14	PR2-RE/EVAL	-W/ACUPUNCT KIM @ ACS* (PM)	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/11/14	INITIAL EXAM	-DR LUIS PEREZ @ ADVANCE CARE (AM)	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/27/19 60644

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Terms: 60 days
Claim #(s):
608A58338

BILL TO:
LIBERTY MUTUAL (LONDON, KY)
W. C. DEPARTMENT
ATTN: KERA JESKE
P.O. BOX 7203
LONDON, KY 40742

Case: vs MIDDLE EAST RESTAURANT
Date Of Injury: 12/1/97-3/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/25/14	FOLLOW-UP	-W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/20/15	INITIAL EXAM	-DR S. AHDAB @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/24/14	INITIAL EXAM	-DR P. MENDELSOHN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
03/24/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/26/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/04/14	PR2/REEVAL	-DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
12/09/14	FOLLOW-UP	-W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	LESLIE R. MELTON # 500259	0.00
04/21/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/16/14	PR2/REEVAL	-DR AHMAD @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
04/30/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/15/15	PMT BY CHECK	DOS 1/2/14-3/20/15* # 1010458245	-4680.00
01/15/15	PR2/REEVAL	-DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
05/15/15	PR2/REEVAL	-DR AHDAB @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
01/27/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/29/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNOLLY*	150.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/27/19 60644

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
608A58338

BILL TO:
LIBERTY MUTUAL (LONDON, KY)
W. C. DEPARTMENT
ATTN: KERA JESKE
P.O. BOX 7203
LONDON, KY 40742

Case: vs MIDDLE EAST RESTAURANT
Date Of Injury: 12/1/97-3/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LESLIE RIVERA MELTON # 500259 (FINAL)	0.00
02/26/15	PR2/REEVAL	-DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	LESLIE R. MELTON # 500259	0.00
02/24/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
06/02/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
06/04/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/09/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/02/15	PR2/REEVAL	-DR SAMIH AHDAB @ ACS*	180.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
07/17/15	P AND S	-DR HIGASHI @ ACS*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/20/16	LIEN FIL FEE	LIEN FILING FEE	150.00
06/27/19	PENALTIES	FOR DATE OF SERVICE 01/02/14	21.00
09/05/19	INTEREST	FOR DATE OF SERVICE 01/02/14	79.04
06/27/19	PENALTIES	FOR DATE OF SERVICE 05/02/14	21.00
09/05/19	INTEREST	FOR DATE OF SERVICE 05/02/14	79.04
06/27/19	PENALTIES	FOR DATE OF SERVICE 05/16/14	21.00
09/05/19	INTEREST	FOR DATE OF SERVICE 05/16/14	79.04
06/27/19	PENALTIES	FOR DATE OF SERVICE 11/11/14	21.00
09/05/19	INTEREST	FOR DATE OF SERVICE 11/11/14	72.03
06/27/19	PENALTIES	FOR DATE OF SERVICE 03/20/15	21.00
09/05/19	INTEREST	FOR DATE OF SERVICE 03/20/15	69.78
06/27/19	PENALTIES	FOR DATE OF SERVICE 11/24/14	34.50
09/05/19	INTEREST	FOR DATE OF SERVICE 11/24/14	114.57
06/27/19	PENALTIES	FOR DATE OF SERVICE 07/17/15	34.50
09/05/19	INTEREST	FOR DATE OF SERVICE 07/17/15	105.15

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/27/19 60644

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
608A58338

BILL TO:
LIBERTY MUTUAL (LONDON, KY)
W. C. DEPARTMENT
ATTN: KERA JESKE
P.O. BOX 7203
LONDON, KY 40742

Case: vs MIDDLE EAST RESTAURANT
Date Of Injury: 12/1/97-3/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/19	PMT BY CHECK	DOS 9/17/19* # 1010979789	-1560.00
09/18/19	PMT BY CHECK	DOS 1/2/14-3/20/15* =# 1010979788	-3940.00
09/27/19	BLCE OFF SET	BALANCE OFF SET	-2852.65

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 **

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
R07	1010458245	06/15/15
	CHECK AMOUNT ******$4,680.00	BLOCK NUMBER 001940

AGENT NAME SHAW MOSES MENDENHALL & ASSO
AGENT NUMBER 4295273

LOSS DATE 03/15/13
CASE # 005163140
INVOICE # 26151341137300

PAYEE: JOYCE ALTMAN INTERPRETERS INC

PAYEE ADDRESS:
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM REP: LEEANN EMERY
CLAIM REP PHONE: 8009332453

60644

INVOICE #	INSURED/CLAIMANT NAME	CASE #	PAYABLE	POLICY
26151341137300		005163140	4,680.00	8935267

REMARKS: $4680.00
01/02/2014 THRU 03/20/2015
FOR BILL INQUIRIES ONLY, PLEASE CALL 1(888)832-1130.
EXPLANATION OF BENEFITS IS BEING SENT SEPARATELY.

TOTAL AMOUNT: $4,680.00

PAID JUN 22 2015

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
R07	1010979789	09/18/19
	CHECK AMOUNT *****$1,560.00	BLOCK NUMBER 001487

AGENT NAME SHAW MOSES MENDENHALL & ASSO
AGENT NUMBER 4295273

LOSS DATE 03/15/13

CASE # 005163140

INVOICE # 1104200988-001

PAYEE: JOYCE ALTMAN INTERPRETERS INC

CLAIM REP: NOLAN POOL

CLAIM REP PHONE: 8665408349

PAYEE ADDRESS:
PO BOX 4165
TUSTIN CA 92781-4165

INVOICE #	INSURED/CLAIMANT NAME	CASE #	PAYABLE	POLICY
1104200988-001		005163140	1,560.00	8935267

REMARKS: $1560.00
09/17/2019 THRU 09/17/2019
FOR BILL INQUIRIES ONLY, PLEASE CALL 1(877)208-7326.

TOTAL AMOUNT: $1,560.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Liberty Mutual. INSURANCE

RCS 2

Process Date: 09/18/2019
Control Number: 1104200988
EOR Page 2 of 2
Rev/Aud: SN/SN

Claim Number: 005163140001
Claimant:
Provider Tax ID: 330956713 Vendor: 330956713-0003
Provider Ref: na Geo Zip: 92781
Provider License: mdca

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 03/15/2013
Claims Received Date: 09/17/2019

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

ICD-DX1: R68.89 Other general symptoms and signs

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons

Employer Name: RCS Insured, Employer ID: , Employer Address: 910 E MAIN ST, ALHAMBRA, CA 91801

Payer Name: PEERLESS INDEMNITY INSURANCE COMPANY, Payer Address: Payer ID Number: 132919779

Claimant Address: 127 E MISSION RD SAN GABRIEL, CA 91776, Claimant D.O.B.: 01/02/1940

Payment Information: Payment Status Code:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf 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 Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormIBR_1.pdf 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.

SEND NEW BILLS TO:
WC PROCESSING CENTER
P.O. BOX 515099
LOS ANGELES, CA 90051-5099

IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS BELOW.

FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE ALLOWANCE COLUMN ON THIS EOB, INCLUDE A COPY OF THE EOB, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE APPEALS ONLY ADDRESS LOCATED BELOW:

P.O. BOX 7070
LONDON, KY 40742

GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060.

TO OBTAIN INFORMATION ABOUT THE STATUS OF YOUR MEDICAL BILL SUBMISSIONS AND TO LEARN ABOUT THE RECONSIDERATION PROCESS, OR THE BENEFITS OF PAPERLESS BILLING & ELECTRONIC PAYMENTS (EFT), VISIT OUR PROVIDER SUPPORT WEBSITE AT WWW.LIBERTYMUTUALPROVIDERSUPPORT.COM.

*** Workers Compensation ***

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
R07	1010979788	09/18/19
	CHECK AMOUNT ******$3,940.00	BLOCK NUMBER 001486

AGENT NAME SHAW MOSES MENDENHALL & ASSO
AGENT NUMBER 4295273

LOSS DATE 03/15/13

CASE # 005163140

INVOICE # 2000424203-002

PAYEE: JOYCE ALTMAN INTERPRETERS INC

PAYEE ADDRESS:
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM REP: NOLAN POOL

CLAIM REP PHONE: 8665408349

INVOICE #	INSURED/CLAIMANT NAME	CASE #	PAYABLE	POLICY
2000424203-002		005163140	3,940.00	8935267

REMARKS:
01/02/2014 THRU 03/20/2015
FOR BILL INQUIRIES ONLY, PLEASE CALL 1(877)208-7326.

$3940.00

TOTAL AMOUNT: $3,940.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Liberty Mutual. INSURANCE

RCS 2

RE-EVALUATION
Process Date: 09/18/2019
Re-Evaluation Control Number: 2000424203
Original Control Number: 1016331069

Rev/Aud: SN/SN*

Claim Number: 005163140001
Claimant:
Provider Tax ID: 330956713 Vendor: 330956713-0003
Provider Ref: 60644 Geo Zip: 92781
Provider License: mdca

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 03/15/2013
Claims Received Date: 09/17/2019

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

ICD-DX1: 799.8 OTHER ILL-DEFINED CONDITIONS

MPN Claim: N Region: 02
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
01/02/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-140.00	0.00	0.00	140.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $230.00/$90.00									
01/07/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
01/10/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-60.00	0.00	0.00	60.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $150.00/$90.00									
01/22/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-60.00	0.00	0.00	60.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $150.00/$90.00									
01/30/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
02/05/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-60.00	0.00	0.00	60.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $150.00/$90.00									
02/27/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
03/11/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
04/03/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
04/08/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
05/02/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-140.00	0.00	0.00	140.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $230.00/$90.00									
05/13/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									

Claim Number: 005163140001
Claimant:
Provider Tax ID: 330956713 Vendor: 330956713-0003
Provider Ref: 60644 Geo Zip: 92781
Provider License: mdca

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 03/15/2013
Claims Received Date: 09/17/2019

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

ICD-DX1: 799.8 OTHER ILL-DEFINED CONDITIONS

MPN Claim: N Region: 02
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
05/16/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-140.00	0.00	0.00	140.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $230.00/$90.00									
05/28/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	0.00	0.00	0.00	0.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $90.00/$90.00									
05/29/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
05/30/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
06/03/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	0.00	0.00	0.00	0.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $90.00/$90.00									
06/06/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
06/10/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	0.00	0.00	0.00	0.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $90.00/$90.00									
06/13/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
06/17/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
06/24/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	0.00	0.00	0.00	0.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $90.00/$90.00									
06/26/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
06/27/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									

Liberty Mutual. INSURANCE

RCS 2

RE-EVALUATION
Process Date: 09/18/2019
Re-Evaluation Control Number: 2000424203
Original Control Number: 1016331069
EOR Page 3 of 7
Rev/Aud: SN/SN*

Claim Number: 005163140001
Claimant:
Provider Tax ID: 330956713 Vendor: 330956713-0003
Provider Ref: 60644 Geo Zip: 92781
Provider License: mdca

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 03/15/2013
Claims Received Date: 09/17/2019

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

ICD-DX1: 799.8 OTHER ILL-DEFINED CONDITIONS

MPN Claim: N Region: 02
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
07/08/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
07/09/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	0.00	0.00	0.00	0.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $90.00/$90.00									
07/11/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
07/18/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
07/22/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	0.00	0.00	0.00	0.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $90.00/$90.00									
07/25/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
07/29/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	0.00	0.00	0.00	0.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $90.00/$90.00									
08/05/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
08/08/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
08/12/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
08/14/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									
08/15/14	11	MDO10		FINAL ORDR/AWAI	8.000	0.00	-90.00	0.00	0.00	90.00	4917,G1
		T1013 Changed to MDO10 Better Defining Services Performed									
		Original Charge/Allowance: $180.00/$90.00									

Liberty Mutual. INSURANCE

RCS 2

RE-EVALUATION
Process Date: 09/18/2019
Re-Evaluation Control Number: 2000424203
Original Control Number: 1016331069

Rev/Aud: SN/SN*

Claim Number: 005163140001
Claimant:
Provider Tax ID: 330956713 Vendor: 330956713-0003
Provider Ref: 60644 Geo Zip: 92781
Provider License: mdca

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 03/15/2013
Claims Received Date: 09/17/2019

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

ICD-DX1: 799.8 OTHER ILL-DEFINED CONDITIONS

MPN Claim: N Region: 02

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

*** Workers Compensation ***

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/01/19 68882

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
648A29536; 648442558

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: STEPHANIE GARCIA
P.O. BOX 29073
GLENDALE, CA 91209

Case: . vs HAWKER PACIFIC
Date Of Injury: CT: 2/1/14-6/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/16	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/09/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/15/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/16/16	FOLLOW-UP	W/ ACUPUNT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/18/16	PR2/REEVAL	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/22/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
03/23/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
04/12/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/13/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/12/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/16/16	FOLLOW-UP	W/ ACUPUNCT FEDER # GOFNUNG	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/01/19 68882

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
648A29536; 648442558

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: STEPHANIE GARCIA
P.O. BOX 29073
GLENDALE, CA 91209

Case: . vs HAWKER PACIFIC
Date Of Injury: CT: 2/1/14-6/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
		CHIRO*	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/19/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG	180.00
		CHIRO*	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/25/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/26/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/27/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/03/16	FOLLOW-UP	W/ACUPUNCT FEDER & SHOCKWAVE	180.00
		TX W/DR SUUTARI*	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500358	0.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
05/04/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/05/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/11/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG	180.00
		CHIRO*	
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/17/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/19/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ELIZABETH RODRIGUEZ # 101740	0.00
05/24/16	PR2/REEVAL	DR GOFNUNG & F/U ACUP W/FEDER	180.00
		@ GOFNUNG CHIRO*	
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/26/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/01/19 68882

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
648A29536; 648442558

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: STEPHANIE GARCIA
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs HAWKER PACIFIC
Date Of Injury: CT: 2/1/14-6/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
		CHIRO*	
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
05/31/16	SHOCK WAVE	THERAPY W/DR GOFNUNG @ GOFNUNG CHIRO*	150.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/01/16	FINAL ACUPT	W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/06/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
07/08/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/26/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/03/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
11/14/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/30/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/03/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/17/17	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/30/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/01/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/10/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/02/19	LIEN FIL FEE	LIEN FILING FEE	150.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/01/19 68882

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
648A29536; 648442558

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: STEPHANIE GARCIA
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs HAWKER PACIFIC
Date Of Injury: CT: 2/1/14-6/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/19	PENALTIES	FOR DATE OF SERVICE 03/08/16	34.50
09/12/19	INTEREST	FOR DATE OF SERVICE 03/08/16	89.79
09/12/19	PENALTIES	FOR DATE OF SERVICE 06/01/16	34.50
09/12/19	INTEREST	FOR DATE OF SERVICE 06/01/16	86.81
09/12/19	PENALTIES	FOR DATE OF SERVICE 03/17/17	34.50
09/12/19	INTEREST	FOR DATE OF SERVICE 03/17/17	64.93
09/26/19	PMT BY CHECK	DOS 9/23/19* # 0032075762	-6500.00
10/01/19	BLCE OFF SET	BALANCE OFF SET	-595.03

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 **

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0032075762	09/26/19
CHECK AMOUNT	BLOCK NUMBER
***$6500.00	013089

OSN:MM0801092611-006121

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT ACCT. #	DATES OF SERVICE	CUST/EXTERNAL BILL #	TOTAL BILL CHARGES	TOTAL PAID
NA	03/08/16-04/13/16	2000432287	1,850.00	180.00
NA	09/23/19-09/23/19	1104278524	6,320.00	6,320.00

TOTAL BILLS COMBINED: 2 6,500.00

DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
013094

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801092611-006126
BANK: 288
CHECK REF: 0032075762 DATE: 09/26/19 AMT: 6,320.00
INTERNAL BILL NO: 125035370 MSR: N0077377
CUST/EXTERNAL BILL NO: 1104278524
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 648-442558 HOD
CONTRACT NO: WA7-69D-444027-030
DOCUMENT NO: 11042785240

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: NA
SSN:
DOI: 09/01/10
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: HAWKER PACIFIC AEROSPACE
ADDRESS: 11240 SHERMAN WAY
SUN VALLEY, CA 91352

LOCATION CODE: 051700HAW000

AGENCY CLAIM #(BOARD COMM #): 201009131842286233731
DIAG CODES: R68.89

DATES OF SERVICE: 09/23/19-09/23/19
AUDIT DATE: 09/25/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
5792			REQUESTING IBR SHALL NOT BEGIN TO RUN UNTIL THE RESOLUTION OF THAT ISSUE BECOMES FINAL. TO OBTAIN INFORMATION ABOUT THE STATUS OF YOUR MEDICAL BILL SUBMISSIONS AND TO LEARN ABOUT THE RECONSIDERATION PROCESS, OR THE BENEFITS OF PAPERLESS BILLING & ELECTRONIC PAYMENTS (EFT), VISIT OUR PROVIDER SUPPORT WEBSITE AT WWW.LIBERTYMUTUALPROVIDERSUPPORT.COM.							

NOTES
- FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOB, INCLUDE
- A COPY OF THE EOB, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION.
- SEND THIS INFORMATION TO THE APPEALS ONLY ADDRESS LOCATED ON THE LEFT CORNER OF THE EOB. (Z212)
- DATE BILL RECEIVED: 09/23/2019 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER PATIENT
- DOB: 10/11/1953
- PPO/MPN NAME: PPO/MPN ID #: PAY-TO PROVIDER STATE LIC #:
-
- LINE # 1 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
013093

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801092611-006125
BANK: 288
CHECK REF: 0032075762 DATE: 09/26/19 AMT: 6,320.00
INTERNAL BILL NO: 125035370 MSR: N0077377
CUST/EXTERNAL BILL NO: 1104278524
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 648-442558 HOD
CONTRACT NO: WA7-69D-444027-030
DOCUMENT NO: 11042785240

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: NA
SSN:
DOI: 09/01/10
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 201009131842286233731
DIAG CODES: R68.89

EMPLOYER: HAWKER PACIFIC AEROSPACE
ADDRESS: 11240 SHERMAN WAY
SUN VALLEY, CA 91352

DATES OF SERVICE: 09/23/19-09/23/19
AUDIT DATE: 09/25/19

LOCATION CODE: 051700HAW000

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/23/19	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	6320.00	6320.00	N/A	0.00	6320.00 G1	876

TOTAL CHARGES: 6320.00
TOTAL PREVIOUSLY PAID: 0.00
TOTAL CURRENT PAYABLE: 6320.00
TOTAL WITHHOLDING - (FEDERAL AND STATE): 0.00

TOTAL AMOUNT PAID: 6320.00

EXPLANATION CODE DESCRIPTIONS:

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

876 FEE SCHEDULE AMOUNT IS EQUAL TO THE CHARGE

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)

Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

5688 TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMSBR_1.PDF 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 FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMIBR_1.PDF 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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
013090

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801092611-006122
BANK: 288
CHECK REF: 0032075762 DATE: 09/26/19 AMT: 180.00
INTERNAL BILL NO: 113125464 MSR: N0077377
CUST/EXTERNAL BILL NO: 2000432287
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 648-442558 HOD
CONTRACT NO: WA7-69D-444027-030
DOCUMENT NO: 0B1371600240004

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: NA
SSN:
DOI: 09/01/10
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN

AGENCY CLAIM #(BOARD COMM #): 201009131842286233673 1
DIAG CODES: T14.90

EMPLOYER: HAWKER PACIFIC AEROSPACE
ADDRESS: 11240 SHERMAN WAY
SUN VALLEY, CA 91352

LOCATION CODE: 051700HAW000

DATES OF SERVICE: 03/08/16-04/13/16
AUDIT DATE: 09/25/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/08/16	T1013		SIGN LANG/ORAL INTERPRETE	8.00	230.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/09/16	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/15/16	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/16/16	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/18/16	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/22/16	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/23/16	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
04/12/16	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
04/13/16	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/12/16	T1013		SIGN LANG/ORAL INTERPRETE							
03/12/16	MDS10		LUMP SUM SETTLEMENT WHERE	8.00	180.00	180.00	N/A	0.00	180.00	G1 4917

TOTAL CHARGES:	1850.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	180.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	180.00

EXPLANATION CODE DESCRIPTIONS:

G56 THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL" CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE

U301 THIS ITEM HAS BEEN REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR IS CURRENTLY IN PROCESS. NOTIFICATION OF DECISION HAS BEEN PREVIOUSLY PROVIDED OR WILL BE ISSUED UPON COMPLETION OF OUR REVIEW. (U301)

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

5898 CONTESTED CHARGES MAY BE ADJUDICATED BEFORE THE WORKERS' COMPENSATION APPEALS BOARD. (5898)

4917 CODE (T1013) CHANGED TO (MDS10) BETTER DEFINING SERVICES PERFORMED.

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/09/19 69009

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
608-C64592

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: BRITTNEY NCHUGH
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs POWER DISTRIBUTION INC
Date Of Injury: CT 3/9/15-3/9/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/16	INITIAL EXAM	-DR TUNG BUU @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/23/16	F.C.E. TEST	-FUNCT CAPACITY EVAL @ AMERI W/DR RODRIGUEZ* INIT	150.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
03/30/16	INITIAL ACUP	-W/ ACUPUNCT ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/21/16	PR2/REEVAL	-DR TUNG BUU @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/10/17	LIEN FIL FEE	LIEN FILING FEE	150.00
08/07/19	PENALTIES	FOR DATE OF SERVICE 03/15/16	34.50
08/07/19	INTEREST	FOR DATE OF SERVICE 03/15/16	83.84
08/07/19	PENALTIES	FOR DATE OF SERVICE 03/30/16	34.50
08/07/19	INTEREST	FOR DATE OF SERVICE 03/30/16	83.84
09/03/19	PMT BY CHECK	DOS 3/15/16-10/10/17* =# 0032037022	-800.00
09/09/19	BLCE OFF SET	BALANCE OFF SET	-376.68

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 **

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0032037022	09/03/19
CHECK AMOUNT	BLOCK NUMBER
****$800.00	021616

OSN:MM0801090311-009422

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT ACCT. #	DATES OF SERVICE	CUST/EXTERNAL BILL #	TOTAL BILL CHARGES	TOTAL PAID
69009	03/15/16-04/21/16	2000408498	790.00	650.00
69009	03/15/16-10/10/17	2000408473	940.00	150.00

TOTAL BILLS COMBINED: 2 800.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
021620

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801090311-009426
BANK: 288
CHECK REF: 0032037022 DATE: 09/03/19 AMT: 150.00
INTERNAL BILL NO: 123765668 MSR: N0077377
CUST/EXTERNAL BILL NO: 2000408473
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-C64592 HOD
CONTRACT NO: WA7-63D-004341-365
DOCUMENT NO: 2956096

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 69009
SSN:
DOI:
PATIENT:

PROVIDER: TUNG BUU
JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: SMITHS GROUP NORTH AMERICA INC
ADDRESS: 4011 WEST CARRIAGE DRIVE
SANTA ANA, CA 92704

LOCATION CODE: II5103

AGENCY CLAIM #(BOARD COMM #): 20160428132427633410 45
DIAG CODES: T14.90

DATES OF SERVICE: 03/15/16-10/10/17
AUDIT DATE: 08/30/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

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 FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMIBR_1.PDF 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.

5792 TO OBTAIN INFORMATION ABOUT THE STATUS OF YOUR MEDICAL BILL SUBMISSIONS AND TO LEARN ABOUT THE RECONSIDERATION PROCESS, OR THE BENEFITS OF PAPERLESS BILLING & ELECTRONIC PAYMENTS (EFT), VISIT OUR PROVIDER SUPPORT WEBSITE AT WWW.LIBERTYMUTUALPROVIDERSUPPORT.COM.

NOTES
- FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOB, INCLUDE
- A COPY OF THE EOB, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION.
- SEND THIS INFORMATION TO THE APPEALS ONLY ADDRESS LOCATED ON THE LEFT CORNER OF THE EOB. (Z212)
- DATE BILL RECEIVED: 08/29/2019 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER PATIENT
- DOB: 05/21/1975
- PPO/MPN NAME: PPO/MPN ID #: PAY-TO PROVIDER STATE LIC #: MDCA
-
- LINE # 1 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
- LINE # 2 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
- LINE # 3 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
- LINE # 4 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:
- LINE # 5 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
021619

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801090311-009425
BANK: 288
CHECK REF: 0032037022 DATE: 09/03/19 AMT: 150.00
INTERNAL BILL NO: 123765668 MSR: N0077377
CUST/EXTERNAL BILL NO: 2000408473
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-C64592 HOD
CONTRACT NO: WA7-63D-004341-365
DOCUMENT NO: 2956096

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 69009
SSN:
DOI: 05/09/16
PATIENT:

PROVIDER: TUNG BUU
JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: SMITHS GROUP NORTH AMERICA INC
ADDRESS: 4011 WEST CARRIAGE DRIVE
SANTA ANA, CA 92704

LOCATION CODE: II5103

AGENCY CLAIM #(BOARD COMM #): 20160428132427633410 45
DIAG CODES: T14.90

DATES OF SERVICE: 03/15/16-10/10/17
AUDIT DATE: 08/30/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/15/16	T1013		SIGN LANG/ORAL INTERPRETE	1.00	230.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/23/16	T1013		SIGN LANG/ORAL INTERPRETE	1.00	150.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/30/16	T1013		SIGN LANG/ORAL INTERPRETE	1.00	230.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
04/21/16	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
10/10/17	T1013		SIGN LANG/ORAL INTERPRETE							
10/10/17	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	150.00	150.00	N/A	0.00	150.00	G1 4917

TOTAL CHARGES:	940.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	150.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	150.00

EXPLANATION CODE DESCRIPTIONS:

G56 THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL" CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE

U301 THIS ITEM HAS BEEN REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR IS CURRENTLY IN PROCESS. NOTIFICATION OF DECISION HAS BEEN PREVIOUSLY PROVIDED OR WILL BE ISSUED UPON COMPLETION OF OUR REVIEW. (U301)

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

5898 CONTESTED CHARGES MAY BE ADJUDICATED BEFORE THE WORKERS' COMPENSATION APPEALS BOARD. (5898)

4917 CODE (T1013) CHANGED TO (MDS10) BETTER DEFINING SERVICES PERFORMED.

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)

Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

5688 TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMSBR_1.PDF 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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
021618

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801090311-009424
BANK: 288
CHECK REF: 0032037022 DATE: 09/03/19 AMT: 650.00
INTERNAL BILL NO: 117477162 MSR: N0077377
CUST/EXTERNAL BILL NO: 2000408498
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-C64592 HOD
CONTRACT NO: WA7-63D-004341-365
DOCUMENT NO: 1Q2121704460010

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 69009
SSN:
DOI: 03/09/16
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN

AGENCY CLAIM #(BOARD COMM #): 201604281324276334 1045
DIAG CODES: T14.90

EMPLOYER: SMITHS GROUP NORTH AMERICA INC
ADDRESS: 4011 WEST CARRIAGE DRIVE
SANTA ANA, CA 92704

DATES OF SERVICE: 03/15/16-04/21/16
AUDIT DATE: 08/30/19

LOCATION CODE: II5103

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

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.

5792 TO OBTAIN INFORMATION ABOUT THE STATUS OF YOUR MEDICAL BILL SUBMISSIONS AND TO LEARN ABOUT THE RECONSIDERATION PROCESS, OR THE BENEFITS OF PAPERLESS BILLING & ELECTRONIC PAYMENTS (EFT), VISIT OUR PROVIDER SUPPORT WEBSITE AT WWW.LIBERTYMUTUALPROVIDERSUPPORT.COM.

NOTES
- FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOB, INCLUDE
- A COPY OF THE EOB, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION.
- SEND THIS INFORMATION TO THE APPEALS ONLY ADDRESS LOCATED ON THE LEFT CORNER OF THE EOB. (Z212)
- DATE BILL RECEIVED: 08/29/2019 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER PATIENT
- DOB: 05/21/1975
- PPO/MPN NAME: PPO/MPN ID #: PAY-TO PROVIDER STATE LIC #:
-
- LINE # 1 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
- LINE # 2 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
- LINE # 3 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:
- LINE # 4 BILLED UNIT: 8.00 RX #: RENDRG PROV NPI:

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

BLOCK NUMBER
021617

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801090311-009423
BANK: 288
CHECK REF: 0032037022 DATE: 09/03/19 AMT: 650.00
INTERNAL BILL NO: 117477162 MSR: N0077377
CUST/EXTERNAL BILL NO: 2000408498
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-C64592 HOD
CONTRACT NO: WA7-63D-004341-365
DOCUMENT NO: 1Q2121704460010

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 69009
SSN:
DOI: 03/09/16
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN

AGENCY CLAIM #(BOARD COMM #): 201604281324276334l045
DIAG CODES: T14.90

EMPLOYER: SMITHS GROUP NORTH AMERICA INC
ADDRESS: 4011 WEST CARRIAGE DRIVE
SANTA ANA, CA 92704

LOCATION CODE: II5103

DATES OF SERVICE: 03/15/16-04/21/16
AUDIT DATE: 08/30/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/15/16	T1013		SIGN LANG/ORAL INTERPRETE							
03/15/16	MDS10		LUMP SUM SETTLEMENT WHERE	8.00	230.00	230.00	N/A	0.00	230.00 G1	4917
03/23/16	T1013		SIGN LANG/ORAL INTERPRETE							
03/23/16	MDS10		LUMP SUM SETTLEMENT WHERE	8.00	150.00	150.00	N/A	0.00	150.00 G1	4917
03/30/16	MDS10		LUMP SUM SETTLEMENT WHERE	8.00	230.00	90.00	N/A	0.00	90.00 G1	309
04/21/16	T1013		SIGN LANG/ORAL INTERPRETE							
04/21/16	MDS10		LUMP SUM SETTLEMENT WHERE	8.00	180.00	180.00	N/A	0.00	180.00 G1	4917

TOTAL CHARGES:	790.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	650.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	650.00

EXPLANATION CODE DESCRIPTIONS:

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

4917 CODE (T1013) CHANGED TO (MDS10) BETTER DEFINING SERVICES PERFORMED.

309 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)

Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

5688 TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMSBR_1.PDF 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 FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMIBR_1.PDF AFTER THE PROVIDER SUBMITS A REQUEST FOR SECOND REVIEW, THE CLAIMS ADMINISTRATOR WILL REVIEW THE BILL AND ISSUE AN EOR WHICH IS THE FINAL

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/03/19	75684

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC-604A62608

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: DENNY ROTH
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs CARLOS SANCHEZ
Date Of Injury: 2/21/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/07	INITIAL EXAM	DR SNYDER*	230.00
05/17/07	NCT	DIAGNOSTIC STUDY INTERP: L/E*	150.00
05/22/07	INITIAL EXAM	DR SANJIV JAIN*	230.00
07/12/07	INJECTION	PAIN MGMT W/ DR SHUBBA JAIN: CAUDAL #1	150.00
12/21/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
08/21/19	PENALTIES	FOR DATE OF SERVICE 03/23/07	34.50
08/21/19	INTEREST	FOR DATE OF SERVICE 03/23/07	9.28
08/21/19	PENALTIES	FOR DATE OF SERVICE 05/22/07	34.50
08/21/19	INTEREST	FOR DATE OF SERVICE 05/22/07	9.28
08/27/19	PMT BY CHECK	DOS 3/25/07-7/12/07* # 03856484	-700.00
09/03/19	BLCE OFF SET	BALANCE OFF SET	-247.56

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 **

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
503-239-5800

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	03856484	08/27/19
	CHECK AMOUNT ****$700.00	BLOCK NUMBER 005320

OSN: EE2701082705-000630

CLAIM #: WC 604-A62608
CONTRACT #: WC2-161-064975-016

CONTROL #: 000007036 ID: CRWEE94
PROVIDER #: N3095671396157

PAYEE: JOYCE ALTMAN INTERPRETERS INC

DATE OF INJURY: 02/21/07
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: DRIFTWOOD DAIRY INC
DATES OF SERVICE 03/25/07-07/12/07

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
03/25/07	07/12/07	MISC		700.00	700.00	

NOTE: FULL & FINAL SETTLEMENT: ALL DOS

TOTAL CHARGES	700.00
TOTAL PAYABLE:	700.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	700.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/19 74459

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1893900238

BILL TO:
LWP CLAIMS SOLUTION (SAC)
W. C. DEPARTMENT
ATTN: LAURA DOMINGUEZ
P.O. BOX 349016
SACRAMENTO, CA 95834

Case: vs BMW MANAGEMENT
Date Of Injury: 3/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/18	INITL CHIRO	- PHYS THERAPY W/DR CHRISTINE HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/15/18	INITIAL ACUP	-W/ ACUPUNCT MIN CHOI @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/24/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/29/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/07/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/14/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/21/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/05/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/12/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/19/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/26/18	FOLLOW-UP	-W/ ACUPUNCT DR CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/17/18	LIEN FIL FEE	LIEN FILING FEE	150.00
08/08/19	PENALTIES	FOR DATE OF SERVICE 08/08/18	13.50
09/10/19	INTEREST	FOR DATE OF SERVICE 08/08/18	9.16
08/08/19	PENALTIES	FOR DATE OF SERVICE 08/15/18	34.50
09/10/19	INTEREST	FOR DATE OF SERVICE 08/15/18	23.41
09/25/19	PMT BY CHECK	DOS 8/8/18-8/18/18* # 1824	-410.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/19 74459

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
1893900238

BILL TO:
LWP CLAIMS SOLUTION (SAC)
W. C. DEPARTMENT
ATTN: LAURA DOMINGUEZ
P.O. BOX 349016
SACRAMENTO, CA 95834

Case: vs BMW MANAGEMENT
Date Of Injury: 3/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/30/19	BLCE OFF SET	BALANCE OFF SET	-1760.57

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 **

CRMBC
Administered by: LWP Claims Solutions, Inc., Inc.
PO Box 349016 Sacramento, CA 95834
FOR:

11-24
1210(8)

Wells Fargo Bank
299 South Main Street
4th Floor
Salt Lake City, UT 84111

CHECK DATE	CHECK NO.
9/25/2019	1824

CHECK AMOUNT
$410.00

VOID AFTER 180 DAYS

PAY Four Hundred Ten Dollars and No Cents

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Judy Adlam
AUTHORIZED SIGNATURE

⑈00001824⑈ ⑆121000248⑆ 4814988119⑈

Claim Number	Claimant	Loss Date	Invoice Number
1893900238	Villapando, Jaime	03/05/2018	lien payment - JL - 09/17/2019
Service Dates	8/8/2018 - 8/15/2018		
Reference	lien payment - JL - 09/17/2019	Invoice Amount	Paid Amount
Translation (Expense)		2170.57	410.00
Comment	Translation Svc Dispute/DA/Resolved for all DOS		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/04/19 70493

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WA204524

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ERICK VICHEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs 7 ELEVEN
Date Of Injury: 5/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/16	INITIAL EXAM	DR MIRZABEIGI/D. FRANKE P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/06/16	PR2/REEVAL	DR MIRZABEIGI/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/03/16	PR2/REEVAL	DR MIRZABEIGI/GOUBRAN @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/14/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/16/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/23/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/28/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/01/16	PR2/REEVAL	DR MIRZABEIGI/TRUJILLO @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/02/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/05/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/07/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/16/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/04/19 70493

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WA204524

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ERICK VICHEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs 7 ELEVEN
Date Of Injury: 5/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/19/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/28/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/30/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/05/17	PR2/REEVAL	DR MIRZABEIGI/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/11/17	INITL CHIRO	TREATMENT & PHYS THERAPY W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/13/17	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/16/17	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/20/17	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/23/17	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/27/17	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/04/19 70493

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WA204524

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ERICK VICHEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs 7 ELEVEN
Date Of Injury: 5/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/17	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/01/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/02/17	PR2/REEVAL	DR MIRZABEIGI/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/13/17	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/20/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/04/19 70493

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WA204524

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ERICK VICHEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs 7 ELEVEN
Date Of Injury: 5/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BAROBSA # 500267	0.00
03/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/08/17	P AND S	DR GOUBRAN/TAYLOR @ SIDHU*	230.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 50090	0.00
09/27/18	LIEN FIL FEE	LIEN FILING FEE	150.00
03/29/19	PMT BY CHECK	DOS 9/27/18* =# 375371	-90.00
08/21/19	PENALTIES	FOR DATE OF SERVICE 09/08/16	34.50
08/21/19	INTEREST	FOR DATE OF SERVICE 09/08/16	69.35
08/21/19	PENALTIES	FOR DATE OF SERVICE 11/14/16	34.50
08/21/19	INTEREST	FOR DATE OF SERVICE 11/14/16	69.35
08/21/19	PENALTIES	FOR DATE OF SERVICE 01/11/17	13.50
08/21/19	INTEREST	FOR DATE OF SERVICE 01/11/17	26.57

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/04/19 70493

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WA204524

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ERICK VICHEZ
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs 7 ELEVEN
Date Of Injury: 5/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/19	PENALTIES	FOR DATE OF SERVICE 04/08/17	34.50
08/21/19	INTEREST	FOR DATE OF SERVICE 04/08/17	61.31
08/29/19	PMT BY CHECK	DOS 9/8/16-4/8/17* =# 413187	-6500.00
09/04/19	BLCE OFF SET	BALANCE OFF SET	-1793.58

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 **

VOID VOID VOID

CORVEL CORPORATION
MITSUI SUMITOMO INSURANCE GROUP
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= MSIG
11-24
1210(8)

CHECK NUMBER	CHECK DATE
375371	03/29/19

Claim#: WA204524

Ninety and 00/100 Dollars

********$90.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

APR 04 2019

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

BY: .....

⑈0000375371⑈ ⑆121000248⑆ 4129 655528⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: 7-11 BARBOT-05
15 Independence Blvd
Warren, NJ 07059

Employer Patient: TAI & MYUNG BYUN

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4982893 - 1
Reprice: CA, 92781
Billed Date: 03/13/2019
Business Rcvd: 03/22/2019
MBR Rcvd: 03/22/2019
MBR Date: 03/28/2019
Date Approved: 03/28/2019
DOS From - To: 09/08/2016 - 09/27/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Vichez, Eric

Treating Provider:
Referring Physician: MIRZABEIGI
Patient Control #:
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-942-3952

Claim #: WA204524
Processor Initials: DV
DOI: 05/15/2015
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

70493

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
09/08/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$230.00	$0.00
	Original bill [3695329,48]								
10/06/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [3695329,48]								
11/03/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [3695329,48]								

11/14/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00	A	$230.00	$0.00
	Original bill [3695329,48]							
11/16/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3695329,48]							
11/21/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3695329,48]							
11/23/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3695329,48]							
11/28/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3695329,48]							
12/01/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3695329,48]							
12/02/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3695329,48]							
12/05/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3695329,48]							
12/07/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3695329,48]							
12/14/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3695329,48]							
12/16/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3695329,48]							
12/19/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3695329,48]							
12/21/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3695329,48]							

12/28/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
12/30/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
01/04/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
01/05/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
01/06/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
01/11/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$90.00		$90.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
01/13/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$90.00		$90.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
01/16/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$90.00		$90.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
01/20/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$90.00		$90.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
01/23/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$90.00		$90.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
01/27/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$90.00		$90.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
01/30/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$90.00		$90.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
02/01/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$90.00		$90.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							

02/02/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
02/13/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00			$90.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
02/15/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
02/20/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00			$90.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
02/24/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
02/27/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
03/01/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3695329,48]							
03/04/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3611566,48]							
03/06/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3611566,48]							
03/10/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3623686,48]							
03/13/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3630506,48]							
03/15/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3640111,48]							
03/20/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56		1	11		A		
	Original bill [3643325,48]							

03/22/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3691210,48]							
03/27/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3667276,48]							
03/31/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3667276,48]							
04/03/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3691210,48]							
04/05/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	A	$180.00	$0.00
	Original bill [3691210,48]							
04/08/17	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00	A	$230.00	$0.00
	Original bill [3691210,48]							
09/27/18	T1013 G1 , RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$150.00	A	$60.00	$90.00
Sub-Totals for Bill: 4982893					**$8040.00**		**$7950.00**	**$90.00**

Totals for Bill:4982893 **$90.00**

Line Item Reason Codes and Descriptions

R1 Duplicate Billing

RZZ Payer/ Provider agreement in place

Line Item Reason Codes and Descriptions

G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.

If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.

Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.
CorVel Corporation is the bill review provider for Mitsui Sumitomo Insurance Group. Please send all medical bills directly to CorVel at the bellow address:

PO Box 6460

Portland, OR 97228

ICD Diagnosis Code
T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

Questions regarding this bill may be sent to:

CorVel Bill Review - Sacramento
PO Box 6966
Portland, OR 97228

Toll free: 800-758-5866
Phone: 973-360-6500
FAX: 888-296-1930

California DWC
Employer Address -
TAI & MYUNG BYUN

Payer Identification Number - 223818012
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 0056
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Payment Date - Date Paid information was not available at the time this EOR was created.

CORVEL CORPORATION
MITSUI SUMITOMO INSURANCE GROUP
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= MSIG
11-24
1210(8)

CHECK NUMBER	CHECK DATE
413187	08/29/19

Claim#: WA204524

PAY EXACTLY: *Six thousand five hundred and 00/100 Dollars*

******$6,500.00**

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈000041318?⑈ ⑆121000248⑆ 4129 655528⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: 7-11 BARBOT-05
15 Independence Blvd
Warren, NJ 07059

Employer Patient: TAI & MYUNG BYUN

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5281091 - 1
Reprice: CA, 92781
Billed Date: 04/08/2017
Business Rcvd: 08/26/2019
MBR Rcvd: 08/26/2019
MBR Date: 08/28/2019
Date Approved: 08/28/2019
DOS From - To: 09/08/2016 - 04/08/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Cleveland, Rosemary
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #:
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-738-7461

Claim #: WA204524
Processor Initials:
DOI: 05/15/2015
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
09/08/16	MDS10 524, G1 , G67	LUMP SUM PAYMENT	1	11	$4146.79		1	$896.79	$3250.00
04/08/17	MDS10 524, G1 , G67	LUMP SUM PAYMENT	1	11	$4146.79		1	$896.79	$3250.00
Sub-Totals for Bill: 5281091					$8293.58			$1793.58	$6500.00

Totals for Bill:5281091 $6500.00

Line Item Reason Codes and Descriptions
524 Recommended allowance per Insurer decision

Line Item Reason Codes and Descriptions

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

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.

If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.

Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.
CorVel Corporation is the bill review provider for Mitsui Sumitomo Insurance Group. Please send all medical bills directly to CorVel at the bellow address:

PO Box 6460

Portland, OR 97228

ICD Diagnosis Code
T14.9 UNSPECIFIED INJURY

Questions regarding this bill may be sent to:

CorVel Bill Review - Sacramento
PO Box 6966
Portland, OR 97228

Toll free: 800-758-5866
Phone: 973-360-6500
FAX: 888-296-1930

Claim Summary to Date

Date Range: 09/08/2016 - 06/13/2019
Dollars Billed on Claim: $135,479.29
Allowed Fee on Claim: $21,598.18
Total Bills for Claim: 38
California DWC
Employer Address -
TAI & MYUNG BYUN

Payer Identification Number - 223818012
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 0056
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Payment Date - Date Paid information was not available at the time this EOR was created.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/17/19	72664

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BN1600002693/BN1600007442

BILL TO:
NEXT LEVEL ADMIN. (FL 1061)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 1061
BRADENTON, FL 34206

Case: vs MVP STAFFING
Date Of Injury: 2/1/16 - 12/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/28/17	INITIAL EXAM	DR MICHAEL PRICE/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/09/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/16/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/26/17	PR2/REEVAL	DR MICHAEL PRICE/ANDREW MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/17/19 72664

EAMS#(s):ADJ10735401
ADJ11011523
SS # : XXX-XX-9792
DOB : 12/9/54
Terms: 60 days
Claim #(s):
BN1600002693/BN1600007442

BILL TO:
NEXT LEVEL ADMIN. (FL 1061)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 1061
BRADENTON, FL 34206

Case: TERESA CARDENAS vs MVP STAFFING
Date Of Injury: 2/1/16 - 12/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/20/17	PR2/REEVAL	PHYS & CHIRO TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/22/17	FOLLOW-UP	W/ ACUPUNCT WOO HEE CHOI*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/29/17	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/30/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/05/18	PMT BY CHECK	DOS 9/28/17-11/20/17* # 2079774	-180.00
01/03/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/15/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/29/18	PMT BY CHECK	DOS 9/28/17-11/15/17* # 2081058	-2620.00
07/12/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/11/19	PMT BY CHECK	DOS 11/15/17-1/17/18* # 2106742	-1500.00
09/17/19	BLCE OFF SET	BALANCE OFF SET	-360.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/17/19	72664

EAMS#(s):ADJ10735401
ADJ11011523
SS # : XXX-XX-9792
DOB : 12/9/54
Terms: 60 days
Claim #(s):
BN1600002693/BN1600007442

BILL TO:
NEXT LEVEL ADMIN. (FL 1061)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 1061
BRADENTON, FL 34206

Case: TERESA CARDENAS vs MVP STAFFING
Date Of Injury: 2/1/16 - 12/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

Check Date: 01/05/2018
Check #: 2079774

Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206
1-877-306-6398

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

Claimant DOS From / To	Claim # Invoice	Payment Code Memo	Amount
Cardenas, Teresa 09/28/2017 TO 11/20/2017	BN1600002693 72664	EXP - Translation Expense	180.00

JAN 08 2018

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Benchmark Insurance Company
serviced by Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206

Fifth Third Bank
999 Vanderbilt Beach Road
Naples, FL 34108

01/05/2018

2079774
63-9171
670

THE SUM OF: **One Hundred Eighty and 00/100 Dollars** **$**********180.00**

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

THIS CHECK WILL NOT BE PAID UNLESS PRESENTED FOR PAYMENT WITHIN 90 DAYS FROM DATE OF ISSUE. ENDORSEMENT MUST APPEAR AS PAYEE LISTED.

VOID VOID VOID VOID VOID

AUTHORIZED SIGNATURES

⑈000207977⑆ ⑆067091719⑆ 7434098898⑈

Check Date: 01/29/2018
Check #: 2081058

REORDER 9018 • U.S. PATENT NO. 5538280, 5575508, 5641183, 5785353, 5967301, 6059307

M

Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206
1-877-306-6398

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

Claimant DOS From / To	Claim # Invoice	Payment Code Memo	Amount
Cardenas, Teresa 09/28/2017 TO 11/15/2017	BN1600002693 72664	MED - Translation Medical	2620.00

PAID
FEB 01 2018

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Benchmark Insurance Company
serviced by Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206

Fifth Third Bank
999 Vanderbilt Beach Road
Naples, FL 34108

01/29/2018

2081058
63-9171
670

VOID VOID VOID

THE SUM OF: Two Thousand Six Hundred Twenty and 00/100 Dollars

$********2,620.00**

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

VOID VOID

THIS CHECK WILL NOT BE PAID UNLESS PRESENTED FOR PAYMENT WITHIN 90 DAYS FROM DATE OF ISSUE. ENDORSEMENT MUST APPEAR AS PAYEE LISTED.

VOID

AUTHORIZED SIGNATURES

⑈000208105⑈ ⑆067091719⑆ 7434098898⑈

REORDER 901B - U.S. PATENT NO. 5538290, 5675508, 5641183, 5765353, 5904364, 6030000

Check Date: 09/11/2019
Check #: 2106742

Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206
1-877-306-6398

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

Claimant / DOS From / To	Claim # / Invoice	Payment Code / Memo	Amount
11/15/2017 TO 01/17/2018	BN1600002693	MED - Translation Medical full/final lien settlement for medical interpreting services all DOS	1500.00

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Benchmark Insurance Company
serviced by Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206

Fifth Third Bank
999 Vanderbilt Beach Road
Naples, FL 34108

09/11/2019

2106742
63-9171
670

VOID VOID

THE SUM OF: One Thousand Five Hundred and 00/100 Dollars

$********1,500.00**

THIS CHECK WILL NOT BE PAID UNLESS PRESENTED FOR PAYMENT WITHIN 90 DAYS FROM DATE OF ISSUE. ENDORSEMENT MUST APPEAR AS PAYEE LISTED.

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

VOID

AUTHORIZED SIGNATURES

⑈000210674 2⑈ ⑆067091719⑆ 7434098898⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/26/19 73616

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
4772292; 2015041676

BILL TO:
PACKARD CLAIMS (TARPON SPRINGS
W. C. DEPARTMENT
ATTN: ADISHA SMITH/FRANK SPARKS
P.O. BOX 1549
TARPON SPRINGS, FL 34688

Case: vs SOUTHEAST PERSONNEL LE
Date Of Injury: 5/7/14; 9/29/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/01/18	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/24/19	PENALTIES	FOR DATE OF SERVICE 5/1/18	34.50
09/24/19	INTEREST	FOR DATE OF SERVICE 5/1/18	34.86
09/23/19	PMT BY CHECK	DOS 3/20/18* # 10071232	-300.00
09/26/19	BLCE OFF SET	BALANCE OFF SET	-179.36

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 **

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: 09/29/2015
Claim Number: 2015041676
Division Claim No.: 2015101613140

Policy ID: CWC 71949-0172
Examiner: LGAUGHF
Check Number: 10071232
Check Amount: $300.00
Check Date: 09/23/2019
Description: Translation
Invoice No: 73616

Document PRA-PKCA-104144 **Bill Type:** Doctors Office - 50 **From:** 03/20/2018 **Through:** 05/01/2018
Received Date: 09/13/2019 **Primary ICD:** T14.90 Injury, unspecified **Pharmacy No.:**
Reviewed 09/20/2019 **PPO Name:** **DRG Code:** T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other	Allowanc	Reason Code
T1013		1.00	INTERPRETER	03/20/2018	180.00	30.00	0.00	0.00	150.00	790 G1
T1013		1.00	INTERPRETER	05/01/2018	230.00	80.00	0.00	0.00	150.00	790 G1
				Totals:	410.00	110.00	0.00	0.00	300.00	

Reason Codes:

790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

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

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.

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. 10071232

DATE 09/23/2019

AMOUNT $**300.00

PAY Three Hundred 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

⑈10071232⑈ ⑆121000248⑆ 4463595157⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/17/19 65968

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
37018; 37019

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: LOUIS SANTILLAN
P.O. BOX # 85838
SAN DIEGO, CA 92186-5838

Case: vs FREEDOM TIRES INC
Date Of Injury: 10/22/14; 1/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/15	PR2/REEVAL	-DR JOHNSON/FRANKE, P.A. @ SIDHU CHIRO (2h 10m)	202.50
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/11/15	INITIAL ACUP	-W/ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/25/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/30/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/06/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/15/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/20/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/17/15	INITIAL EXAM	-DR GALAL GOUBRAN/FRANKE @ SIDHU* (AMENDED)	230.00
/ /	INTERPRETER:	HUGO SEBASTIAN FORNI # 100563	0.00
10/15/15	PR2/REEVAL	-DR GOUBRAN/WILDER @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/21/15	INITL CHIRO	-TREATMENT & PHYS TX W/DR HA SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/12/15	PR2/REEVAL	-DR GOUBRAN/TRUJILLO, PA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/10/15	PR2/REEVAL	-DR GOUBRAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/14/16	PR2/REEVAL	-DR GOUBRAN/A. MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/11/16	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/17/19 65968

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
37018; 37019

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: LOUIS SANTILLAN
P.O. BOX # 85838
SAN DIEGO, CA 92186-5838

Case: vs FREEDOM TIRES INC
Date Of Injury: 10/22/14; 1/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/17/16	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/13/16	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/12/16	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/23/16	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/16/16	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/07/17	LIEN FIL FEE	LIEN FILING FEE	150.00
09/17/18	PENALTIES	FOR DATE OF SERVICE 03/11/15	34.50
07/30/19	INTEREST	FOR DATE OF SERVICE 03/11/15	93.63
09/17/18	PENALTIES	FOR DATE OF SERVICE 10/21/15	13.50
07/30/19	INTEREST	FOR DATE OF SERVICE 10/21/15	36.64
02/05/19	PENALTIES	FOR DATE OF SERVICE 09/17/15	34.50
07/30/19	INTEREST	FOR DATE OF SERVICE 09/17/15	93.63
09/16/19	BLCE OFF SET	BALANCE OFF SET	-1908.90
09/11/19	PENALTIES_L	FOR LATE PD STLM'T 7/30/19	200.00
09/11/19	INTEREST_L	FOR LATE PD STLM'T 7/30/19	7.84
09/11/19	PMT BY CHECK	DOS 9/10/19* # 6000005039	-2000.00
09/11/19	PEN & INT	PENT & INTER	115.16
09/11/19	PMT BY CHECK	DOS 9/10/19* # 6000005041	-300.00
09/11/19	PMT BY CHECK	DOS 9/10/19* # 6000005040	-23.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/17/19	65968

EAMS#(s):

SS # : XXX-XX
DOB : 3/2/89
Terms: 60 days
Claim #(s):
37018; 37019

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: LOUIS SANTILLAN
P.O. BOX # 85838
SAN DIEGO, CA 92186-5838

Case: , vs FREEDOM TIRES INC
Date Of Injury: 10/22/14; 1/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

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

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Sep 11 2019	6000005039	0000099708	CL	10045	1	6000005039

Policy Number	WKN152515-1
Insured	FREEDOM TIRE INC.
Date of Loss	01/27/2015
Reported Date of Loss	01/27/2015
Claims System ID	bnuCCV9:20001120
Claim Number	37019
Claimant Name	
Supplier Invoice Date	09/10/2019
Supplier Invoice Number	IbnuCCV9:20001120
Service Dates	09/10/2019 09/10/2019
Adjuster Name	Medical PEG WC 900000115594
Agency Code	
Agency Name	
Pay Amount	$ 2,000.00
Memo / Description	Medical PEG WC 900000115594

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 2,000.00
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 2,000.00

WARNING! DO NOT ACCEPT THIS CHECK UNLESS YOU CAN SEE VOID WATERMARK WHEN HELD TO THE LIGHT AND PINK LOCK AND KEY ICONS THAT FADE WHEN WARMED

Berkley Insurance Company
PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
For Questions Please Call: 888-472-9001
Claim No: 37019
In Payment Of:

BANK OF AMERICA MERRILL LYNCH
90-4182/1211

WRBC
6000005039

Date 09/11/2019 **Pay Amount** $ 2,000.00 ***

Pay **** TWO THOUSAND AND XX/100 DOLLAR ****

To The Order Of

JOYCE ALTMAN INTERPRETERS INC

THIS CHECK EXPIRES AND IS VOID 90 DAYS FROM ISSUE DATE

Authorized Signature

Authorized Signature

PAYEE NAME ON FILE AT THE BANK

⑈6000005039⑈ ⑆121141822⑆ 731312996⑯

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

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Sep 11 2019	6000005041	0000099708	CL	10045	1	6000005041

Policy Number	WKN152515-1
Insured	FREEDOM TIRE INC.
Date of Loss	01/27/2015
Reported Date of Loss	01/27/2015
Claims System ID	bnuCCV9:20001122
Claim Number	37019
Claimant Name	
Supplier Invoice Date	09/10/2019
Supplier Invoice Number	IbnuCCV9:20001122
Service Dates	09/10/2019 09/10/2019
Adjuster Name	
Agency Code	
Agency Name	
Pay Amount	$ 300.00
Memo / Description	

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 300.00 *
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 300.00 *

WARNING! DO NOT ACCEPT THIS CHECK UNLESS A DUCK CAN SEE A TRUE WATERMARK WHEN HOLDING THE CHECK TO THE LIGHT AND A PINK LOCK AND KEY ICONS THAT FADE WHEN WARMED

WRBC

Berkley Insurance Company
PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
For Questions Please Call: 888-472-9001
Claim No: 37019
In Payment Of:

BANK OF AMERICA MERRILL LYNCH
90-4182/1211

6000005041

Date 09/11/2019 **Pay Amount** $ 300.00 ***

Pay **** THREE HUNDRED AND XX/100 DOLLAR ****

To The Order Of

JOYCE ALTMAN INTERPRETERS INC

THIS CHECK EXPIRES AND IS VOID 90 DAYS FROM ISSUE DATE

Authorized Signature

Authorized Signature

PAYEE NAME ON FILE AT THE BANK

⑈6000005041⑈ ⑆121144822⑆ 731312996⑅

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

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Sep 11 2019	6000005040	0000099708	CL	10045	1	6000005040

Policy Number	WKN152515-1
Insured	FREEDOM TIRE INC.
Date of Loss	01/27/2015
Reported Date of Loss	01/27/2015
Claims System ID	bnuCCV9:20001121
Claim Number	37019
Claimant Name	
Supplier Invoice Date	09/10/2019
Supplier Invoice Number	IbnuCCV9:20001121
Service Dates	09/10/2019 09/10/2019
Adjuster Name	
Agency Code	
Agency Name	
Pay Amount	$ 23.00
Memo / Description	

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 23.00 *
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 23.00 *

WARNING! DO NOT ACCEPT THIS CHECK UNLESS YOU CAN SEE A TRUE WATERMARK WHEN HOLDING THE CHECK TO THE LIGHT AND PINK LOCK AND KEY ICONS THAT FADE WHEN WARMED.

WRBC

Berkley Insurance Company
PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
For Questions Please Call: 888-472-9001
Claim No: 37019
In Payment Of:

BANK OF AMERICA MERRILL LYNCH
90-4182/1211

600000504

Date 09/11/2019 **Pay Amount** $ 23.00 ***

Pay **** TWENTY-THREE AND XX/100 DOLLAR ****

To The Order Of

JOYCE ALTMAN INTERPRETERS INC

THIS CHECK EXPIRES AND IS VOID 90 DAYS FROM ISSUE DATE

Authorized Signature

Authorized Signature

PAYEE NAME ON FILE AT THE BANK

⑈600000504⑈ ⑆121144822⑆ 7313129966⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/26/19 57851

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
05835146

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: FRANCES S. ALLEN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs ALMA CONSTRUCTION CO.
Date Of Injury: 7/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/13	INITIAL EXAM	-DR EDWIN MIRZABEIGI @ ACS* (AMENDED)	230.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
02/22/13	INITIAL EXAM	-W/ACUPUNCTURIST JAE PARK @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/28/13	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
03/08/13	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/15/13	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/05/13	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/11/13	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/26/13	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/23/13	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/31/13	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/07/13	PR2-RE/EVAL	-W/ACUPUNCTURIST J PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/21/13	INITIAL EXAM	-DR PAQUETTE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/02/13	PR2/REEVAL	-DR JACKSON-SCOTT @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/26/19	57851

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
05835146

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: FRANCES S. ALLEN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs ALMA CONSTRUCTION CO.
Date Of Injury: 7/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/13	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/05/13	PR2-RE/EVAL	-W/ACUPUNCTURIST J PARK @ ACS *	180.00
/ /	INTERPRETER:	RENEE ENNABE # 500242 (AMENDED)	0.00
08/26/13	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/06/13	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/13/13	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/27/13	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/04/13	PR2-RE/EVAL	-W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/07/13	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/16/13	INITIAL EXAM	DR WILLIAMS @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
11/04/13	PR2-RE/EVAL	-W/ACUPUNCTURIST JAE PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/18/13	PR2-RE/EVAL	-W/ACUPUNCTURIST JAE PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/02/13	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/03/14	EMG TESTING	& NCV BY DR BEHZAD: U/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JOHN ALVAREZ # 500306	0.00
01/10/14	INITIAL EXAM	-DR A. MASSIHI, DPM @ ADVANCE CARE*	230.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/26/19 57851

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
05835146

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: FRANCES S. ALLEN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs ALMA CONSTRUCTION CO.
Date Of Injury: 7/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/13/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/14/14	PR2/REEVAL	-DR JACKSON-SCOTT & LINT @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/13/14	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL @ ACS W/DR RINK*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/10/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOHN ALVAREZ # 500306	0.00
04/28/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/22/14	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ ACS*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/06/14	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ ACS*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/16/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/18/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/13/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/15/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/31/15	P AND S	-DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/17/17	LIEN FIL FEE	LIEN FILING FEE	150.00
10/10/17	PENALTIES	FOR DATE OF SERVICE 02/22/13	34.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/26/19 57851

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
05835146

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: FRANCES S. ALLEN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs ALMA CONSTRUCTION CO.
Date Of Injury: 7/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/19	INTEREST	FOR DATE OF SERVICE 02/22/13	164.57
10/10/17	PENALTIES	FOR DATE OF SERVICE 06/21/13	34.50
09/09/19	INTEREST	FOR DATE OF SERVICE 06/21/13	163.27
10/10/17	PENALTIES	FOR DATE OF SERVICE 10/16/13	34.50
09/09/19	INTEREST	FOR DATE OF SERVICE 10/16/13	153.41
10/10/17	PENALTIES	FOR DATE OF SERVICE 01/10/14	34.50
09/09/19	INTEREST	FOR DATE OF SERVICE 01/10/14	148.48
12/07/17	PENALTIES	FOR DATE OF SERVICE 08/31/15	34.50
09/09/19	INTEREST	FOR DATE OF SERVICE 08/31/15	51.09
07/29/19	PENALTIES	FOR DATE OF SERVICE 01/14/13	34.50
09/09/19	INTEREST	FOR DATE OF SERVICE 01/14/13	164.57
09/24/19	PMT BY CHECK	DOS 6/19/17* # CS-708022	-3700.00
09/26/19	BLCE OFF SET	BALANCE OFF SET	-4702.39

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 **

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CS-708022**

Issue Date: 09/24/19
Doc #: 034771912

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05835146		**Date of Injury:** 07/15/12		
SSN:	Employer name: ALMA CONSTRUCTION CO ,INC				Employer ID: 0007130503005110				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-20266097	06/19/17	MDO10	Payment By Order	1	3,700.00	.00	G5 375 G67 961	3,700.00
					Total Allowances:				**$3,700.00**

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"

0137500703477191200 1 2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/12/19 62341

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
05914414

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: BRETT ANDERSEN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs AFFORDABLE SERVICES
Date Of Injury: 8/7/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/02/14	PR2/REEVAL	-DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/27/14	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO-FINAL*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/15/14	PR2/REEVAL	-DR ZARGARAFF/KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/20/14	PR2-RE/EVAL	-W/ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 301690	0.00
10/08/14	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/05/14	P AND S	-DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/23/16	LIEN FIL FEE	LIEN FILING FEE	150.00
03/14/18	PENALTIES	FOR DATE OF SERVICE 12/05/14	34.50
09/10/19	INTEREST	FOR DATE OF SERVICE 12/05/14	114.50
09/10/19	PENALTIES	FOR DATE OF SERVICE 05/02/14	27.00
09/10/19	INTEREST	FOR DATE OF SERVICE 05/02/14	99.59
09/10/19	PENALTIES	FOR DATE OF SERVICE 06/27/14	22.50
09/10/19	INTEREST	FOR DATE OF SERVICE 06/27/14	82.99
09/10/19	PENALTIES	FOR DATE OF SERVICE 07/15/14	27.00
09/10/19	INTEREST	FOR DATE OF SERVICE 07/15/14	99.59
09/10/19	PENALTIES	FOR DATE OF SERVICE 08/20/14	27.00
09/10/19	INTEREST	FOR DATE OF SERVICE 08/20/14	99.59
09/10/19	PENALTIES	FOR DATE OF SERVICE 10/08/14	27.00
09/10/19	INTEREST	FOR DATE OF SERVICE 10/08/14	96.30
09/10/19	PMT BY CHECK	DOS 5/23/16* # CU-444360	-1745.55
09/12/19	BLCE OFF SET	BALANCE OFF SET	-262.01

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/12/19	62341

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
05914414

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: BRETT ANDERSEN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs AFFORDABLE SERVICES
Date Of Injury: 8/7/13

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals: (888)782-8338

Provider Number: XXXXX6713

Check #: **CU-444360**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/10/19
Doc #: 034732126

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05914414		**Date of Injury:** 08/07/13		
Employer name: AFFORDABLE SERVICES INC					Employer ID: 0000009027170120				
ICD-10 Code:T14.90 INJURY, UNSPECIFIED									
1	SF1-SFCA-20233295	05/23/16	MDS10	Settlement For Dispu	1	1,745.55	.00	G5 375 G67 961	1,745.55
						Total Allowances:			**$1,745.55**

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.

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-444360**

Issue Date: 09/10/19
Doc #: 034732126

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-20233295	05914414	LS	1,745.55	.00	1,745.55	.00	1,745.55
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #: LS	ReviewerID: 4W	Carrier Receive Date: 09/03/19 Review Date: 09/09/19 Payment Code: 1 UB04:					

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review

After an Explanation of Review (EOR) is received on an original bill submission, a health care provider, health care 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 service of the explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment 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.

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 by the claims administrator on the bill. After the EOR is received on the second bill review submission, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The Request for Independent Bill Review must conform to the requirements of title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review 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 independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final.

The following PO Box should be used for any 2nd review request or IBR determinations only: PO Box 28919, FRESNO, CA 93729. All other correspondence should be directed to PO Box listed at the top of this form.

State Fund will only accept paper bills served in accordance with 8 CCR 10505(b)(1),(2) or electronic bills compliant with The California Division of Workers' Compensation Electronic Medical Billing and Payment Companion Guide. State Fund does not agree to and will not accept bills served in any other manner, including, but not limited to facsimile (fax) and e-mail.

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.
961 : Allowance reflects the lump sum settlement amount
G5 : This charge was adjusted for the reasons set forth in the attached letter.
G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-20233295 375: Settlement covers the following dates of service 5/2/14 through 12/5/14.

0137442003473212600l 2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/10/19	65211

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
060208884, 06051476

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CARISA BARNES
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs DREAM TEAM SERVICES
Date Of Injury: 7/17/14, 10/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/14	INITIAL EXAM	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/14/14	INITIAL EXAM	ACUPUNCTURE W/ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/18/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR KHAN @ AMERI* INIT.	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/06/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ 3 500341	0.00
03/19/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILAGOMEZ # 500341	0.00
04/07/15	PR2/REEVAL	DR SHARMA @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/16/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/23/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/24/14	PR2-RE/EVAL	W/ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/03/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/12/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/26/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/09/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR KHAN @ AMERI*(FINAL)	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/13/15	P AND S	DR RODRIGUEZ @ AMERI CHIRO*	230.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/10/19 65211

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
060208884, 06051476

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CARISA BARNES
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs DREAM TEAM SERVICES
Date Of Injury: 7/17/14, 10/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/27/17	LIEN FIL FEE	LIEN FILING FEE	150.00
08/21/19	PENALTIES	FOR DATE OF SERVICE 11/11/14	34.50
08/21/19	INTEREST	FOR DATE OF SERVICE 11/11/14	104.93
08/21/19	PENALTIES	FOR DATE OF SERVICE 11/14/14	34.50
08/21/19	INTEREST	FOR DATE OF SERVICE 11/14/14	104.93
09/06/19	PMT BY CHECK	DOS 1/27/17* # CS-706579	-2100.00
09/10/19	BLCE OFF SET	BALANCE OFF SET	-848.86

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 **

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CS-706579**

Issue Date: 09/06/19
Doc #: 034725554

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:**	06020884	**Date of Injury:**	07/17/14	
SSN:	Employer name: DREAM TEAM SERVICES, INC.				Employer ID: 0000009065862140				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-20226434	01/27/17	MDO10	Payment By Order	1	2,948.86	848.86	G67 961 G5 375	2,100.00
					Total Allowances:				**$2,100.00**

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"

0137431803472555400 1 2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

Check #: **CS-706579**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/06/19
Doc #: 034725554

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-20226434	06020884	LS	2,948.86	848.86	2,100.00	.00	2,100.00
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #: LS	ReviewerID: D4	Carrier Receive Date: 08/21/19 Review Date: 09/05/19 Payment Code: 1 UB04:					

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review

After an Explanation of Review (EOR) is received on an original bill submission, a health care provider, health care 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 service of the explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment 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.

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 by the claims administrator on the bill. After the EOR is received on the second bill review submission, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The Request for Independent Bill Review must conform to the requirements of title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review 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 independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final.

The following PO Box should be used for any 2nd review request or IBR determinations only: PO Box 28919, FRESNO, CA 93729. All other correspondence should be directed to PO Box listed at the top of this form.

State Fund will only accept paper bills served in accordance with 8 CCR 10505(b)(1),(2) or electronic bills compliant with The California Division of Workers' Compensation Electronic Medical Billing and Payment Companion Guide. State Fund does not agree to and will not accept bills served in any other manner, including, but not limited to facsimile (fax) and e-mail.

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.
961 : Allowance reflects the lump sum settlement amount
G5 : This charge was adjusted for the reasons set forth in the attached letter.
G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-20226434 BR Msg 375: Settlement covers the following dates of service 07/17/14 to 06/17/19.

0137431803472555400l 2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 69596

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06179490

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: KEREN GREEN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs AMERITEMPS WEST INC
Date Of Injury: 11/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/16	INITIAL EXAM	DR GOUBRAN/MIRZABEIGI @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693 DOI: 11/18/15	0.00
06/16/16	PR2/REEVAL	DR GOUBRAN @ SIDHU* DOI: 11/18/15	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/23/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU* DOI: 11/18/15	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/28/16	PR2/REEVAL	DR GOUBRAN/FRANKE, P.A. @ SIDHU* DOI: 11/18/15	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/25/16	INITIAL EXAM	DR GOUBRAN/MILES @ SIDHU* DOI: 5/15 - 11/15	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/02/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS TX W/DR	230.00
/ /	-	CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/09/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/16/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/22/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 69596

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06179490

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: KEREN GREEN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs AMERITEMPS WEST INC
Date Of Injury: 11/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/30/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/07/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/02/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/22/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/26/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/20/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/18/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/27/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/14/17	PR2/REEVAL	DR MICHAEL PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/26/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/30/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 69596

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06179490

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: KEREN GREEN
P.O. BOX # 65005
FRESNO, CA 93650

Case: [redacted] vs AMERITEMPS WEST INC
Date Of Injury: 11/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/05/19	PENALTIES	FOR DATE OF SERVICE 05/12/16	34.50
09/05/19	INTEREST	FOR DATE OF SERVICE 05/12/16	79.71
09/05/19	PENALTIES	FOR DATE OF SERVICE 08/25/16	34.50
09/05/19	INTEREST	FOR DATE OF SERVICE 08/25/16	78.34
09/05/19	PENALTIES	FOR DATE OF SERVICE 09/02/16	34.50
09/05/19	INTEREST	FOR DATE OF SERVICE 09/02/16	77.03
09/19/19	PMT BY CHECK	DOS 5/14/19* # CU-445281	-4500.00
09/23/19	BLCE OFF SET	BALANCE OFF SET	-278.58

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 **

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

Check #: **CU-445281**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/19/19
Doc #: 034759498

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: .					**Claim #:** 06179490		**Date of Injury:** 11/18/15		
SSN:	Employer name: PRECISION AUTO SOLUTIONS, LLC				Employer ID: 0000009138189150				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-20255069	05/14/19	MDO10	Payment By Order	1	4,778.58	278.58	G5 375 G67 961	4,500.00
					Total Allowances:				**$4,500.00**

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

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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"

0137482403475949800 1 2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-445281**

Issue Date: 09/19/19
Doc #: 034759498

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-20255069	06179490	LS	4,778.58	278.58	4,500.00	.00	4,500.00
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #: LS	ReviewerID: M8	Carrier Receive Date: 08/28/19 Review Date: 09/18/19 Payment Code: 1 UB04:					

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review

After an Explanation of Review (EOR) is received on an original bill submission, a health care provider, health care 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 service of the explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment 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.

Request for Independent Bill Review

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All other correspondence should be directed to PO Box listed at the top of this form.

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EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.
961 : Allowance reflects the lump sum settlement amount
G5 : This charge was adjusted for the reasons set forth in the attached letter.
G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-20255069 375: Settlement covers the following Date(s) of service 5/12/16-11/30/17.

0137482403475949800 1 2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/01/19 72585

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06179070

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

Case: vs CLOCK FREIGHT
Date Of Injury: 3/14/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/06/17	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
09/11/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
09/18/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/24/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/27/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/04/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/11/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/16/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/18/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/14/19	LIEN FIL FEE	LIEN FILING FEE	150.00
07/11/19	PENALTIES	FOR DATE OF SERVICE 09/06/17	34.50
09/17/19	INTEREST	FOR DATE OF SERVICE 09/06/17	48.77
09/17/19	PENALTIES	FOR DATE OF SERVICE 09/11/17	13.50
09/17/19	INTEREST	FOR DATE OF SERVICE 09/11/17	19.08
09/17/19	PENALTIES	FOR DATE OF SERVICE 09/18/17	13.50
09/17/19	INTEREST	FOR DATE OF SERVICE 09/18/17	19.08
09/17/19	PENALTIES	FOR DATE OF SERVICE 09/24/17	13.50
09/17/19	INTEREST	FOR DATE OF SERVICE 09/24/17	19.08
09/17/19	PENALTIES	FOR DATE OF SERVICE 09/27/17	13.50
09/17/19	INTEREST	FOR DATE OF SERVICE 09/27/17	19.08
09/17/19	PENALTIES	FOR DATE OF SERVICE 10/04/17	13.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/01/19 72585

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06179070

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

Case: vs CLOCK FREIGHT
Date Of Injury: 3/14/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/19	INTEREST	FOR DATE OF SERVICE 10/04/17	19.08
09/17/19	PENALTIES	FOR DATE OF SERVICE 10/11/17	13.50
09/17/19	INTEREST	FOR DATE OF SERVICE 10/11/17	19.08
09/17/19	PENALTIES	FOR DATE OF SERVICE 10/16/17	13.50
09/17/19	INTEREST	FOR DATE OF SERVICE 10/16/17	19.08
09/17/19	PENALTIES	FOR DATE OF SERVICE 10/18/17	27.00
09/17/19	INTEREST	FOR DATE OF SERVICE 10/18/17	38.17
09/26/19	PMT BY CHECK	DOS 9/13/19*CA-756733	-1250.00
10/01/19	BLCE OFF SET	BALANCE OFF SET	-316.50

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 **

Explanation of Review (EOR)

State Compensation Insurance Fund
PO Box 3171
Suisun City, CA 94585-6171

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CA-756733**

Issue Date: 09/26/19
Doc #: 034780479

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06179070		**Date of Injury:** 03/14/16		
SSN:	Employer name: CLOCK FREIGHT			Employer ID: 0009150511566140					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-20279828	09/13/19	MDS10	Settlement For Dispu	1	1,250.00	.00	G5 375 G67 961	1,250.00
					Total Allowances:				**$1,250.00**

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"

0137512303478047900 2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO Box 3171
Suisun City, CA 94585-6171
Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CA-756733**

Issue Date: 09/26/19
Doc #: 034780479

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-20279828	06179070	LS	1,250.00	.00	1,250.00	.00	1,250.00
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #: LS	ReviewerID: BF	Carrier Receive Date: 09/13/19 Review Date: 09/25/19 Payment Code: 1 UB04:					

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review

After an Explanation of Review (EOR) is received on an original bill submission, a health care provider, health care 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 service of the explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment 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.

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 by the claims administrator on the bill. After the EOR is received on the second bill review submission, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The Request for Independent Bill Review must conform to the requirements of title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review 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 independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final.

The following PO Box should be used for any 2nd review request or IBR determinations only: PO Box 28919, FRESNO, CA 93729.
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EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.
961 : Allowance reflects the lump sum settlement amount
G5 : This charge was adjusted for the reasons set forth in the attached letter.
G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-20279828 BR Msg 375 Settlement covers the following date(s) of service 09/06/2017 through 10/18/2017.

0137512303478047900 1 2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/19 73647

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06349436

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: ALEX KHURSHUDYAN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs K 2 TRIM
Date Of Injury: 6/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/18	INITIAL EXAM	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/04/18	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/30/18	PR2/REEVAL	DR BARRY MARKS @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/27/19	PMT BY CHECK	DOS 6/4/18* # CU-446162	-250.00
09/30/19	BLCE OFF SET	BALANCE OFF SET	-390.00

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 **

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-446162**

Issue Date: 09/27/19
Doc #: 034783516

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:						**Claim #:** 06349436		**Date of Injury:** 06/09/17	
SSN:	Employer name: K-2 TRIM, INC.			Employer ID: 0000009095947170					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-20283137	06/04/18	MDS10	Settlement For Dispu	1	640.00	390.00	G5 375 G67 961	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"

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-446162**

Issue Date: 09/27/19
Doc #: 034783516

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-20283137	06349436 LS		640.00	390.00	250.00	.00	250.00
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #: LS	ReviewerID: M8	Carrier Receive Date: 09/05/19 Review Date: 09/26/19 Payment Code: 1 UB04:					

The listed invoice totals reflect the amount approved for the associated invoice. This listing is to assist you in reconciling your accounts receivables. Charges that are either denied payment or found in excess of the amount allowed are objected to for the reason(s) stated. Should you have any questions or concerns regarding this remittance, you may contact State Fund at the address and phone number listed herein.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review

After an Explanation of Review (EOR) is received on an original bill submission, a health care provider, health care 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 service of the explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment 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.

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 by the claims administrator on the bill. After the EOR is received on the second bill review submission, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The Request for Independent Bill Review must conform to the requirements of title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review 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 independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final.

The following PO Box should be used for any 2nd review request or IBR determinations only: PO Box 28919, FRESNO, CA 93729. All other correspondence should be directed to PO Box listed at the top of this form.

State Fund will only accept paper bills served in accordance with 8 CCR 10505(b)(1),(2) or electronic bills compliant with The California Division of Workers' Compensation Electronic Medical Billing and Payment Companion Guide. State Fund does not agree to and will not accept bills served in any other manner, including, but not limited to facsimile (fax) and e-mail.

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.
961 : Allowance reflects the lump sum settlement amount
G5 : This charge was adjusted for the reasons set forth in the attached letter.
G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-20283137 375: Settlement covers the following Date(s) of service 3/22/18-6/4/18.

0137517003478351600l 2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/19/19	74582

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06382794

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: REBEKAH HERICK
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs J AND C RECYCLING
Date Of Injury: 7/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/18	INITIAL EXAM	-DR JOHN XIAO JIANG QIAN/DAVE FRANKE @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/20/18	PR2/REEVAL	-DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/26/18	INITL CHIRO	-& PHYS THERAPY W/DR CHRISTIN HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/18/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/31/18	F/U CHIRO TX	-& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/15/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/22/19	LIEN FIL FEE	LIEN FILING FEE	150.00
07/31/19	PENALTIES	FOR DATE OF SERVICE 08/23/18	34.50
09/05/19	INTEREST	FOR DATE OF SERVICE 08/23/18	18.70
07/31/19	PENALTIES	FOR DATE OF SERVICE 09/26/18	13.50
09/05/19	INTEREST	FOR DATE OF SERVICE 09/26/18	7.32
09/17/19	PMT BY CHECK	DOS 4/22/19* # CS-707406	-165.00
09/19/19	BLCE OFF SET	BALANCE OFF SET	-1009.02

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/19/19	74582

EAMS#(s):
ADJ11415132
SS # : XXX-XX-4365
DOB : 4/23/60
Terms: 60 days
Claim #(s):
06382794

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: REBEKAH HERICK
P.O. BOX # 65005
FRESNO, CA 93650

Case: VICTOR CORTEZ vs J AND C RECYCLING
Date Of Injury: 7/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT

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

Provider Number: XXXXX6713

Check #: **CS-707406**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/17/19
Doc #: 034751991

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06382794		**Date of Injury:** 07/24/18		
SSN:	Employer name: J & C RECYCLING			Employer ID: 0000009229374180					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-20247821	04/22/19	MDO10	Payment By Order	1	1,174.02	1,009.02	G67 961 G5 375	165.00
					Total Allowances:				**$165.00**

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0137471103475199100 2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

Check #: **CS-707406**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/17/19
Doc #: 034751991

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-20247821	06382794	LS	1,174.02	1,009.02	165.00	.00	165.00

Provider NPI: Rendering Provider NPI: Rendering Provider:

Patient Acct #: LS ReviewerID: AQ Carrier Receive Date: 09/05/19 Review Date: 09/16/19 Payment Code: 1 UB04:

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EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.
961 : Allowance reflects the lump sum settlement amount
G5 : This charge was adjusted for the reasons set forth in the attached letter.
G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-20247821 BR Msg 375: Settlement covers the following dates of service 06/05/2018 through 01/14/2019.

01374711034751991001 2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 60725

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30141559884

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: CHRISTINA KRUEGER
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs SARDO BUS COACH UPHOLSRY
Date Of Injury: 9/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/14	INITIAL EXAM	W/ACUPUNCTURIST STEVE HING @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/15/14	INITIAL EXAM	DR AVILES @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/24/14	PR2-RE/EVAL	W/ACUPUNCTURIST S. HING*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/28/14	PR2-RE/EVAL	W/ACUPUNCTURIST S. HING*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/05/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/11/14	PR2-RE/EVAL	W/ACUPUNCTURIST S. HING*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/18/14	PR2-RE/EVAL	W/ACUPUNCTURIST S. HING*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/19/14	EMG TESTING	& NCV BY DR DIJULIO: BIL/U/E @ WILLOW MEDICAL*	150.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/28/14	INITIAL EXAM	DR JARCHI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
03/05/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/18/14	PR2-RE/EVAL	W/ACUPUNCTURIST S. HING*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/04/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/07/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/06/14	PR2-RE/EVAL	W/ACUPUNCTURIST S. HING*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 60725

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30141559884

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: CHRISTINA KRUEGER
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs SARDO BUS COACH UPHOLSRY
Date Of Injury: 9/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
07/18/14	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
08/18/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/17/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/17/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/14/15	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/16/15	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
02/11/15	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/11/14	PR2/REEVAL	DR AVILES @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
08/05/16	LIEN FIL FEE	LIEN FILING FEE	150.00
09/09/19	PENALTIES	FOR DATE OF SERVICE 01/21/14	34.50
09/09/19	INTEREST	FOR DATE OF SERVICE 01/21/14	142.32
09/05/19	PENALTIES	FOR DATE OF SERVICE 01/15/14	34.50
09/05/19	INTEREST	FOR DATE OF SERVICE 01/15/14	142.32
09/05/19	PENALTIES	FOR DATE OF SERVICE 02/28/14	34.50
09/05/19	INTEREST	FOR DATE OF SERVICE 02/28/14	142.32
09/18/19	PMT BY CHECK	DOS 9/9/19* # 78727826	-3700.00
10/09/19	BLCE OFF SET	BALANCE OFF SET	-1240.46

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 60725

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30141559884

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: CHRISTINA KRUEGER
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs SARDO BUS COACH UPHOLSRY
Date Of Injury: 9/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT

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 14442
Lexington, KY 40512-4442

0003652-0012815 0106 001 826972 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/18/2019	3,700.00	78727826

PAYEE	TAX ID
JOYCE ALTMAN INTERPR	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	01 of 01

Claimant Name			Loss Date	Claim Number
			09/13/2013	30141559884-0001
Amt Paid:	3,700.00	Description:	Interpreter	
Amt Billed:	3,700.00	Invoice:	5312019091006321	ICN:5201-13391139
Dates:	09/09/2019 - 09/09/2019	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

Sedgwick as Agent for Everest National Insurance Co - CA2
Everest National Insurance

ORIGIN 6005201
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/18/2019

78727826

62-22
311

PAY: ******THREE THOUSAND SEVEN HUNDRED AND 00/100 DOLLARS

$3,700.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

04/9/55/9

⑈78727826⑈ ⑆031100225⑆ 207995005970 3⑈

EXPLANATION OF BILL REVIEW

PAYOR **Sedgwick**	RECEIVED BY VENDOR **09/17/2019**	DATE OF INJURY **09/13/2013**	
BILL ID(ICN) **5201-13391139**	PROCESSED BY VENDOR **09/17/2019**	SOCIAL SECURITY NUMBER	
INJURED NAME (LAST FIRST MI)	TPA CLAIM NUMBER **30141559884-0001**		
INJURED ADDRESS	PATIENT ACCOUNT NUMBER		PROVIDER NAME AND ADDRESS **JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781**
	EMPLOYER CONTRACT NUMBER **5201**		
IMAGE NUMBER (DCN) **5220190909030789**	TPA TRANSACTION# (MBDCN) **5312019091006321**		
EMPLOYER NAME **Sardo Bus Coach Upholstery,**	CARRIER NAME **Everest National Insurance**		
EMPLOYER ADDRESS **512 W. Rosecrans Avenue Gardena, CA 90248 Everest National Insurance**	CARRIER ADDRESS **P.O. Box 830 Liberty Corner Liberty Corner, NJ 079380830**		TREATING PROVIDER **JOYCE ALTMAN INTERPRETERS INC**
			PROVIDER TAX ID **330956713**
PROVIDER NPI	ICD CODES **T14.90**		DATES OF SERVICE **09/09/2019 - 09/09/2019**

Date of Service	Submitted Code	Mod(s)	Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance
09/09/2019	MDS10		1	MDS10	3,700.00	0.00	0.00	0.00	3,700.00
	LUM SUM/MUL BILL-THE AMNT OF REIM IN DISPUTE CLAIM				REASON CODES	G4,5385			

Explanation of Reason Codes For Detail Lines

G4 THIS CHARGE WAS ADJUSTED TO COMPLY WITH THE RATE AND RULES OF THE CONTRACT INDICATED.

5385 This payment is being made in full and final satisfaction of the lien per the settlement agreement.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf 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 Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormIBR_1.pdf 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

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
Customer Service

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
P O Box 14442
Lexington, KY 40512-4442

Fax: 833-875-6679
Phone: 800-854-6188

647975579

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/17/19 70891

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30166794435-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: DANIEL IBARRA
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs SUN VALLEY FOOD CO.
Date Of Injury: 4/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/16	INITIAL EXAM	-DR MAYYA KRAVCHENKO @ GOFNUN CHIROPRACTIC*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/14/16	INITL CHIRO	-TREATMENT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/16/16	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/10/17	INITIAL ACUP	-W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/11/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/12/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/17/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/18/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/19/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/25/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/26/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/27/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/31/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
02/01/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/17/19 70891

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30166794435-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: DANIEL IBARRA
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs SUN VALLEY FOOD CO.
Date Of Injury: 4/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/07/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/08/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/09/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
02/15/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/14/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/16/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/21/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/23/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/22/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/28/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
03/01/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/02/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/08/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO 101080	0.00
03/09/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101080	0.00
03/07/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/17/19 70891

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30166794435-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: DANIEL IBARRA
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs SUN VALLEY FOOD CO.
Date Of Injury: 4/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/10/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/14/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/15/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/21/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	GONZALO CAMPOS # 500089	0.00
03/22/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/23/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/28/17	FINAL ACUPT	-W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/21/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/24/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/01/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/15/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/12/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/26/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/11/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/15/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/17/19 70891

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30166794435-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: DANIEL IBARRA
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs SUN VALLEY FOOD CO.
Date Of Injury: 4/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/20/17	P AND S	-DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/01/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO #101143	0.00
01/12/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/20/18	LIEN FIL FEE	LIEN FILING FEE	150.00
02/21/19	PENALTIES	FOR DATE OF SERVICE 11/09/16	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 11/09/16	67.90
02/21/19	PENALTIES	FOR DATE OF SERVICE 11/14/16	13.50
08/29/19	INTEREST	FOR DATE OF SERVICE 11/14/16	26.57
02/21/19	PENALTIES	FOR DATE OF SERVICE 01/10/17	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 01/10/17	67.90
02/21/19	PENALTIES	FOR DATE OF SERVICE 03/28/17	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 03/28/17	63.05
02/21/19	PENALTIES	FOR DATE OF SERVICE 10/20/17	34.50
08/29/19	INTEREST	FOR DATE OF SERVICE 10/20/17	48.41
09/12/19	PMT BY CHECK	DOS 8/29/19* # 481055	-6500.00
09/17/19	BLCE OFF SET	BALANCE OFF SET	-2465.33
		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
PO Box 14779
Lexington, KY 40512

0004761-0017641 0106 001 824477 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
09/12/2019	6,500.00	481055
PAYEE		**TAX ID**
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		**PAGE**
523 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			04/17/2016	30166794435-0001
Amt Paid:	6,500.00	Description:	Interpreter	
Amt Billed:	8,965.33	Invoice:	5312019091001121	ICN:6200-733071
Dates:	08/29/2019 - 08/29/2019	Comment:		

SWK.RM.STD.00.NP

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

EXPLANATION OF BILL REVIEW

PAYOR **Sedgwick**	RECEIVED BY VENDOR **09/10/2019**	DATE OF INJURY **04/17/2016**
BILL ID(ICN) **6200-733071**	PROCESSED BY VENDOR **09/10/2019**	SOCIAL SECURITY NUMBER
INJURED NAME (LAST FIRST MI)	TPA CLAIM NUMBER **30166794435-0001**	
INJURED ADDRESS	PATIENT ACCOUNT NUMBER	PROVIDER NAME AND ADDRESS **Joyce Altman Interpr P.O. Box 4165 Tustin, CA 92781**
	EMPLOYER CONTRACT NUMBER **6200**	
IMAGE NUMBER (DCN) **5120190906083122**	TPA TRANSACTION# (MBDCN) **5312019091001121**	
EMPLOYER NAME **Verda Poultry Company (A Corp)**	CARRIER NAME **Republic Underwriters Insurance Company**	
EMPLOYER ADDRESS **11275-A Penrose Street Sun Valley, CA 91352 Republic Underwriters Insurance Company**	CARRIER ADDRESS **5525 LBJ Freeway Dallas, TX 75240 972-788-6800**	TREATING PROVIDER **Joyce Altman Interpreters Joyc**
		PROVIDER TAX ID **330956713**
PROVIDER NPI	ICD CODES **T14.90**	DATES OF SERVICE **08/29/2019 - 08/29/2019**

Date of Service	Submitted Code	Mod(s)	Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance
08/29/2019	MDO10		1	MDO10	8,965.33	2,465.33	0.00	0.00	6,500.00
	FINAL ORDR/AWARD WC APPL REQ LUM SUM/MUL BILL-DISP				REASON CODES	G4,5385			

Explanation of Reason Codes For Detail Lines

G4 THIS CHARGE WAS ADJUSTED TO COMPLY WITH THE RATE AND RULES OF THE CONTRACT INDICATED.

5385 This payment is being made in full and final satisfaction of the lien per the settlement agreement.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf 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 Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormIBR_1.pdf 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

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
Customer Service

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
PO Box 14779
Lexington, KY 40512

Fax: 859-280-3275
Phone: 855-703-9470

64433978

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/10/19	71269

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
63420000086

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: SALLY RICO
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs CARDENAS MARKET INC
Date Of Injury: 1/24/14 - 1/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/03/17	INITL CHIRO	-& PHYS THERAPY W/DR CHRISTIN HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/10/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/30/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/04/18	PR2/REEVAL	DR RAFLA/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/10/19	71269

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
63420000086

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: SALLY RICO
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs CARDENAS MARKET INC
Date Of Injury: 1/24/14 - 1/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/01/18	PR2/REEVAL	DR AMIR FRIEDMAN/FRANKE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/21/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/18	PR2/REEVAL	DR JOHN XIAO-JIANG QIAN/SAID MATIN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/21/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/12/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/17/18	PR2/REEVAL	-DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/14/18	PR2/REEVAL	-DR QIAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/18	P AND S	-DR JOHN QIAN/FRANKE @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/06/19	LIEN FIL FEE	LIEN FILING FEE	150.00
07/18/19	PENALTIES	FOR DATE OF SERVICE 02/03/17	13.50
07/18/19	INTEREST	FOR DATE OF SERVICE 02/03/17	17.21
07/18/19	PENALTIES	FOR DATE OF SERVICE 08/02/18	34.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/10/19	71269

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
63420000086

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: SALLY RICO
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs CARDENAS MARKET INC
Date Of Injury: 1/24/14 - 1/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/19	INTEREST	FOR DATE OF SERVICE 08/02/18	24.78
09/06/19	PMT BY CHECK	DOS 2/3/17-8/2/18* =# 104701001	-750.00
09/10/19	BLCE OFF SET	BALANCE OFF SET	-4489.99

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 14440
Lexington, KY 40512-4440

0010212-0027427 0106 001 822640 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
09/06/2019	750.00	104701001
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
660 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		01/27/2015	6342-0000086
Amt Paid: 375.00	Description:	Interpreter	
Amt Billed: 375.00	Invoice:	5312019082316096	ICN:6903-28248
Dates: 02/03/2017 - 02/03/2017	Comment:		
		01/27/2015	6342-0000086
Amt Paid: 375.00	Description:	Interpreter	
Amt Billed: 375.00	Invoice:	5312019082316096	ICN:6903-28248
Dates: 08/02/2018 - 08/02/2018	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

Cardenas Markets LLC
Safety National Casualty Corporation

ORIGIN 6606903

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/06/2019

104701001

62-22
311

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

$750.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Cardenas Markets LLC, Principal
Sedgwick Claims Management Services, Inc., Agent By:

640194361

⑈104701001⑈ ⑆031100225⑆ 207995005970 3⑈

EXPLANATION OF BILL REVIEW

PAYOR **Sedgwick**	RECEIVED BY VENDOR **09/05/2019**	DATE OF INJURY **01/27/2015**	
BILL ID(ICN) **6903-28248**	PROCESSED BY VENDOR **09/05/2019**	SOCIAL SECURITY NUMBER	
INJURED NAME (LAST FIRST MI)	TPA CLAIM NUMBER **6342-0000086**		
INJURED ADDRESS	PATIENT ACCOUNT NUMBER		PROVIDER NAME AND ADDRESS **JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781**
	EMPLOYER CONTRACT NUMBER **6903**		
IMAGE NUMBER (DCN) **5220190821034390**	TPA TRANSACTION# (MBDCN) **5312019082316096**		
EMPLOYER NAME **Cardenas Markets**	CARRIER NAME **Safety National Casualty Corporation**		
EMPLOYER ADDRESS **2501 E. Guasti Rd. Ontario, CA 91761 Safety National Casualty Corporation**	CARRIER ADDRESS **1832 Schuetz Road St. Louis, MO 63146 314-995-5300**		TREATING PROVIDER **JOYCE ALTMAN INTERPRETERS INC**
			PROVIDER TAX ID **330956713**
PROVIDER NPI	ICD CODES **T14.90**		DATES OF SERVICE **02/03/2017 - 08/02/2018**

Date of Service	Submitted Code	Mod(s)	Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance
02/03/2017	MDS10		1	MDS10	375.00	0.00	0.00	0.00	375.00
	LUM SUM/MUL BILL-THE AMNT OF REIM IN DISPUTE CLAIM				REASON CODES	G4,5385			
08/02/2018	MDS10		1	MDS10	375.00	0.00	0.00	0.00	375.00
	LUM SUM/MUL BILL-THE AMNT OF REIM IN DISPUTE CLAIM				REASON CODES	G4,5385			

Explanation of Reason Codes For Detail Lines

G4 THIS CHARGE WAS ADJUSTED TO COMPLY WITH THE RATE AND RULES OF THE CONTRACT INDICATED.

5385 This payment is being made in full and final satisfaction of the lien per the settlement agreement.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf 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 Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormIBR_1.pdf 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

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
Customer Service

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
P O Box 14440
Lexington, KY 40512-4440

Fax: 951-275-5499
Phone: 951-275-5400

640194361

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/19/19	72395

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30178643040-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: MARGAREY NAVA
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs THE BEACH HOUSE HOTEL
Date Of Injury: 05/01/16 - 05/01/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/17	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/07/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/11/17	INITIAL ACUP	W/ ACUPUNCT YIRYE KANG @ EPC*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/13/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/09/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/13/18	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/05/19	LIEN FIL FEE	LIEN FILING FEE	150.00
08/28/19	PENALTIES	FOR DATE OF SERVICE 08/01/17	34.50
08/28/19	INTEREST	FOR DATE OF SERVICE 08/01/17	39.93
08/28/19	PENALTIES	FOR DATE OF SERVICE 12/11/17	34.50
08/28/19	INTEREST	FOR DATE OF SERVICE 12/11/17	39.93
08/28/19	PENALTIES	FOR DATE OF SERVICE 12/13/17	34.50
08/28/19	INTEREST	FOR DATE OF SERVICE 12/13/17	39.93
09/16/19	PMT BY CHECK	DOS 8/1/17-2/13/18* =# 98796063	-80.00
09/19/19	BLCE OFF SET	BALANCE OFF SET	-1523.29

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/19/19	72395

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30178643040-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: MARGAREY NAVA
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs THE BEACH HOUSE HOTEL
Date Of Injury: 05/01/16 - 05/01/17

DOS	SERVICE	DESCRIPTION	AMOUNT

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 14442
Lexington, KY 40512-4442

0003373-0013169 0106 001 826315 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
09/16/2019	80.00	98796063
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			05/26/2017	30178643040-0001
Amt Paid:	40.00	Description:	Interpreter	
Amt Billed:	801.65	Invoice:	5312019091221028	ICN:5201-13393269
Dates:	08/01/2017 - 08/01/2017	Comment:		
			05/26/2017	30178643040-0001
Amt Paid:	40.00	Description:	Interpreter	
Amt Billed:	801.64	Invoice:	5312019091221028	ICN:5201-13393269
Dates:	02/13/2018 - 02/13/2018	Comment:		

SWK.RM.STD.00.NP

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Sedgwick as Agent for Everest National
Insurance Co - CA1
Everest National Insurance

ORIGIN 6005201
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/16/2019

98796063
62-22
311

PAY: ******EIGHTY AND 00/100 DOLLARS

$80.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈98796063⑈ ⑆031100225⑆ 20799500597 03⑈

EXPLANATION OF BILL REVIEW

PAYOR **Sedgwick**	RECEIVED BY VENDOR **09/13/2019**	DATE OF INJURY **05/26/2017**	
BILL ID(ICN) **5201-13393269**	PROCESSED BY VENDOR **09/13/2019**	SOCIAL SECURITY NUMBER	
INJURED NAME (LAST FIRST MI)	TPA CLAIM NUMBER **30178643040-0001**		
INJURED ADDRESS	PATIENT ACCOUNT NUMBER		PROVIDER NAME AND ADDRESS **Joyce Altman Interpr P.O. Box 4165 Tustin, CA 92781**
	EMPLOYER CONTRACT NUMBER **5201**		
IMAGE NUMBER (DCN) **5220190909029680**	TPA TRANSACTION# (MBDCN) **5312019091221028**		
EMPLOYER NAME **PACIFIC BEACH HOUSE LLC (A LT**	CARRIER NAME **Everest National Insurance**		
EMPLOYER ADDRESS **1300-1302 THE STRAND HERMOSA BEACH, CA 90254 Everest National Insurance**	CARRIER ADDRESS **P.O. Box 830 Liberty Corner Liberty Corner, NJ 079380830**		TREATING PROVIDER **Joyce Altman Interpreters Joyc**
			PROVIDER TAX ID **330956713**
PROVIDER NPI	ICD CODES **T14.90**		DATES OF SERVICE **08/01/2017 - 02/13/2018**

Date of Service	Submitted Code	Mod(s)	Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance
08/01/2017	MDS10		1	MDS10	801.65	761.65	0.00	0.00	40.00
	LUM SUM/MUL BILL-THE AMNT OF REIM IN DISPUTE CLAIM				REASON CODES	G4,5385			
02/13/2018	MDS10		1	MDS10	801.64	761.64	0.00	0.00	40.00
	LUM SUM/MUL BILL-THE AMNT OF REIM IN DISPUTE CLAIM				REASON CODES	G4,5385			

Explanation of Reason Codes For Detail Lines

G4 THIS CHARGE WAS ADJUSTED TO COMPLY WITH THE RATE AND RULES OF THE CONTRACT INDICATED.

5385 This payment is being made in full and final satisfaction of the lien per the settlement agreement.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf 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 Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormIBR_1.pdf 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

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
Customer Service

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
P O Box 14442
Lexington, KY 40512-4442

Fax: 833-875-6679
Phone: 800-854-6188

646182182

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/06/19 73728

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30177451438-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14573)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 14573
LEXINGTON, KY 40512

Case: vs EXPRESS EMPLOYMENT PROFESSIONA
Date Of Injury: 1/20/13 - 2/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/DAVE FRANKE,PA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/03/19	PMT BY CHECK	DOS 4/3/18* # 107618596	-160.00
09/06/19	BLCE OFF SET	BALANCE OFF SET	-20.00

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 14573
Lexington, KY 40512

DATE	CHECK AMOUNT	CHECK NUMBER
09/03/2019	160.00	107618596

PAYEE	TAX ID
JOYCE ALTMAN INTERPR	*****6713

SCMS UNIT	PAGE
646 Sedgwick Claims Management Services, Inc	01 of 01

0000086-0000361 BAFN 001 821283

JOYCE ALTMAN INTERPR
PO BOX 4168
TUSTIN CA 92781

Claimant Name		Loss Date	Claim Number
		03/02/2017	30177451438-0001
Amt Paid: 160.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5312019082727831	ICN:3474-596548
Dates: 04/03/2018 - 04/03/2018	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

Sedgwick Claims Management Services, Inc
as agent for
Express Professionals Indemnity Co.
The Insurance Company of the State of Pe

ORIGIN 6463474 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/03/2019

107618596

62-22
311

PAY: ******ONE HUNDRED SIXTY AND 00/100 DOLLARS

$160.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Express Professionals Indemnit, Principal
Sedgwick Claims Management Services, Inc., Agent By:

637122348

⑈107618596⑈ ⑆031100225⑆ 20799500597 03⑈

EXPLANATION OF BILL REVIEW

PAYOR **Sedgwick**	RECEIVED BY VENDOR **08/28/2019**	DATE OF INJURY **03/02/2017**	
BILL ID(ICN) **3474-596548**	PROCESSED BY VENDOR **08/28/2019**	SOCIAL SECURITY NUMBER	
INJURED NAME (LAST FIRST MI)	TPA CLAIM NUMBER **30177451438-0001**		
INJURED ADDRESS	PATIENT ACCOUNT NUMBER		PROVIDER NAME AND ADDRESS **JOYCE ALTMAN INTERPR PO BOX 4168 TUSTIN, CA 92781**
	EMPLOYER CONTRACT NUMBER **3474**		
IMAGE NUMBER (DCN) **5120190820029838**	TPA TRANSACTION# (MBDCN) **5312019082727831**		
EMPLOYER NAME **Express Services, Inc.**	CARRIER NAME **The Insurance Company of the State of Pennsylvania**		
EMPLOYER ADDRESS **9701 North Boardwalk Boulevard Oklahoma City, OK 73162 The Insurance Company of the State of Pe**	CARRIER ADDRESS **175 Water Street 18th Floor New York, NY 10038 (212)770-8596**		TREATING PROVIDER **JOYCE ALTMAN INTERPRETERS JOYC**
			PROVIDER TAX ID **330956713**
PROVIDER NPI	ICD CODES **T14.90**		DATES OF SERVICE **04/03/2018 - 04/03/2018**

Date of Service	Submitted Code	Mod(s)	Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance
04/03/2018	MDO10		1	MDO10	180.00	20.00	0.00	0.00	160.00
	FINAL ORDR/AWARD WC APPL REQ LUM SUM/MUL BILL-DISP				REASON CODES	G67,5466			

Explanation of Reason Codes For Detail Lines
G67 PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )
5466 Allowance based on Claims Examiners pre-negotiated rate with Provider.

Explanation of Bill Review:
TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf 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 Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormIBR_1.pdf 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

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
Customer Service

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
P.O. Box 14573
Lexington, KY 40512

Fax: 859-264-4368
Phone: 800-597-7677

637122348

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/05/19 35896

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
A4A0330

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

Case: vs LOS AMIGOS COUNTRY CLUB
Date Of Injury: 9/16/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/09	PR2/REEVAL	-DR SCHILLING @ ADVANCED CARE CLARA BONILLA 500320	180.00
12/17/09	PR2/REEVAL	DR NARIO* JESUS CASTILLO # 500358	180.00
01/28/10	PR2/REEVAL	-DR NARIO* JESUS CASTILLO # 500358	180.00
02/23/10	PMT BY CHECK	DOS 11/10/09 THRU 1/28/10 # 891A 79730837	-540.00
04/19/10	INITIAL EXAM	-DR RAHMAN* JESU CASTILLO # 500358	230.00
04/21/10	PR2/REEVAL	-DR BONIFACE* TITO SILVA # 500272	180.00
05/19/10	PMT BY CHECK	DOS 4/19/10 THRU 4/21/10 # 891A 79997122	-410.00
05/24/10	PR2/REEVAL	-DR WONIL* JESUS CASTILLO # 500358	180.00
05/26/10	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR PARVIN 4 HRS	300.00
/ /	INTERPRETER:	JESUS CASTILL # 500358	0.00
06/16/10	INITIAL EXAM	DR PARVIN @ ADVANCED CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/12/10	PR2/REEVAL	DR WONIL @ ADVANCED CARE*	180.00
/ /	INTERPRETER:	JESUS ALEJANDRO CASTILLO # 500358	0.00
08/16/10	PR2/REEVAL	-DR YOON @ ADVANCED CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
09/27/10	P AND S	-DR YOON/SCHILLING* JESUS CAS # 500358	230.00
03/11/11	PENALTIES	FOR DATE OF SERVICE 06/16/10	34.50
08/07/19	INTEREST	FOR DATE OF SERVICE 06/16/10	240.95
03/11/11	PENALTIES	FOR DATE OF SERVICE 09/27/10	34.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/05/19 35896

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
A4A0330

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

Case: vs LOS AMIGOS COUNTRY CLUB
Date Of Injury: 9/16/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/19	INTEREST	FOR DATE OF SERVICE 09/27/10	233.41
11/25/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
08/30/19	PMT BY CHECK	DOS 8/7/19* =# 891A 90533395 TRAVELERS	-1600.00
09/05/19	BLCE OFF SET	BALANCE OFF SET	-343.36

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 **

002848

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

UD02147

891A 79730837

TRAVELERS

DATE: 02/23/10
LOSS DATE: 08/31/09
FILE NUMBER: 152 CB A4A0330 E

EMPLOYEE

ACCOUNT NAME:
LOS AMIGOS COUNTRY CLUB INC

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

TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 11/10/2009 TO: 01/28/2010

TOTAL PAID: $540.00
TAX INFO: 3309567133317481Y
PAY MISC: 35896
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: ANTHONY EILKEN AT (909)612-3322

054010957
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121285

002267

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
UD01470

891A 79997122

TRAVELERS

DATE: 05/19/10
LOSS DATE: 08/31/09
FILE NUMBER: 152 CB A4A0330 E

EMPLOYEE

ACCOUNT NAME:
LOS AMIGOS COUNTRY CLUB INC

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

TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 11/10/2009 TO: 04/21/2010

TOTAL PAID: $410.00
TAX INFO: 330956713317481Y
PAY MISC: 35896
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: ANGELA M RUIZ AT (909)612-3257

139010241
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121295
DETACH CHECK

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SE01733

891A 90533395

TRAVELERS

DATE: 08/30/19
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 INDEMNITY CO OF CT

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
[redacted]	152 CB A4A0330E	08/07/19	$ 1,600.00	1023474746SW	
	152 CB E0B6711J	05/09/19 - 07/16/19	$ 590.00		75942
		Total Amount Paid	$*****2190.00		

242020807
DETACH CHECK

SUMM -111311
OVRPSUM1-021509
DETACH CHECK

EXPLANATION OF REIMBURSEMENT
THIS IS NOT A BILL

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER.
ENTITY IDENTIFIED AS CARRIER HAS BEEN DESIGNATED THE ENTITY TO RECEIVE DISPUTES.

CARRIER:
TRAVELERS INDEMNITY CO OF CT
P O BOX 660055
DALLAS, TX 75266-0055

PROVIDER INQUIRY CONTACT:
877-228-2758

NAIC/SELF INSURED NUMBER:
256823548

CLAIM PROFESSIONAL:
CHERI M LARKIN

CLAIM PROFESSIONAL PHONE/FAX/EMAIL:
909-612-3175/877-801-9677/CMLARKIN@TRAVELERS.COM

EMPLOYER:
LOS AMIGOS COUNTRY CLUB INC
7295 QUILL DR
DOWNEY, CA 90242-2001

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

TAX ID NUMBER / FEIN:
330956713

NATIONAL PROVIDER IDENTIFICATION NUMBER:
N/A

PATIENT:

CLAIM NUMBER:
152 CB A4A0330 E

DATE OF INJURY:
08/31/2009

BILL CONTROL NUMBER:
1023474746

CHECK NUMBER:
891A 90533395

CHECK DATE:
08/30/2019

DATE EOR GENERATED:
08/30/2019

DATE OF BILL:
N/A

DATE BILL RECEIVED:
08/28/2019

NETWORK NAME:
N/A

SUMMARY INFORMATION

SERVICE DATES: 08/07/2019 - 08/07/2019

BILLED AMT	BILL REVIEW AMT	PPO AMT	OTHER AMT	PAID AMT
$1,600.00	$1,600.00	N/A	N/A	$1,600.00

STATE REQUIRED INFORMATION

JURISDICTIONAL CASE NUMBER: N/A
SSN: XXX-XX-2131 PROTECTED INFORMATION TO BE USED FOR IDENTIFICATION PURPOSES
BILL PAYMENT STATUS CODE: PAID
PPO/MPN NAME: N/A PPO/MPN ID NUMBER: N/A
TIME LIMITS TO DISPUTE PAYMENT AMOUNT - REQUEST FOR SECOND REVIEW ("RSR"). ONCE AN EOR ON AN ORIGINAL BILL SUBMISSION IS RECEIVED, A HEALTH CARE PROVIDER/FACILITY/BILLING AGENT/ASSIGNEE ('PROVIDER') CAN DISPUTE THE AMOUNT PAID BY SUBMITTING AN APPEAL/RECONSIDERATION/RSR TO THE CLAIMS ADMINISTRATOR WITHIN 90 DAYS OF SERVICE OF THE EOR. RSRS MUST COMPLY WITH DWC'S MEDICAL BILLING AND PAYMENT GUIDE AND REGULATIONS AT TITLE 8, CCR, 9792.5.4 ET SEQ. IF A PROVIDER FAILS TO SUBMIT A RSR WITHIN THE 90 DAYS, THE BILL IS DEEMED SATISFIED AND NEITHER THE EMPLOYER NOR EMPLOYEE IS LIABLE FOR FURTHER PAYMENTS.
INDEPENDENT BILL REVIEW (IBR). UPON RECEIPT OF A RSR, THE CLAIMS ADMINISTRATOR REVIEWS IT AND ISSUES THEIR FINAL WRITTEN BILL DETERMINATION, VIA EOR. UPON RECEIPT OF THIS EOR, A PROVIDER STILL DISPUTING THE AMOUNT PAID MAY SUBMIT AN IBR REQUEST WITHIN 30 DAYS OF SERVICE OF THE EOR. THE IBR REQUEST MUST COMPLY WITH TITLE 8, CCR, 9792.5.4 ET SEQ. IF A PROVIDER DOESN'T REQUEST AN IBR WITHIN 30 DAYS, THE BILL IS DEEMED SATISFIED AND NEITHER THE EMPLOYER NOR EMPLOYEE IS LIABLE FOR FURTHER PAYMENT. ANY EMPLOYER CONTESTED LIABILITY ISSUES, OTHER THAN AMOUNT PAID, SHALL BE RESOLVED PRIOR TO FILING AN IBR REQUEST; THE TIME LIMIT FOR REQUESTING IBR STARTS UPON RESOLUTION OF THAT ISSUE.
UNLESS OTHERWISE STATED, THE CA OFFICIAL MEDICAL FEE SCHEDULE, GOVERNS REIMBURSEMENTS AND PROHIBITS BILLING A PATIENT FOR ANY BALANCE IN EXCESS OF THE AMOUNT RECOMMENDED. REDUCTIONS TO BILLED CHARGES OCCUR WHEN THEY EXCEED THE FEE SCHEDULE ALLOWANCE FOR THE SERVICE PROVIDED AND/OR APPLICATION OF APPROPRIATE DISCOUNTS BASED ON AN INDIVIDUAL PROVIDER'S PPO AGREEMENT.

See detail information on following page(s).

RECONSIDERATION REQUEST SHOULD INCLUDE COPY OF EOR, BILL AND APPEAL EXPLANATION.

DETAIL INFORMATION

DIAGNOSIS CODES
01) T14.90

SERVICE DATE: 08/07/2019 POS: 99
RPT PROC-MOD: MDS10
REVIEW PROC CD: N/A
PROCEDURE DESCRIPTION: SETTLEMENT AMT
EOR REASON CODE(S):

DX POINTER: 1
REV CD: N/A
UNIT(S): 1.000

BILLED:	$1,600.00
REVIEW:	$1,600.00
PPO :	N/A
OTHER :	N/A
PAID :	$1,600.00

CARRIER CODES

END OF STATEMENT

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/30/19 67542

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
E2X5749

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W. C. DEPARTMENT
ATTN: GINA WHITMIRE
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs CLARCOR AIR FILTRATION PRODUCT
Date Of Injury: 6/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/23/15	INITIAL ACUP	W/ ACUPUNCT RHEE @ ACS*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/24/15	INITIAL EXAM	DR SCHILLING @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ROSARIO B. RIVAS # 500276	0.00
10/19/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/22/15	PR2/REEVAL	DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
04/17/17	LIEN FIL FEE	LIEN FILING FEE	150.00
09/24/19	PMT BY CHECK	DOS 9/17/19* # 896D 93039182	-1000.00
09/30/19	BLCE OFF SET	BALANCE OFF SET	-200.00

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 **

THE TRAVELERS - TRAVELERS WORKERS C
TRAVELERS WORKERS COMP CLAIMS
PO BOX 660055
DALLAS TX 75266-0055

SA09193

896D 93039182

TRAVELERS

DATE: 09/24/19
LOSS DATE: 06/11/15
FILE NUMBER: 480 CB E2X5749 M

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

EMPLOYEE

ACCOUNT NAME:
CLARCOR INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

THIS BILL HAS BEEN REPRICED. THE EXPLANATION FOR THE REPRICING HAS BEEN SENT UNDER SEPARATE COVER.

DATE OF SERVICE: 09/17/19

Lien satisfied in full
TOTAL PAID: $1000.00

FOR ADDITIONAL INFORMATION, CONTACT: GINA WHITMIRE AT (916)638-6514

267009296
DETACH CHECK

UNSUMM -111311
OVRPUNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 68224

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
E3V8412

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

Case: vs FDC MANAGEMENT
Date Of Injury: 8/1/10 - 12/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/04/16	INITIAL EXAM	-DR Z. KHAN @ AMERI CHIRO* (DOI: 8/1/10-12/15)	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/13/16	INITIAL ACUP	-W/ ACUPUNCT ALEX LEE @ AMERI (DOI: 8/1/10-12/15)	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/14/16	F.C.E. TEST	-FUNCT CAPACITY EVAL @ ACS W/DR RODRIGUEZ* INIT	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802 (DOI: 8/1/10-12/15)	0.00
02/11/16	PR2/REEVAL	-DR TUNG BUU @ AMERI CHIRO* (DOI: 8/1/10-12/15)	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/21/16	PR2/REEVAL	-DR KHAN @ AMERI CHIRO* (DOI: 8/1/10-12/15)	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/27/16	PR2/REEVAL	-DR KHAN @ AMERI CHIRO* (DOI: 8/1/10-12/15)	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/18/17	LIEN FIL FEE	LIEN FILING FEE	150.00
01/16/18	PENALTIES	FOR DATE OF SERVICE 01/04/16	34.50
08/21/19	INTEREST	FOR DATE OF SERVICE 01/04/16	91.67
01/16/18	PENALTIES	FOR DATE OF SERVICE 01/13/16	34.50
08/21/19	INTEREST	FOR DATE OF SERVICE 01/13/16	91.67
06/09/19	PMT BY CHECK	DOS 8/21/19* =# 891A 90549216 TRAVELERS	-554.40
09/16/19	PMT BY CHECK	DOS 3/10/16-6/12/19* # 1102100754 ZURICH	-165.60
09/23/19	BLCE OFF SET	BALANCE OFF SET	-832.34

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 68224

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
E3V8412

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

Case: vs FDC MANAGEMENT
Date Of Injury: 8/1/10 - 12/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

004999

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SE01080

891A 90549216

TRAVELERS

DATE: 09/06/19
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 E3V8412J	08/21/19	$ 554.40	1023537650SW	
	152 CB FLR4154T	05/17/19	$ 90.00		75878
	152 CB FLR4154T	05/10/19	$ 90.00		75878
	152 CB FLR4154T	05/03/19	$ 90.00		75878
	152 CB FLR4154T	08/06/19	$ 90.00		75878
		Total Amount Paid	$******914.40		

249017506
DETACH CHECK

SUMM -111311
OVRPSUM1-021509
DETACH CHECK

EXPLANATION OF REIMBURSEMENT
THIS IS NOT A BILL

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER.
ENTITY IDENTIFIED AS CARRIER HAS BEEN DESIGNATED THE ENTITY TO RECEIVE DISPUTES.

CARRIER:
TRAVELERS PROP CAS CO OF AMERIC
P O BOX 660055
DALLAS, TX 75266-0055

PROVIDER INQUIRY CONTACT:
877-228-2758

NAIC/SELF INSURED NUMBER:
256743548

CLAIM PROFESSIONAL:
HECTOR LOPEZ

CLAIM PROFESSIONAL PHONE/FAX/EMAIL:
909-612-3098/877-801-9677/HLOPEZ2@TRAVELERS.COM

EMPLOYER:
FDC MANAGEMENT
135 S CHAPARAL CT 100
ANAHEIM, CA 92808

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

TAX ID NUMBER / FEIN:
330956713

NATIONAL PROVIDER IDENTIFICATION NUMBER:
N/A

PATIENT:

CLAIM NUMBER:
152 CB E3V8412 J

DATE OF INJURY:
09/30/2015

BILL CONTROL NUMBER:
1023537650

CHECK NUMBER:
891A 90549216

CHECK DATE:
09/06/2019

DATE EOR GENERATED:
09/06/2019

DATE OF BILL:
N/A

DATE BILL RECEIVED:
09/05/2019

NETWORK NAME:
N/A

SUMMARY INFORMATION

SERVICE DATES: 08/21/2019 - 08/21/2019

BILLED AMT	BILL REVIEW AMT	PPO AMT	OTHER AMT	PAID AMT
$554.40	$554.40	N/A	N/A	$554.40

STATE REQUIRED INFORMATION

JURISDICTIONAL CASE NUMBER: N/A
SSN: XXX-XX-7376 PROTECTED INFORMATION TO BE USED FOR IDENTIFICATION PURPOSES
BILL PAYMENT STATUS CODE: PAID
PPO/MPN NAME: N/A PPO/MPN ID NUMBER: N/A
TIME LIMITS TO DISPUTE PAYMENT AMOUNT - REQUEST FOR SECOND REVIEW ("RSR"). ONCE AN EOR ON AN ORIGINAL BILL SUBMISSION IS RECEIVED, A HEALTH CARE PROVIDER/FACILITY/BILLING AGENT/ASSIGNEE ('PROVIDER') CAN DISPUTE THE AMOUNT PAID BY SUBMITTING AN APPEAL/RECONSIDERATION/RSR TO THE CLAIMS ADMINISTRATOR WITHIN 90 DAYS OF SERVICE OF THE EOR. RSRS MUST COMPLY WITH DWC'S MEDICAL BILLING AND PAYMENT GUIDE AND REGULATIONS AT TITLE 8, CCR, 9792.5.4 ET SEQ. IF A PROVIDER FAILS TO SUBMIT A RSR WITHIN THE 90 DAYS, THE BILL IS DEEMED SATISFIED AND NEITHER THE EMPLOYER NOR EMPLOYEE IS LIABLE FOR FURTHER PAYMENTS.
INDEPENDENT BILL REVIEW (IBR). UPON RECEIPT OF A RSR, THE CLAIMS ADMINISTRATOR REVIEWS IT AND ISSUES THEIR FINAL WRITTEN BILL DETERMINATION, VIA EOR. UPON RECEIPT OF THIS EOR, A PROVIDER STILL DISPUTING THE AMOUNT PAID MAY SUBMIT AN IBR REQUEST WITHIN 30 DAYS OF SERVICE OF THE EOR. THE IBR REQUEST MUST COMPLY WITH TITLE 8, CCR, 9792.5.4 ET SEQ. IF A PROVIDER DOESN'T REQUEST AN IBR WITHIN 30 DAYS, THE BILL IS DEEMED SATISFIED AND NEITHER THE EMPLOYER NOR EMPLOYEE IS LIABLE FOR FURTHER PAYMENT. ANY EMPLOYER CONTESTED LIABILITY ISSUES, OTHER THAN AMOUNT PAID, SHALL BE RESOLVED PRIOR TO FILING AN IBR REQUEST; THE TIME LIMIT FOR REQUESTING IBR STARTS UPON RESOLUTION OF THAT ISSUE.
UNLESS OTHERWISE STATED, THE CA OFFICIAL MEDICAL FEE SCHEDULE, GOVERNS REIMBURSEMENTS AND PROHIBITS BILLING A PATIENT FOR ANY BALANCE IN EXCESS OF THE AMOUNT RECOMMENDED. REDUCTIONS TO BILLED CHARGES OCCUR WHEN THEY EXCEED THE FEE SCHEDULE ALLOWANCE FOR THE SERVICE PROVIDED AND/OR APPLICATION OF APPROPRIATE DISCOUNTS BASED ON AN INDIVIDUAL PROVIDER'S PPO AGREEMENT.

See detail information on following page(s).

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

1010063500635

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.

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

00635

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0334500 001 XG	WC 5470778			12/23/15	03/10/16-09/12/19

Check Number	1102100754	Date Issued	09/16/19	Amount	$***165.60
Insured	CPE @ FDC Management Inc				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS PO BOX 4165				
Requested By	Sushil Kumar Sharma				
File Supervisor	Ivan Olisea	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	165.60		
TOTAL	$165.60		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/02/19 71421

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
EYJ6495; E7R7961

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

Case: vs WEST COAST PRIME MEATS
Date Of Injury: 3/18/14; 3/14 -1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/17	INITIAL EXAM	DR GALAL GOUBRAN/ANDREW MILES @ SIDHU (2HR 15MIN)	258.75
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/10/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/08/17	PR2/REEVAL	DR GOUBRAN/ROBERT TAYLOR @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
04/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/04/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI, INITL CHIRO & PHYS TX W/DR	180.00
/ /	-	CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/02/19 71421

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
EYJ6495; E7R7961

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

Case: s WEST COAST PRIME MEATS
Date Of Injury: 3/18/14; 3/14 -1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/16/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/22/17	PR2/REEVAL	-DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/27/17	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/21/17	PR2/REEVAL	DR MICHAEL PRICE/MILES* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/29/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/02/19 71421

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
EYJ6495; E7R7961

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

Case: vs WEST COAST PRIME MEATS
Date Of Injury: 3/18/14; 3/14 -1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/19/17	PR2/REEVAL	DR PRICE/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/16/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/21/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/15/18	PR2/REEVAL	-DR JOHN XIAO JIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/03/18	PR2/REEVAL	-DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/07/18	PR2/REEVAL	-DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/02/18	PR2/REEVAL	-DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/04/18	PR2/REEVAL	DR QUIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/01/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/06/18	PR2/REEVAL	-DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/16/19	LIEN FIL FEE	LIEN FILING FEE	150.00
07/09/19	PENALTIES	FOR DATE OF SERVICE 03/02/17	34.50
09/18/19	INTEREST	FOR DATE OF SERVICE 03/02/17	69.70

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/02/19 71421

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
EYJ6495; E7R7961

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

Case: vs WEST COAST PRIME MEATS
Date Of Injury: 3/18/14; 3/14 -1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/19	PENALTIES	FOR DATE OF SERVICE 03/10/17	34.50
09/18/19	INTEREST	FOR DATE OF SERVICE 03/10/17	61.96
09/18/19	PENALTIES	FOR DATE OF SERVICE 03/17/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 03/17/17	48.49
09/18/19	PENALTIES	FOR DATE OF SERVICE 03/24/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 03/24/17	48.49
09/18/19	PENALTIES	FOR DATE OF SERVICE 03/31/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 03/31/17	48.49
09/18/19	PENALTIES	FOR DATE OF SERVICE 04/08/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 04/08/17	48.49
09/18/19	PENALTIES	FOR DATE OF SERVICE 04/14/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 04/14/17	48.49
09/18/19	PENALTIES	FOR DATE OF SERVICE 04/21/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 04/21/17	48.49
09/18/19	PENALTIES	FOR DATE OF SERVICE 04/28/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 04/28/17	48.49
09/18/19	PENALTIES	FOR DATE OF SERVICE 05/04/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 05/04/17	48.43
09/18/19	PENALTIES	FOR DATE OF SERVICE 05/05/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 05/05/17	48.38
09/18/19	PENALTIES	FOR DATE OF SERVICE 05/12/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 05/12/17	47.98
09/18/19	PENALTIES	FOR DATE OF SERVICE 05/19/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 05/19/17	47.64
09/18/19	PENALTIES	FOR DATE OF SERVICE 06/09/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 06/09/17	46.11
09/18/19	PENALTIES	FOR DATE OF SERVICE 06/16/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 06/16/17	45.77
09/18/19	PENALTIES	FOR DATE OF SERVICE 06/22/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 06/22/17	45.31
09/18/19	PENALTIES	FOR DATE OF SERVICE 06/23/17	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/02/19 71421

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
EYJ6495; E7R7961

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

Case: vs WEST COAST PRIME MEATS
Date Of Injury: 3/18/14; 3/14 -1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/19	INTEREST	FOR DATE OF SERVICE 06/23/17	45.26
09/18/19	PENALTIES	FOR DATE OF SERVICE 07/07/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 07/07/17	44.75
09/18/19	PENALTIES	FOR DATE OF SERVICE 07/14/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 07/14/17	44.41
09/18/19	PENALTIES	FOR DATE OF SERVICE 07/21/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 07/21/17	44.12
09/18/19	PENALTIES	FOR DATE OF SERVICE 07/27/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 07/27/17	43.95
09/18/19	PENALTIES	FOR DATE OF SERVICE 08/04/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 08/04/17	43.38
09/18/19	PENALTIES	FOR DATE OF SERVICE 08/18/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 08/18/17	42.82
09/18/19	PENALTIES	FOR DATE OF SERVICE 08/25/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 08/25/17	42.42
09/18/19	PENALTIES	FOR DATE OF SERVICE 09/08/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 09/08/17	41.68
09/18/19	PENALTIES	FOR DATE OF SERVICE 09/15/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 09/15/17	41.17
09/18/19	PENALTIES	FOR DATE OF SERVICE 09/21/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 09/21/17	40.55
09/18/19	PENALTIES	FOR DATE OF SERVICE 09/22/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 09/22/17	40.55
09/18/19	PENALTIES	FOR DATE OF SERVICE 09/29/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 09/29/17	39.88
09/18/19	PENALTIES	FOR DATE OF SERVICE 10/06/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 10/06/17	39.98
09/18/19	PENALTIES	FOR DATE OF SERVICE 10/13/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 10/13/17	39.36
09/18/19	PENALTIES	FOR DATE OF SERVICE 10/19/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 10/19/17	39.19

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/02/19 71421

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
EYJ6495; E7R7961

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

Case: vs WEST COAST PRIME MEATS
Date Of Injury: 3/18/14; 3/14 -1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/19	PENALTIES	FOR DATE OF SERVICE 10/20/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 10/20/17	39.02
09/18/19	PENALTIES	FOR DATE OF SERVICE 11/16/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 11/16/17	36.81
09/18/19	PENALTIES	FOR DATE OF SERVICE 12/21/17	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 12/21/17	33.74
09/18/19	PENALTIES	FOR DATE OF SERVICE 03/15/18	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 03/15/18	30.57
09/18/19	PENALTIES	FOR DATE OF SERVICE 05/03/18	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 05/03/18	27.68
09/18/19	PENALTIES	FOR DATE OF SERVICE 06/07/18	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 06/07/18	25.46
09/18/19	PENALTIES	FOR DATE OF SERVICE 08/02/18	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 08/02/18	22.91
09/18/19	PENALTIES	FOR DATE OF SERVICE 10/04/18	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 10/04/18	19.06
09/18/19	PENALTIES	FOR DATE OF SERVICE 11/01/18	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 11/01/18	17.52
09/18/19	PENALTIES	FOR DATE OF SERVICE 12/06/18	27.00
09/18/19	INTEREST	FOR DATE OF SERVICE 12/06/18	15.77
09/27/19	PMT BY CHECK	DOS 9/18/19* # 891A 90603072	-1600.00
10/08/19	BLCE OFF SET	BALANCE OFF SET	-9130.47

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/02/19	71421

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EYJ6495; E7R7961

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

Case: ROBERTO RETANA vs WEST COAST PRIME MEATS
Date Of Injury: 3/18/14; 3/14 -1/15

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SE01704

891A 90603072

TRAVELERS

DATE: 09/27/19
LOSS DATE: 03/18/14
FILE NUMBER: 152 CB EYJ6495 H
REFERENCE #: 1023717770SW
EMPLOYEE

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

ACCOUNT NAME:
WEST COAST PRIME MEATS, LLC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 09/18/19

TOTAL PAID: $1600.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: VANESSA BUTZLAFF AT (909)612-3412

270018119
DETACH CHECK

UNSUMM -111311
OVRPUNS2-121295
DETACH CHECK

EXPLANATION OF REIMBURSEMENT
THIS IS NOT A BILL

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER.
ENTITY IDENTIFIED AS CARRIER HAS BEEN DESIGNATED THE ENTITY TO RECEIVE DISPUTES.

CARRIER:
TRAVELERS PROP CAS CO OF AMERIC
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

PROVIDER INQUIRY CONTACT:
877-228-2758

NAIC/SELF INSURED NUMBER:
256743548

CLAIM PROFESSIONAL:
VANESSA BUTZLAFF

CLAIM PROFESSIONAL PHONE/FAX/EMAIL:
909-612-3412/877-801-9677/VBUTZLAF@TRAVELERS.COM

EMPLOYER:
WEST COAST PRIME MEATS, LLC
344 CLIFFWOOD PARK ST
BREA, CA 92821-4103

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

TAX ID NUMBER / FEIN:
330956713

NATIONAL PROVIDER IDENTIFICATION NUMBER:
N/A

PATIENT:

CLAIM NUMBER:
152 CB EYJ6495 H

DATE OF INJURY:
03/18/2014

BILL CONTROL NUMBER:
1023717770

CHECK NUMBER:
891A 90603072

CHECK DATE:
09/27/2019

DATE EOR GENERATED:
09/27/2019

DATE OF BILL:
N/A

DATE BILL RECEIVED:
09/25/2019

NETWORK NAME:
N/A

SUMMARY INFORMATION

SERVICE DATES: 09/18/2019 - 09/18/2019

BILLED AMT	BILL REVIEW AMT	PPO AMT	OTHER AMT	PAID AMT
$1,600.00	$1,600.00	N/A	N/A	$1,600.00

STATE REQUIRED INFORMATION

JURISDICTIONAL CASE NUMBER: N/A
SSN: XXX-XX-7632 PROTECTED INFORMATION TO BE USED FOR IDENTIFICATION PURPOSES
BILL PAYMENT STATUS CODE: PAID
PPO/MPN NAME: N/A PPO/MPN ID NUMBER: N/A
TIME LIMITS TO DISPUTE PAYMENT AMOUNT - REQUEST FOR SECOND REVIEW ("RSR"). ONCE AN EOR ON AN ORIGINAL BILL SUBMISSION IS RECEIVED, A HEALTH CARE PROVIDER/FACILITY/BILLING AGENT/ASSIGNEE ('PROVIDER') CAN DISPUTE THE AMOUNT PAID BY SUBMITTING AN APPEAL/RECONSIDERATION/RSR TO THE CLAIMS ADMINISTRATOR WITHIN 90 DAYS OF SERVICE OF THE EOR. RSRS MUST COMPLY WITH DWC'S MEDICAL BILLING AND PAYMENT GUIDE AND REGULATIONS AT TITLE 8, CCR, 9792.5.4 ET SEQ. IF A PROVIDER FAILS TO SUBMIT A RSR WITHIN THE 90 DAYS, THE BILL IS DEEMED SATISFIED AND NEITHER THE EMPLOYER NOR EMPLOYEE IS LIABLE FOR FURTHER PAYMENTS.
INDEPENDENT BILL REVIEW (IBR). UPON RECEIPT OF A RSR, THE CLAIMS ADMINISTRATOR REVIEWS IT AND ISSUES THEIR FINAL WRITTEN BILL DETERMINATION, VIA EOR. UPON RECEIPT OF THIS EOR, A PROVIDER STILL DISPUTING THE AMOUNT PAID MAY SUBMIT AN IBR REQUEST WITHIN 30 DAYS OF SERVICE OF THE EOR. THE IBR REQUEST MUST COMPLY WITH TITLE 8, CCR, 9792.5.4 ET SEQ. IF A PROVIDER DOESN'T REQUEST AN IBR WITHIN 30 DAYS, THE BILL IS DEEMED SATISFIED AND NEITHER THE EMPLOYER NOR EMPLOYEE IS LIABLE FOR FURTHER PAYMENT. ANY EMPLOYER CONTESTED LIABILITY ISSUES, OTHER THAN AMOUNT PAID, SHALL BE RESOLVED PRIOR TO FILING AN IBR REQUEST; THE TIME LIMIT FOR REQUESTING IBR STARTS UPON RESOLUTION OF THAT ISSUE.
UNLESS OTHERWISE STATED, THE CA OFFICIAL MEDICAL FEE SCHEDULE, GOVERNS REIMBURSEMENTS AND PROHIBITS BILLING A PATIENT FOR ANY BALANCE IN EXCESS OF THE AMOUNT RECOMMENDED. REDUCTIONS TO BILLED CHARGES OCCUR WHEN THEY EXCEED THE FEE SCHEDULE ALLOWANCE FOR THE SERVICE PROVIDED AND/OR APPLICATION OF APPROPRIATE DISCOUNTS BASED ON AN INDIVIDUAL PROVIDER'S PPO AGREEMENT.

See detail information on following page(s).

RECONSIDERATION REQUEST SHOULD INCLUDE COPY OF EOR, BILL AND APPEAL EXPLANATION.

DETAIL INFORMATION

DIAGNOSIS CODES
01) T14.90

SERVICE DATE: 09/18/2019 POS: 99
RPT PROC-MOD: MD010
REVIEW PROC CD: N/A
PROCEDURE DESCRIPTION: JURIS SETTLEMENT
EOR REASON CODE(S):

DX POINTER: 1
REV CD: N/A
UNIT(S): 1.000

BILLED: $1,600.00
REVIEW: $1,600.00
PPO : N/A
OTHER : N/A
PAID : $1,600.00

CARRIER CODES

END OF STATEMENT

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/25/19	63041

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2000110054; 20001100748

BILL TO:
TRISTAR RISK MGMT (SANTA ANA)
W. C. DEPARTMENT
ATTN: DIANNE CHIMBELL
P.O. BOX 11967
SANTA ANA, CA 92711

Case: vs COUNTY OF LOS ANGELES DPMT.
Date Of Injury: 10/28/10; 11/16/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/19/14	P AND S	DR K. SADEGHI @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	PATY PAREDES NAVA # 101026	0.00
07/17/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ SIDHU W/DR SADEGHI*	150.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
06/23/16	PR2/REEVAL	FINAL -DR MIRZABEIGI/MILES @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/16	PR2/REEVAL	DR MIRZABEIGI/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/08/16	PR2/REEVAL	DR MIRZABEIGI/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/06/16	PR2/REEVAL	DR MIRZABEIGI/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/03/16	PR2/REEVAL	DR MIRZABEIGI/MILES @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/01/16	PR2/REEVAL	DR MIRZABEIGI/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/20/18	LEGAL_WCAB	RATING MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/16/18	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/18/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/28/18	LIEN FIL FEE	LIEN FILING FEE	150.00
03/12/19	PENALTIES	FOR DATE OF SERVICE 06/19/14	34.50
09/10/19	INTEREST	FOR DATE OF SERVICE 06/19/14	80.17
03/12/19	PENALTIES	FOR DATE OF SERVICE 07/17/14	22.50
09/10/19	INTEREST	FOR DATE OF SERVICE 07/17/14	52.22

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/25/19 63041

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2000110054; 20001100748

BILL TO:
TRISTAR RISK MGMT (SANTA ANA)
W. C. DEPARTMENT
ATTN: DIANNE CHIMBELL
P.O. BOX 11967
SANTA ANA, CA 92711

Case: vs COUNTY OF LOS ANGELES DPMT.
Date Of Injury: 10/28/10; 11/16/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/19	PENALTIES	FOR DATE OF SERVICE 06/23/16	27.00
09/10/19	INTEREST	FOR DATE OF SERVICE 06/23/16	62.67
03/12/19	PENALTIES	FOR DATE OF SERVICE 08/11/16	27.00
09/10/19	INTEREST	FOR DATE OF SERVICE 08/11/16	62.21
03/12/19	PENALTIES	FOR DATE OF SERVICE 09/08/16	27.00
09/10/19	INTEREST	FOR DATE OF SERVICE 09/08/16	60.34
03/12/19	PENALTIES	FOR DATE OF SERVICE 10/06/16	27.00
09/10/19	INTEREST	FOR DATE OF SERVICE 10/06/16	59.04
03/12/19	PENALTIES	FOR DATE OF SERVICE 11/03/16	27.00
09/10/19	INTEREST	FOR DATE OF SERVICE 11/03/16	57.51
03/12/19	PENALTIES	FOR DATE OF SERVICE 12/01/16	27.00
09/10/19	INTEREST	FOR DATE OF SERVICE 12/01/16	56.36
09/10/19	COSTS	ADD'L COSTS AWARDED	1017.48
09/23/19	PMT BY CHECK	DOS 6/19/14-9/10/19* # 0028459473	-3900.00

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 **

COUNTY OF LOS ANGELES

TS 0028459473

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

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

September 23, 2019

NOT PAYABLE AFTER SIX MONTHS FROM DATE ISSUED

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

70-2328
0719

PAY TO THE ORDER OF:

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

WC1423BV239
001
416

Amount
$*******3,900.00

APPROVED
ARLENE BARRERA, ACTING AUDITOR-CONTROLLER

PAY: **Three Thousand Nine Hundred And 00/100 Dollars**

⑈00284594 73⑈ ⑆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-14184356	416	09/23/2019	$3,900.00	0028459473

2000-14-01605 04/04/2014
Invoice #
06/19/2014THRU
09/10/2019
71 LEG0000011E215125"In Full and Final Satisfactio 2173.00
74 LEG0000011I215125Petition for costs and sanctio 1727.00

3900.00
14184356* 62901* 684* 446
For more information, please contact:York-B,(800)377-3487

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

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

September is Kinship Care Month
Call 1-888-694-7263 or visit https://dcfs.lacounty.gov/caregivers/relative-caregivers/

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/25/19 42588

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
SCIH-029222

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: BERRY WOLFF
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs IHSS PUBLIC
Date Of Injury: 10/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/11	MRI	REF BY DR MANRIQUEZ: L/S, RT KNEE*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
10/12/11	PMT BY CHECK	DOS 2/19/11 # C7-708057	-150.00
12/07/17	INITIAL EXAM	DR MICHAEL PRICE/JOE TRUJILLO P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003696 (FUTURE MED AWARD)	0.00
02/01/18	PR2/REEVAL	DR FRIEDMAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/12/18	PR2/REEVAL	DR JOHN XIAO TIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267 CT 1/10	0.00
04/23/18	INITIAL ACUP	W/ ACUPUNCT CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/25/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/30/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/09/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/16/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/21/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/25/19 42588

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
SCIH-029222

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: BERRY WOLFF
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs IHSS PUBLIC
Date Of Injury: 10/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/25/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/07/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/15/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/20/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/25/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/27/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/18/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/23/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/25/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/31/18	LIEN FIL FEE	LIEN FILING FEE	150.00
07/30/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/13/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/15/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/20/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/30/18	INTERPRETER:	DOS 2/19/11-7/31/18* # 69-569522	-1230.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/25/19 42588

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
SCIH-029222

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: BERRY WOLFF
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs IHSS PUBLIC
Date Of Injury: 10/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/30/18	PMT BY CHECK	DOS 2/19/11-7/18/18* # 69-569521	-3490.00
08/29/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/03/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/01/18	FOLLOW-UP	W/ ACUPUNCT CHOI @SIDHU*	180.00
/ /	INTERPRETER:	ELSA L. MEDINA # 003693	0.00
10/15/18	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PHYSICAL REHAB SERV*	150.00
/ /	-	(INITIAL)	0.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/30/18	PMT BY CHECK	DOS 2/19/11-9/19/18* # 60-024766	-456.39
10/10/19	PENALTIES	FOR DATE OF SERVICE 08/03/18	19.77
10/10/19	INTEREST	FOR DATE OF SERVICE 08/03/18	16.24
10/10/19	PENALTIES	FOR DATE OF SERVICE 09/05/18	19.77
10/10/19	INTEREST	FOR DATE OF SERVICE 09/05/18	16.24
10/10/19	PENALTIES	FOR DATE OF SERVICE 09/10/18	27.00
10/10/19	INTEREST	FOR DATE OF SERVICE 09/10/18	21.21
10/10/19	PENALTIES	FOR DATE OF SERVICE 09/12/18	27.00
10/10/19	INTEREST	FOR DATE OF SERVICE 09/12/15	21.15
10/10/19	PENALTIES	FOR DATE OF SERVICE 09/19/18	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/25/19 42588

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
SCIH-029222

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: BERRY WOLFF
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs IHSS PUBLIC
Date Of Injury: 10/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/19	INTEREST	FOR DATE OF SERVICE 09/19/18	20.76
10/10/19	PENALTIES	FOR DATE OF SERVICE 10/01/18	27.00
10/10/19	INTEREST	FOR DATE OF SERVICE 10/01/18	20.59
10/10/19	PENALTIES	FOR DATE OF SERVICE 10/15/18	22.50
10/10/19	INTEREST	FOR DATE OF SERVICE 10/15/18	17.16
09/20/19	PMT BY CHECK	DOS 2/19/11-10/15/18* # 62-492507	-940.00
09/25/19	BLCE OFF SET	BALANCE OFF SET	-347.00

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 **

[redacted]

MR

Provider Number: 330956713 MR1

Check #: C7 -708057

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/12/11
Doc #: 023711700

Medical

42588

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:**	05210748	**Date of Injury:**	10/05/07	
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCM-122016	02/19/11	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
							Total Allowances:		**$150.00**

0137311502371170001 2

PAID

BY:----------

[redacted]

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

[redacted]

Provider Number: 330956713

Check #: C7 -708057

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/12/11
Doc #: 023711700

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCM-122016	05210748	42588	150.00	.00	150.00	.00	150.00

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

Charges that are either denied payment or found in excess of the allowance are objected to for the above reasons. If you disagree with the reductions, you may contact us at the address and phone number listed, or you may file an application or lien with the Workers' Compensation Appeals Board. California Labor Code Section 3751(b) prohibits attempts to collect any balance due from the injured worker.

EOR Reduction Code Explanation:

723 : PAID PER AMOUNT PREVIOUSLY AGREED TO BY PROVIDER REPRESENTATIVE AND STATE FUND REPRESENTATIVE.

Reviewer's Comments:

SF1-SFCM-122016 SECTION 9795.3 OF TITLE 8, CALIFORNIA CODE OF REGS., DIVISION OF WORKERS' COMPENSATION ADDRESSES ONLY INTERPRETING FOR OFFICE VISITS AND MEDICAL-LEGAL EVALUATIONS.

01373115023711700012

STATE OF CALIFORNIA

WARRANT NUMBER 69-569522

THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. 0001 FUND NAME GENERAL FUND

IDENTIFICATION NO. XXXXX756 5180

MO. 08 DAY 30 YR. 2018

90-1342/1211

69569522

DOLLARS $****1230 CENTS .00

TO: 569522
--- JOYCE ALTMAN INTERPRETERS, INC
PO BOX 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-861/889 CONTROLLERS WARRANT

⑆121133423⑆ 695695221⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

69-569522

ISSUE DATE: 08/30/2018
CLAIM NUMBER: SCIH-029222
CLAIMANT NAME:
DATE OF INJURY: 10-05-2007
PAY DESCRIPTION: TREATING PHYSICIAN
PERIOD FROM - PERIOD TO: 02-19-2011 - 07-31-2018

SEP 04 2018

STATE OF CALIFORNIA

WARRANT NUMBER 69-569521

H THE TREASURER OF THE STATE WILL PAY OUT OF THE IDENTIFICATION NO.

XXXXX753

FUND NO. 0001 FUND NAME GENERAL FUND

5180

MO. 08 DAY 30 YR. 2018

90-1342/1211

69569521

TO: 569521

JOYCE ALTMAN INTERPRETERS, INC
PO BOX 4165
TUSTIN CA 92781

DOLLARS	CENTS
$****3490.	00

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-85(1/99) CONTROLLERS WARRANT

⑆121134231⑆ 69569521⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

69-569521

ISSUE DATE: 08/30/2018
CLAIM NUMBER: SCIH-029222
CLAIMANT NAME:
DATE OF INJURY: 10-05-2007
PAY DESCRIPTION: TREATING PHYSICIAN
PERIOD FROM - PERIOD TO: 02-19-2011 - 07-18-2018

SEP SEP 04 2018

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - VIEW AT AN ANGLE

WARRANT NUMBER 60-024766

STATE OF CALIFORNIA

THE TREASURER OF THE STATE WILL PAY OUT OF THE FUND NO. 0001 FUND NAME GENERAL FUND

IDENTIFICATION NO. XXXXX521 5180 MO. 10 DAY 30 YR. 2018

90-1342/1211

60024766

DOLLARS	CENTS
$*****456	39

TO: 024766
--- JOYCE ALTMAN INTERPRETERS, INC
PO BOX 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM DE 4100 (REV. 1) CONTROLLER'S WARRANT

⑆121134231⑆ 60024766⑈

60-024766

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

ISSUE DATE: 10/30/2018
CLAIM NUMBER: SCIH-029222
CLAIMANT NAME:
DATE OF INJURY: 10-05-2007
PAY DESCRIPTION: TREATING PHYSICIAN
PERIOD FROM - PERIOD TO: 02-19-2011 - 09-19-2018

PAID
NOV 02 2018

STATE OF CALIFORNIA 62-491507

H THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. 0001 FUND NAME GENERAL FUND

IDENTIFICATION NO.
XXXXX776 5180

MO. 09 DAY 20 YR. 2019

90-1342/1211

62491507

DOLLARS	CENTS
$*****940.	00

TO: 491507
--- JOYCE ALTMAN INTERPRETERS, INC
PO BOX 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-85(1/99) CONTROLLERS WARRANT

⑈1211134231⑈ 62491507 2⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

62-491507

ISSUE DATE: 09/20/2019
CLAIM NUMBER: SCIH-029222
CLAIMANT NAME:
DATE OF INJURY: 10-05-2007
PAY DESCRIPTION: SNGL MEDBILL LUMP STLMNT
PERIOD FROM - PERIOD TO: 02-19-2011 - 10-15-2018

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/18/19 68860

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
AMTX-0037

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs REPUBLIC MASTER CHEF
Date Of Injury: 3/19/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/16	PR2/REEVAL	-DR SUUTARI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
03/23/16	PR2/REEVAL	-DR LABUNSKY @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	RAFAEL LANDA # 500119	0.00
04/04/16	PR2/REEVAL	-DR SUUTARI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
04/25/16	PR2/REEVAL	-DR ERIC GOFNUNG @ CHIRO*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
05/25/16	PR2/REEVAL	-DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/14/16	PR2/REEVAL	-DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/22/16	PR2/REEVAL	-DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/28/16	PR2/REEVAL	-DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
06/27/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/01/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
07/08/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG* M. SALINAS # 100942	180.00
07/15/18	FOLLOW-UP	W/ ACUPUNCT FEDER* MARIA SALINAS # 100942	180.00
07/20/16	F/U CHIRO TX	-CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/26/16	PR2/REEVAL	-DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/12/16	INJECTION	W/DR MASSIHI @ GOFNUNG* RT HEEL	150.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/18/19 68860

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
AMTX-0037

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs REPUBLIC MASTER CHEF
Date Of Injury: 3/19/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADY P. REYNA # 301721	0.00
08/05/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/12/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/26/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/12/16	FINAL ACUPT	W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/13/16	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/17/16	FINAL CHIRO	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/25/16	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/15/16	PR2/REEVAL	-DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/20/16	PR2/REEVAL	-DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/24/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
03/14/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/28/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/05/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/18/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/05/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/18/19 68860

EAMS#(s):
-
SS # :
DOB :
Terms: 60 days
Claim #(s):
AMTX-0037

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs REPUBLIC MASTER CHEF
Date Of Injury: 3/19/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/13/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/27/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/25/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
09/12/17	P AND S	DR MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/22/18	LIEN FIL FEE	LIEN FILING FEE	150.00
05/07/19	PENALTIES	FOR DATE OF SERVICE 09/12/16	34.50
07/31/19	INTEREST	FOR DATE OF SERVICE 09/12/16	73.92
05/07/19	PENALTIES	FOR DATE OF SERVICE 10/17/16	13.50
07/31/19	INTEREST	FOR DATE OF SERVICE 10/17/16	28.33
05/07/19	PENALTIES	FOR DATE OF SERVICE 09/12/17	34.50
07/31/19	INTEREST	FOR DATE OF SERVICE 09/12/17	49.35
08/26/19	BLCE OFF SET	BALANCE OFF SET	-374.10
08/26/19	PENALTIES_U	FOR UNPAID STLM'T 7/25/19	620.00
08/26/19	INTEREST_U	FOR UNPAID STLM'T 7/25/19	3.74
08/29/19	PMT BY CHECK	DOS 3/7/16-9/12/17* # 18330 YORK RISK	-6200.00
09/03/19	MISC	ADDITIONAL MONIES RECEIVED	176.26
08/29/19	PMT BY CHECK	DOS 8/28/19* # 18331 YORK RISK	-800.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/18/19 68860

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
AMTX-0037

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs REPUBLIC MASTER CHEF
Date Of Injury: 3/19/15

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

Mailing Information:

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

Claim Number:	AMTX-0037
Claimant:	
Date of Loss:	03/19/2015
Check Number:	18330
Check Date:	08/29/2019
Check Amount:	$6,200.00
Type of Payment:	
	MP 230 - PAYMENT ODR-PAYMENT IN DISPUTE
Location:	2 DIV 9- Republic Master Chefs Los Angeles 1664 W. Washington Bl.
For Period:	03/07/2016 to 09/12/2017
IRS #:	33-0956713
Handling Office:	705-Los Angeles, Roseville, CA
Detail:	FULL AND FINAL

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.

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-0037	
DATE	CHECK NO
8/29/2019	**18330**
AMOUNT	
***$6,200.00	

PAY SIX THOUSAND TWO HUNDRED AND 0/100

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

Sarvata Mukherjee

Not Negotiable After 180 Days

⑈0018330⑈ ⑆121000248⑆ 4129015541⑈

Mailing Information:

MBA PSYCHIATRIC SVCS
FILE 1787 1801 W. OLYMPIC BLVD
PASADENA, CA 91199

Claim Number:	AMTX-0037
Claimant:	
Date of Loss:	03/19/2015
Check Number:	18331
Check Date:	08/29/2019
Check Amount:	$800.00
Type of Payment:	
	MP 230 - PAYMENT ODR-PAYMENT IN DISPUTE
Location:	2 DIV 9- Republic Master Chefs Los Angeles 1664 W. Washington Bl.
For Period:	08/28/2019 to 08/28/2019
IRS #:	27-3788088
Handling Office:	705-Los Angeles, Roseville, CA
Detail:	FULL & FINAL LIEN NEGOTIATION

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.

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-0037	
DATE	CHECK NO
8/29/2019	**18331**
AMOUNT	
	***$800.00

PAY EIGHT HUNDRED AND 0/100

TO THE ORDER OF **MBA PSYCHIATRIC SVCS**
Mail to: FILE 1787 1801 W. OLYMPIC BLVD
PASADENA, CA 91199

Samrata Mukherjee

Not Negotiable After 180 Days

⑈0018331⑈ ⑆121000248⑆ 4129015541⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/26/19 72761

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
ONEB-1130

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: JULIE MILLER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs McDONALDS
Date Of Injury: 7/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/17	INITIAL EXAM	-DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/17	INITIAL ACUP	W/ ACUPUNCT YIRYE KANG @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/18/17	INITIAL EXAM	-DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/20/17	INITIAL PHYS	-THERAPY W/DR CHRIS MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/23/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/02/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/14/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/16/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/06/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500358	0.00
12/14/17	FOLLOW-UP	-W/ ACUPUNCT YIRYE KANG @ EPC	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/19/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/11/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/30/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/07/18	FOLLOW UP	-PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/08/18	FOLLOW-UP	-W/ ACUPUNCT YOUN RHEE @ EPC*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/26/19 72761

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
ONEB-1130

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: JULIE MILLER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs McDONALDS
Date Of Injury: 7/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/22/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/27/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/12/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/19/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/26/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/02/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/09/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/03/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/10/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/15/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/17/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/12/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/21/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/12/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/18	P AND S	-DR SHERRY ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/26/19 72761

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
ONEB-1130

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: JULIE MILLER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs McDONALDS
Date Of Injury: 7/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/16/19	PENALTIES	FOR DATE OF SERVICE 10/05/17	34.50
09/16/19	INTEREST	FOR DATE OF SERVICE 10/05/17	46.96
09/16/19	PENALTIES	FOR DATE OF SERVICE 10/12/17	34.50
09/16/19	INTEREST	FOR DATE OF SERVICE 10/12/17	46.96
09/16/19	PENALTIES	FOR DATE OF SERVICE 10/18/17	34.50
09/16/19	INTEREST	FOR DATE OF SERVICE 10/18/17	46.96
09/16/19	PENALTIES	FOR DATE OF SERVICE 10/20/17	13.50
09/16/19	INTEREST	FOR DATE OF SERVICE 10/20/17	18.37
09/16/19	PENALTIES	FOR DATE OF SERVICE 07/17/18	34.50
09/16/19	INTEREST	FOR DATE OF SERVICE 07/17/18	30.15
09/24/19	PMT BY CHECK	DOS 9/16/19* # 17801	-3500.00
09/26/19	BLCE OFF SET	BALANCE OFF SET	-2410.90

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 **

Mailing Information:

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

Claim Number:	ONEB-1130
Claimant:	
Date of Loss:	07/24/2017
Check Number:	17801
Check Date:	09/24/2019
Check Amount:	$3,500.00
Type of Payment:	
	MP 229 - SETTLED-PAYMENT IN DISPUTE
Location:	03538 CHANG TI / ATKA ENTERPRISES INC 15810 Crenshaw Blvd of CHANG TI / ATKA ENTERPRISES
For Period:	09/16/2019 to 09/16/2019
IRS #:	33-0956713
Handling Office:	642-Anaheim WC Profit Center, Roseville, CA
Detail:	LIEN STIP AND ORDER

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
Atlantic Specialty Insurance Company KAH Program-WC 7215/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	
ONEB-1130	
DATE	CHECK NO
9/24/2019	**17801**
AMOUNT	
***$3,500.00	

PAY THREE THOUSAND FIVE HUNDRED 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

York Risk Services Group, Inc.

⑈0017801⑈ ⑆121000248⑆ 4128185667⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/19/19 73281

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
MEWC0521

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: ADRIANNA RAMIREZ
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs FUJI FOOD PRODUCTS
Date Of Injury: 8/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/18	PR2/REEVAL	DR MICHAEL FELDMAN @ WESTERN HAND & ORTHO CTR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/23/18	P AND S	DR FELDMAN @ HOC*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/15/19	PENALTIES	FOR DATE OF SERVICE 2/21/19	34.50
08/15/19	INTEREST	FOR DATE OF SERVICE 2/21/19	12.68
09/17/19	PMT BY CHECK	DOS 1/26/18-323/18* # 310443	-200.00
09/19/19	BLCE OFF SET	BALANCE OFF SET	-257.18

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 **

Mailing Information:

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

Claim Number:	MEWC-0521
Claimant:	
Date of Loss:	08/24/2017
Check Number:	310443
Check Date:	09/17/2019
Check Amount:	$200.00
Type of Payment:	
	MP 229 - SETTLED-PAYMENT IN DISPUTE
Location:	63 Fuji Food Products 14420 Bloomfield Avenue of Fuji Food Products, Inc.
For Period:	01/26/2018 to 03/23/2018
IRS #:	33-0956713
Handling Office:	703-Riverside, Roseville, CA
Detail:	IN FULL AND FINAL SATISFACTION

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.

York Risk Services Group, Inc.
on behalf of Starr Indemnity & Liability Insurance Company-4091/E
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
MEWC-0521

DATE
9/17/2019

CHECK NO
310443

AMOUNT
***$200.00**

PAY TWO HUNDRED 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

⑈310443⑈ ⑆121000248⑆ 2000039124654⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 70454

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080227906

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

Case: vs COUNTER TOP FACTORY
Date Of Injury: 4/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/30/16	INITIAL EXAM	-DR GALAL GOUBRAN @ SIDHU-CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/23/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/28/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/29/16	PR2/REEVAL	DR MIRZABEIGI/GOUBRAN @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/09/16	INITIAL ACUP	-W/ ACUPUNCT MIN CHOI, INITIA CHIRO & -PHYS TX	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/16/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/30/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX /WDR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/05/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/23/19	70454

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080227906

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

Case: vs COUNTER TOP FACTORY
Date Of Injury: 4/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/26/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/28/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/27/16	PR2/REEVAL	DR GOUBRAN/TRUJILLO, PA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/02/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/04/16	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/09/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/11/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/18/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 70454

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080227906

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

Case: vs COUNTER TOP FACTORY
Date Of Injury: 4/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/23/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/30/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/16/16	PMT BY CHECK	DOS 10/12/16-11/9/16* # 1101068506 ZAIC	-3430.00
12/02/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/03/16	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/07/16	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/09/16	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/16/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/28/16	FOLLOW UP	PHYSICAL TX & CHIRO TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/30/16	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/04/17	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR	90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 70454

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080227906

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

Case: vs COUNTER TOP FACTORY
Date Of Injury: 4/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
		HA @ SIDHU*	
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/12/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/09/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/18/17	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 70454

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080227906

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

Case: vs COUNTER TOP FACTORY
Date Of Injury: 4/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/13/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/11/17	PR2/REEVAL	DR GOUBRAN/GARRETT DAVIS @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/08/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/13/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/10/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/14/17	PR2/REEVAL	DR ATEF RAFLA/TAYLOR @ SIDHU* (TRANSFE OF CARE)	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/12/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/09/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/14/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/11/18	PR2/REEVAL	DR RAFLA/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/08/18	PR2/REEVAL	DR FRIEDMAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/15/18	PR2/REEVAL	DR JOHN XIAO TIAN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/19/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/07/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 70454

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080227906

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

Case: vs COUNTER TOP FACTORY
Date Of Injury: 4/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/16/18	P AND S	DR JOHN QIAN/FRANKE @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/02/18	LIEN FIL FEE	LIEN FILING FEE	150.00
01/29/19	PENALTIES	FOR DATE OF SERVICE 08/16/18	34.50
07/11/19	INTEREST	FOR DATE OF SERVICE 08/16/18	22.97
07/15/19	PMT BY CHECK	DOS 7/11/19* # 2712383 ICW	-462.50
08/26/19	BLCE OFF SET	BALANCE OFF SET	-3847.47
08/26/19	PENALTIES_U	FOR UNPAID STLM'T 7/11/19	323.75
08/26/19	INTEREST_U	FOR UNPAID STLM'T 7/11/19	15.61
09/16/19	PMT BY CHECK	DOS 4/23/10-12/31/18* # 1102100693 ZAIC	-3575.00
09/23/19	BLCE OFF SET	BALANCE OFF SET	-1.86

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 **

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

ZAIC formerly North Ins Co NY

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

PAID [illegible]

01780

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0227906 001 MA	WC 03142363	70454 - 79789 V - 1		04/22/10	10/12/16-11/09/16
Check Number	1101068506	Date Issued	12/16/16	Amount	$**3,430.00
Insured	The Countertop Factory				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Kavirtha CG-Ethiraj				
File Supervisor	Martille Blackwell	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	3,430.00		
TOTAL	$3430.00		

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 07/15/2019
Check Number: 2712383
Check Amount: $462.50

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,6TB2DN

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

2016012172	07/14/2016	Per order dated	492	07/11/2019	07/11/2019	$462.50

PAID
JUL 23 2019
BY: .....

[redacted]

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

ZAIC formerly North Ins Co NY

1010059300593

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.

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

00593

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0227906 001 MA	WC 03142363			04/22/10	04/23/10-12/31/18

Check Number	1102100693	Date Issued	09/16/19	Amount	$**3,575.00
Insured	The Countertop Factory				
Claimant					
Nature of Payment	lien settlement				
Issued To	Joyce Altman Interpreters PO BOX 4165				
Requested By	Sumit Kumar				
File Supervisor	Martille Blackwell	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	3,575.00		

TOTAL $3575.00