

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 1/2/20 and 1/31/20

	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	69851	6/27/16-7/20/17	1/29/20	Medical services	3 Initials (\$230 each), 36 f/u acup (\$180 each), 37 PR-2s (\$180 each), 2 P&S (\$230 each), L.I.N.T. (\$150), Initial Psych (\$230), Initial acup (\$230), Final acup (\$230), Diag study (EMG/NCV) (\$150)	\$ 15,740.00	P Y M T S R C V D	32012979	5/24/17	\$ 180.00	Total Amt Paid for medical treatment (\$15,740) / Total Amt Billed for medical treatment (\$15,740)	Total Amt Paid for medical treatment + Penalties & Interest (\$15,820) / Principal Amt Billed for medical treatment (\$15,740)	AIG					
								32062829	6/9/17	\$ 270.00								
								32082042	6/15/17	\$ 6,570.00								
								32085851	6/16/17	\$ 90.00								
				Additional items billed	Lien filing fee	\$ 150.00		32094390	6/20/17	\$ 90.00								
								32103051	6/22/17	\$ 90.00								
								32182881	7/19/17	\$ 180.00								
								32222872	8/1/17	\$ 180.00								
					P&I for unpaid settlement	\$ 676.80		32252855	8/10/17	\$ 90.00								
								32257305	8/11/17	\$ 90.00								
								32270277	8/16/17	\$ 90.00								
								343061213	1/24/20	\$ 7,900.00								
				TOTAL AMT BILLED =>		\$ 16,566.80		TOTAL AMT PAID =>		\$ 15,820.00				100%	101%			
2	72815	10/19/17-12/22/17	1/22/20	Medical services	Initial (\$230), f/u chiro tx, 2 PR-2s (\$180 each), Initial acup (\$230), 7 f/u acup (\$180)	\$ 2,170.00	P Y M T S R C V D	34293349	1/17/20	\$ 2,500.00	Total Amt Paid for medical treatment (\$2,170 / Total Amt Billed for medical treatment (\$2,170)	Total Amt Paid for medical treatment + Penalties & Interest (\$2,500) / Principal Amt Billed for medical treatment (\$2,170)	AIG					
				Additional items billed	Lien filing fee	\$ 150.00												
					P&I for medical services	\$ 242.20												
				TOTAL AMT BILLED =>		\$ 2,562.20								TOTAL AMT PAID =>		\$ 2,500.00	100%	115%

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3	73057	12/8/17-8/23/19	2/4/20	Medical services	2 Initials (\$230 each), 2 PR-2s (\$180 each), Initial chiro tx, 11 f/u chiro tx	\$ 1,900.00	P Y M T S R C V D	34074001	9/20/19	\$ 150.00	Total Amt Paid for medical treatment (\$1,900) / Total Amt Billed for medical treatment (\$1,900)	Total Amt Paid for medical treatment plus P&I (\$2,150)/ Total Amt Billed for medical treatment (\$1,900)	AIG
				Additional items billed	Lien filing fee	\$ 150.00		34307298	1/24/20	\$ 2,000.00			
					P&I for medical services	\$ 108.59							
				TOTAL AMT BILLED =>		\$ 2,158.59		TOTAL AMT PAID =>		\$ 2,150.00	100%	113%	
4	73883	4/25/18-6/27/18	1/13/20	Medical services	Initial (\$230), 2 PR-2s (\$180 each), 14 chiro tx	\$ 1,850.00	P Y M T S R C V D	03200164	1/22/20	\$ 1,680.00	Total Amt Paid for medical treatment (\$1,680) / Total Amt Billed for medical treatment (\$1,850)	N/A	Amtrust/ ANA BUI Claims
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED =>		\$ 2,000.00		TOTAL AMT PAID =>		\$ 1,680.00	91%		
5	75000	11/14/18-6/14/19	1/28/20	Medical services	2 Initials (\$230 each), f/u acup (\$180), 4 PR-2s (\$180 each), P&S (\$230)	\$ 1,590.00	P Y M T S R C V D	03203063	1/23/20	\$ 1,590.00	Total Amt Paid for medical treatment (\$1,590) / Total Amt Billed for medical treatment (\$1,590)	N/A	Amtrust/ ANA BUI Claims
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED =>		\$ 1,740.00		TOTAL AMT PAID =>		\$ 1,590.00	100%		

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	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
6	73788	4/12/18-12/6/18	1/6/20	Medical services	Initial acup (\$230), 10 f/u acup (\$180 each), 7 PR-2s (\$180 each), f/u chiro tx, follow up (\$180)	\$ 3,560.00	P Y M T S R C V D	4720	11/20/18	\$ 3,380.00	Total Amt Paid for medical treatment (\$3560) / Total Amt Billed for medical treatment (\$3560)	N/A	Athens
								5654	1/2/20	\$ 180.00			
				TOTAL AMT BILLED ==>		\$ 3,560.00		TOTAL AMT PAID ==>		\$ 3,560.00	100%		
7	63189	6/27/14-2/19/15	5/27/14-2/19/15	Medical service	1 Initial (\$230), 2 FCE's (\$150 each), 1 Initial acu (\$230) 8 PR-2's (\$180 each), 1 f/u chiro tx, 1 P&S (\$230)	\$ 2,520.00	P Y M T S R C V D	53910	11/24/2014	\$ 450.00	Total Amt Paid for medical treatment (\$2,520) / Total Amt Billed for medical treatment (\$2,520)	N/A	Broadspire
								184682	1/14/2015	\$ 90.00			
								216873	1/27/2015	\$ 90.00			
								539789	5/29/2015	\$ 90.00			
								587486	6/16/2015	\$ 90.00			
				Additional items billed	Lien filing fee	\$ 150.00		788717	9/2/2015	\$ 180.00			
								969208	11/3/2015	\$ 90.00			
									6750400137	1/6/2020	\$ 1,440.00		
TOTAL AMT BILLED ==>		\$ 2,670.00	TOTAL AMT PAID ==>		\$ 2,520.00	100%							
8	73717	4/3/18	1/28/20	Medical services	PR-2 (\$180)	\$ 180.00	P Y M T S R C V D	5662704582	1/22/20	\$ 100.00	Total Amt Paid for medical treatment (\$100) / Total Amt Billed for medical treatment (\$180)	N/A	Broadspire
9	61503	3/18/14-4/25/16	1/8/2020	Medical service	23 PR-2s (\$180 each), 1 Epidural (\$150), 1 Admission (\$180), Surgery (\$180 for 2 hrs - one billed at \$270 for 3 hrs)	\$ 4,740.00	P Y M T S R C V D	001484110	10/3/2014	\$ 450.00	Total Amt Paid for medical treatment (\$2,390) / Total Amt Billed for medical treatment (\$4,740)	N/A	CIGA/LUA
								001487217	10/10/2014	\$ 90.00			
								001549998	2/17/2015	\$ 270.00			
								001602723	5/22/2015	\$ 180.00			
								001617164	6/23/2015	\$ 90.00			
				Additional items billed	Lien filing fee	\$ 150.00		001633866	8/4/2015	\$ 270.00			
								001643679	8/31/2015	\$ 90.00			
									81808311	12/31/2019	\$ 950.00		
TOTAL AMT BILLED ==>		\$ 4,890.00	TOTAL AMT PAID ==>		\$ 2,390.00	50%							

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Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 1/2/20 and 1/31/20

	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	73841	5/19/16-12/15/16	1/28/20	Medical services	5 PR-2s (\$180 each), Initial (\$230), Initial acup (\$230), 19 f/u acup, Initial chiro tx, f/u chiro tx,	\$ 4,960.00	P Y M T S R C V D	1086296	1/23/20	\$ 1,000.00	Total Amt Paid for medical treatment (\$1,000) / Total Amt Billed for medical treatment (\$4,960)	N/A	Cypress Insurance
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 178.32							
				TOTAL AMT BILLED =>		\$ 5,288.32		TOTAL AMT PAID =>		\$ 1,000.00	20%		
11	74469	8/9/18-11/12/18	2/4/20	Medical services	Initial (\$230), 2 PR-2s (\$180 each)	\$ 590.00	P Y M T S R C V D	24025024	1/28/20	\$ 250.00	Total Amt Paid for medical treatment (\$250) / Total Amt Billed for medical treatment (\$590)	N/A	Employers
				TOTAL AMT BILLED =>		\$ 590.00		TOTAL AMT PAID =>		\$ 250.00	42%		
12	75068	2/29/16-6/23/17	1/31/20	Medical services	4 PR-2s (\$180 each), 1 P&S (\$230)	\$ 950.00	P Y M T S R C V D	24024976	1/28/20	\$ 950.00	Total Amt Paid for medical treatment (\$950) / Total Amt Billed for medical treatment (\$950)	N/A	Employers
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$61.82							
				TOTAL AMT BILLED =>		\$1,161.82		TOTAL AMT PAID =>		\$ 950.00	100%		
13	71355	2/24/17-3/15/18	1/17/20	Medical services	Initial chiro tx, 6 f/u chiro tx, 15 PR-2s (\$180 each), Initial acup (\$230), 14 f/u acup (\$180 each), Initial (\$230), Initial (\$258.75 for 2:10hrs), Final Acu (\$230), P&S (\$230)	\$ 7,028.75	P Y M T S R C V D	8817446706	1/13/20	\$ 5,700.00	Total Amt Paid for medical treatment (\$5,700) / Total Amt Billed for medical treatment (\$7,028.75)	N/A	Farmers
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 552.32							
				TOTAL AMT BILLED =>		\$ 7,731.07		TOTAL AMT PAID =>		\$ 5,700.00	81%		

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14	74905	4/17/14-9/11/19	1/6/20	Medical treatment	F.C.E. (\$150), 2 NCV/EMGs (\$150 each), 12 f/u acup (\$180 each)	\$ 2,610.00	P Y M T S R C V D	8817437171	12/24/19	\$ 3,573.00	Total Amt Paid for medical treatment (\$2,610) / Total Amt Billed for medical treatment (\$2,610)	Total Amt Paid for medical treatment plus P&I (\$3,324.69) / Total Amt Billed for medical treatment (\$2,610)	Farmers
				Legal services	Depo prep (156.50), Board appear. (WCAB LBO) (\$156.50), C&R Reading (\$250), Depo Review (\$250)	\$ 813.00		8817440913	12/31/19	\$ 2,127.00			
				Additional services billed/collected	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 714.69							
				TOTAL AMT BILLED =>		\$ 4,287.69		TOTAL AMT PAID =>		\$ 5,700.00	100%	127%	
15	55462	9/14/12-4/12/16	1/14/2020	Medical service	1 Surgery (\$180 for 2 hrs - one billed at \$900 for 10 hrs), 1 Pre op (\$180 for 2 hrs - one billed at \$360 for 4 hrs), 21 PR-2s (\$180 each), 1 Therapy (\$150), 1 Epidural (\$150 for 2 hrs - one billed at \$262.50 for 3.5 hr), 1 Post op (\$180)	\$ 5,632.50	P Y M T S R C V D	0112684457	9/22/2014	\$ 2,160.00	Total Amt Paid for medical treatment (\$5,160) / Total Amt Billed for medical treatment (\$5,632.50)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	\$ 150.00		0160272829	1/9/2020	\$ 3,000.00			
				TOTAL AMT BILLED =>		\$ 5,782.50		TOTAL AMT PAID =>		\$ 5,160.00	92%		

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16	63090	6/11/14-2/16/15	1/29/20	Medical services	Initial (\$230), Initial acup (\$230), f/u acup (\$180), 5 PR-2s (\$180 each), 2 F.C.E.s (\$150 each), P&S (\$230)	\$ 2,070.00	P Y M T S R C V D	0160534310	1/22/20	\$ 2,070.00	Total Amt Paid for medical treatment (\$2,070) / Total Amt Billed for medical treatment (\$2,070)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 495.17							
				TOTAL AMT BILLED =>		\$ 2,715.17		TOTAL AMT PAID =>		\$ 2,070.00	100%		
17	63846	8/15/14-10/5/15	1/3/20	Medical services	Initial (\$230), 2 F.C.E.s (\$150 each), Initial acup (\$230), 3 f/u acup (\$180 each), 7 PR-2s (\$180 each), P&S (\$230)	\$ 2,790.00	P Y M T S R C V D	0159966855	12/26/19	\$ 2,790.00	Total Amt Paid for medical treatment (\$2790) / Total Amt Billed for medical treatment (\$2790)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED =>		\$ 2,940.00		TOTAL AMT PAID =>		\$ 2,790.00	100%		
18	68938	3/10/16-2/16/17	1/28/20	Medical services	4 Initials (\$230 each), Initial psych (\$230), 6 f/u acup (\$180 each), 24 PR-2s (\$180 each), 2 shockwave therapies (\$150 each), Initial physical therapy, 7 f/u physical therapies	\$ 7,570.00	P Y M T S R C V D	0160485223	1/20/20	\$ 7,000.00	Total Amt Paid for medical treatment (\$7,000) / Total Amt Billed for medical treatment (\$7,570)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 3,897.49							
				TOTAL AMT BILLED =>		\$ 11,617.49		TOTAL AMT PAID =>		\$ 7,000.00	92%		

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19	73748	5/29/14-2/23/15	1/8/20	Medical services	2 F.C.E.s (\$150 each), 2 f/u acup (\$180 each), 3 PR-2s (\$180 each), P&S (\$230), f/u chiro tx	\$ 1,520.00	P Y M T S R C V D	60165723	12/18/19	\$ 1,000.00	Total Amt Paid for medical treatment (\$1,000) / Total Amt Billed for medical treatment (\$1,520)	N/A	Good Savior DBA Trinity Ambulance (Employer)
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED =>		\$ 1,670.00		TOTAL AMT PAID =>		\$ 1,000.00	66%		
20	74707	6/26/17-8/28/17	1/22/20	Medical services	Initial (\$230), 3 PR-2s (\$180 each)	\$ 770.00	P Y M T S R C V D	9760049	1/17/20	\$ 590.00	Total Amt Paid for medical treatment (\$590) / Total Amt Billed for medical treatment (\$770)	N/A	Guard Ins - Berkshire Hathaway
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 325.07							
				TOTAL AMT BILLED =>		\$ 1,245.07		TOTAL AMT PAID =>		\$ 590.00	77%		
21	71326	8/7/14-9/17/15	1/28/2020	Medical services	1 Initials (\$230), 1 Pre op (\$180), 2 Admission (\$180 for 2 hrs - one billed at \$225 for 2 hrs 30 mins, second billed at \$247 for 2 hrs 50 mins), 2 Surgery (\$180 for 2 hrs - one billed at \$247.50 for 2 hrs 49 mins, second billed at \$450	\$ 2,120.00	P Y M T S R C V D	001554887	2/26/2015	\$ 180.00	Total Amt Paid for medical treatment (\$2,110) / Total Amt Billed for medical treatment (\$2,120)	N/A	The Hartford
								001553409	2/24/2015	\$ 270.00			
								001633867	8/4/2015	\$ 90.00			
								001643685	8/31/2015	\$ 90.00			
								001663865	10/29/2015	\$ 180.00			
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED =>		\$ 2,270.00		TOTAL AMT PAID =>		\$ 2,110.00	100%		

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22	60010	10/3/13-12/18/14	1/13/20	Medical services	2 Initials (\$230 each), 14 PR-2s (\$180 each), F.C.E. (\$150), P&S (\$230), 2 Diag study (EMG/NCV) (\$150 each), f/u physical therapy, final physical therapy	\$ 3,840.00	P Y M T S R C V D	2933858	1/3/20	\$ 3,000.00	Total Amt Paid for medical treatment (\$3,000) / Total Amt Billed for medical treatment (\$3,840)	N/A	Ins Co of the West
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 416.29							
				TOTAL AMT BILLED =>		\$ 4,406.29		TOTAL AMT PAID =>		\$ 3,000.00	78%		
23	73062	12/15/17-7/13/18	2/13/2020	Medical service	2 Initials (\$230 each), f/u chiro tx, 6 PR-2s (\$180 each),	\$ 2,800.00	P Y M T S R C V D	2097795	3/19/2018	\$ 1,040.00	Total Amt Paid for medical treatment (\$2,570) / Total Amt Billed for medical treatment (\$2,800)	N/A	Ins Co of the West
				Additional items billed	Lien filing fee	\$ 150.00		2176295	5/17/2018	\$ 630.00			
					P&I for medical services	\$ 61.27		2928025	12/30/2019	\$ 900.00			
				TOTAL AMT BILLED =>		\$ 3,011.27		TOTAL AMT PAID =>		\$ 2,570.00	92%		
24	64251	9/17/14-4/24/18	2/6/2020	Medical service	7 Initials (\$230 each), 35 PR-2s (\$180 each), 1 EMG & NCV (\$150), 1 initial psych (\$230), 29 f/u acup (\$180 each), f/u physical Tx, 1 final acu (\$230)	\$ 13,830.00	P Y M T S R C V D	600705	4/20/2016	\$ 3,500.00	Total Amt Paid for medical treatment (\$10,330) / Total Amt Billed for medical treatment (\$13,830)	N/A	Keenan & Assoc. City of Whittier
				Additional items billed	Lien filing fee	\$ 150.00		601034	6/22/2016	\$ 180.00			
					P&I for medical services	\$ 591.84		601746	12/21/2016	\$ 1,350.00			
									0000607489	1/16/2020			
				TOTAL AMT BILLED =>		\$ 14,571.84		TOTAL AMT PAID =>		\$ 10,330.00	75%		
25	73548	3/8/18-7/16/18	2/13/20	Medical services	Initial (\$230), 2 PR-2s (\$180 each), P&S (\$230)	\$ 820.00	P Y M T S R C V D	32230303	1/3/20	\$ 820.00	Total Amt Paid for medical treatment (\$820) / Total Amt Billed for medical treatment (\$820)	N/A	Liberty Mutual
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 143.57							
				TOTAL AMT BILLED =>		\$ 1,113.57		TOTAL AMT PAID =>		\$ 820.00	100%		

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26	68047	12/4/15-4/26/16	1/13/20	Medical services	Initial (\$230), PR-2 (\$180), 2 F.C.E.s (\$150 each), Initial acup (\$230), f/u acup (\$180), 2 f/u chiro tx, Initial chiro tx	\$ 1,390.00	P Y M T S R C V D	83503095	1/7/20	\$ 1,400.00	Total Amt Paid for medical treatment (\$1,390) / Total Amt Billed for medical treatment (\$1,390)	Total Amt Paid for medical treatment + Penalties & Interest (\$1,400) / Principal Amt Billed for medical treatment (\$1,390)	Liberty Mutual - Helmsman
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 805.34							
				TOTAL AMT BILLED =>		\$ 2,345.34		TOTAL AMT PAID =>		\$ 1,400.00	100%	101%	
27	76983	4/25/14-3/8/17	1/13/20	Medical services	8 PR-2s (\$180 each), F.C.E. (\$150), P&S (\$230), 4 f/u chiro tx	\$ 2,540.00	P Y M T S R C V D	83503926	1/8/20	\$ 2,690.00	Total Amt Paid for medical treatment (\$2,540) / Total Amt Billed for medical treatment (\$2,540)	Total Amt Paid for medical treatment + Penalties & Interest (\$2,690) / Principal Amt Billed for medical treatment (\$2,540)	Liberty Mutual - Helmsman
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 38.99							
				TOTAL AMT BILLED =>		\$ 2,728.99		TOTAL AMT PAID =>		\$ 2,690.00	100%	106%	
28	73772	4/11/18-2/25/19	1/6/20	Medical services	Initial (\$230), Initial acup (\$230), 6 PR-2s (\$180 each), f/u acup (\$180), P&S (\$230)	\$ 1,950.00	P Y M T S R C V D	87645433	9/6/18	\$ 1,000.00	Total Amt Paid for medical treatment (\$1,950) / Total Amt Billed for medical treatment (\$1,950)	Total Amt Paid for medical treatment plus P&I (\$2,100) / Total Amt Billed for medical treatment (\$1,950)	Marriott Claims Services
				Additional items billed	Lien filing fee	\$ 150.00		87836822	12/31/19	\$ 1,100.00			
					P&I for medical services	\$ 55.66							
				TOTAL AMT BILLED =>		\$ 2,155.66		TOTAL AMT PAID =>		\$ 2,100.00	100%	108%	

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Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 1/2/20 and 1/31/20

	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	09698	7/14/04-11/25/19	1/17/20	Medical treatment	Initial (\$230), MRI (\$150), 4 Re-evals (\$120 each), EMG (\$125), NCV (\$125)	\$ 1,110.00	P Y M T S R C V D	9057	1/13/20	\$ 1,507.00	Total Amt Paid for medical treatment and legal dates of service (\$1,110) / Total Amt Billed for medical treatment and legal dates of service (\$1,110)	N/A	Nile Corp. (Employer)
				Legal services	Board appear. (WCAB LBO), C&R Reading (\$250)	\$ 397.00							
				Additional services billed/collected	Lien activation fee	\$ 100.00							
					Penalties & Interest	\$ 310.17							
				TOTAL AMT BILLED =>		\$ 1,917.17		TOTAL AMT PAID =>		\$ 1,507.00	100%		
30	73228	1/18/18-7/16/18	1/28/20	Medical services	Initial (\$230), Initial acup (\$230), 3 PR-2s (\$180 each), f/u acup (\$180), P&S (\$230)	\$ 1,410.00	P Y M T S R C V D	1000037056	1/21/20	\$ 1,560.00	Total Amt Paid for medical treatment (\$1,410 / Total Amt Billed for medical treatment (\$1,410)	Total Amt Paid for medical treatment + Penalties & Interest (\$1,560) / Principal Amt Billed for medical treatment (\$1,410)	Protective Insurance
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 235.90							
				TOTAL AMT BILLED =>		\$ 1,795.90							
				31	38611	9/21/10-11/30/11		1/6/20	Medical services	Surgery (\$180 for 2 hrs x 7.5 hrs), Consult (\$230)	\$ 905.00	P Y M T S R C V D	
Additional items billed	Lien activation fee	\$ 100.00											
TOTAL AMT BILLED =>		\$ 1,005.00	TOTAL AMT PAID =>				\$ 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 1/2/20 and 1/31/20

	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	69970	7/6/16-2/1/17	1/15/20	Medical services	Initial (\$230), Initial acup (\$230), 5 PR-2s (\$180 each), 7 f/u acup (\$180 each)	\$ 2,620.00	P Y M T S R C V D	CP-059466	1/13/20	\$ 3,412.00	Total Amt Paid for medical treatment (\$2,620 / Total Amt Billed for medical treatment (\$2,620)	Total Amt Paid for medical treatment + Penalties & Interest (\$3,412) / Principal Amt Billed for medical treatment (\$2,620)	SCIF
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 1,354.49							
				TOTAL AMT BILLED =>		\$ 4,124.49							
33	70735	10/27/16-12/14/17	1/30/20	Medical services	Initial (\$230), 11 PR-2s (\$180 each), Initial chiro tx, 2 f/u chiro tx	\$ 2,480.00	P Y M T S R C V D	CS-718018	1/27/20	\$ 2,300.00	Total Amt Paid for medical treatment (\$2,300) / Total Amt Billed for medical treatment (\$2,480)	N/A	SCIF
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 155.88							
				TOTAL AMT BILLED =>		\$ 2,785.88							
34	72256	7/14/17-12/12/17	1/28/20	Medical services	3 PR-2s (\$180 each), 2 Initials (\$230 each), 17 f/u chiro tx, final chiro tx	\$ 2,620.00	P Y M T S R C V D	CP-060205	1/23/20	\$ 2,954.00	Total Amt Paid for medical treatment (\$2,620) / Total Amt Billed for medical treatment (\$2,620)	Total Amt Paid for medical treatment + Penalties & Interest (\$2,954) / Principal Amt Billed for medical treatment (\$2,620)	SCIF
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 184.15							
				TOTAL AMT BILLED =>		\$ 2,954.15							

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 1/2/20 and 1/31/20

	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	67286	7/24/15-9/29/16	1/13/20	Medical services	4 Initials (\$230 each), 7 f/u acup (\$180 each), 25 PR-2s (\$180 each), 2 P&S (\$230 each), 5 L.I.N.T. (\$150 each), Initial Psych (\$230)	\$ 8,120.00	P Y M T S R C V D	2048312	1/8/20	\$ 5,000.00	Total Amt Paid for medical treatment (\$5,000) / Total Amt Billed for medical treatment (\$8,120)	N/A	Sedgwick
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED =>		\$ 8,270.00		TOTAL AMT PAID =>		\$ 5,000.00	62%		
36	72203	7/13/17-7/5/18	1/28/20	Medical services	4 Initials (\$230 each), Initial acup (\$230), 15 f/u acup (\$180 each), 6 PR-2s (\$180 each), P&S (\$230)	\$ 5,160.00	P Y M T S R C V D	97465254	1/23/20	\$ 650.00	Total Amt Paid for medical treatment (\$650) / Total Amt Billed for medical treatment (\$5,160)	N/A	Sedgwick
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 268.80							
				TOTAL AMT BILLED =>		\$ 5,578.80		TOTAL AMT PAID =>		\$ 650.00	13%		
37	65354	12/16/14-11/3/15	1/31/20	Medical services	7 Initials (\$230 each), chiro tx, 22 PR-2s (\$180 each), F.C.E. (\$150), 3 P&S (\$230 each), Diag study (EMG/NCV) (\$150), Initial acup (\$230), f/u acup (\$180)	\$ 7,060.00	P Y M T S R C V D	106499569	1/28/20	\$ 5,000.00	Total Amt Paid for medical treatment (\$5,000) / Total Amt Billed for medical treatment (\$7,060)	N/A	Sedgwick for Chubb
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 4,414.69							
				TOTAL AMT BILLED =>		\$ 11,624.69		TOTAL AMT PAID =>		\$ 5,000.00	71%		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 1/2/20 and 1/31/20

	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	69431	4/28/16-5/18/17	2/3/20	Medical services	Initial (\$230), Initial acup (\$230), Initial psych (\$230), 19 PR-2s (\$180 each), 15 f/u acup (\$180 each), Final acup (\$230), Diag study (EMG/NCV) (\$150), Injection (\$150), Initial therapy, 11 f/u therapies, final therapy, f/u chiro tx, P&S (\$230)	\$ 8,830.00	P Y M T S R C V D	102678630	1/28/20	\$ 8,850.00	Total Amt Paid for medical treatment (\$8,830) / Total Amt Billed for medical treatment (\$8,830)	Total Amt Paid for medical treatment + Penalties & Interest (\$8,850) / Principal Amt Billed for medical treatment (\$8,830)	Sedgwick for Everest
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 701.43							
				TOTAL AMT BILLED ==>		\$ 9,681.43		TOTAL AMT PAID ==>		\$ 8,850.00	100%	100%	
39	69829	6/20/16-9/28/18	1/22/20	Medical services	9 PR-2s (\$180 each), 2 Initials (\$230 each), Initial acup (\$230), Final acup (\$230),5 f/u acup (\$180 each), 5 f/u chiro tx	\$ 3,890.00	P Y M T S R C V D	896D93509962	1/17/20	\$ 4,040.00	Total Amt Paid for medical treatment (\$3,890) / Total Amt Billed for medical treatment (\$3,890)	Total Amt Paid for medical treatment + Penalties & Interest (\$4,040) / Principal Amt Billed for medical treatment (\$3,890)	Travelers
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 478.96							
				TOTAL AMT BILLED ==>		\$ 4,518.96		TOTAL AMT PAID ==>		\$ 4,040.00	100%	104%	
40	70336	8/11/16-12/8/16	2/4/20	Medical services	Initial (\$230), Initial acup (\$230), 10 PR-2s (\$180 each), 14 f/u acup (\$180 each), F.C.E (\$150), Initial chiro tx, 3 f/u chiro tx	\$ 5,290.00	P Y M T S R C V D	1311488456 (Hartford)	1/17/20	\$ 869.00	Total Amt Paid for medical treatment (\$3,950) / Total Amt Billed for medical treatment (\$5,290)	N/A	Travelers/ Hartford
				Additional items billed	Lien filing fee	\$ 150.00		891A90896244 (Travelers)	1/24/20	\$ 3,081.00			
					P&I for medical services	\$ 279.52							
				TOTAL AMT BILLED ==>		\$ 5,719.52		TOTAL AMT PAID ==>		\$ 3,950.00	75%		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 1/2/20 and 1/31/20

	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	76223	6/14/19-7/9/19	1/22/20	Medical services	Initial (\$230), PR-2 (\$180), 5 f/u acup (\$180 each), 3 f/u therapies	\$ 1,580.00	P Y M T S R C V D	6750403827 (Broadspire)	1/10/20	\$ 1,500.00	Total Amt Paid for medical treatment (\$1,580) / Total Amt Billed for medical treatment (\$1,580)	N/A	Travelers/ Broadspire
				Additional items billed	Lien filing fee	\$ 150.00		896D93498363 (Travelers)	1/15/20	\$ 80.00			
					P&I for medical services	\$ 42.69							
				TOTAL AMT BILLED =>		\$ 1,772.69		TOTAL AMT PAID =>		\$ 1,580.00	100%		
42	73530	5/19/17-4/10/18	1/27/20	Medical services	6 PR-2s (\$180 each),2 Initials (\$230 each), P&S (\$230), 15 f/u chiro tx, final chiro tx	\$ 3,210.00	P Y M T S R C V D	710000648	1/14/20	\$ 1,800.00	Total Amt Paid for medical treatment (\$1,800) / Total Amt Billed for medical treatment (\$3,210)	N/A	Vine Properties (Employer)
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 278.23							
				TOTAL AMT BILLED =>		\$ 3,638.23		TOTAL AMT PAID =>		\$ 1,800.00	56%		
43	73063	12/13/17-9/10/18	1/15/20	Medical services	Initial chiro tx, 13 f/u chiro tx, 5 PR-2s (\$180 each),post-op (\$180), P&S (\$230)	\$ 2,570.00	P Y M T S R C V D	2082102	1/13/20	\$ 2,600.00	Total Amt Paid for medical treatment (\$2,570 / Total Amt Billed for medical treatment (\$2,570)	Total Amt Paid for medical treatment + Penalties & Interest (\$2,600) / Principal Amt Billed for medical treatment (\$2,570)	York
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 105.27							
				TOTAL AMT BILLED =>		\$ 2,825.27		TOTAL AMT PAID =>		\$ 2,600.00	100%	101%	

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 1/2/20 and 1/31/20

	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	72931	11/2/17-12/19/17	1/29/20	Medical services	2 Initials (\$230 each), 2 PR-2s (\$180 each), Initial acup (\$230), 2 f/u acup (\$180 each), Initial therapy	\$ 1,500.00	P Y M T S R C V D	1102066756	8/8/19	\$ 90.00	Total Amt Paid for medical treatment (\$1,500) / Total Amt Billed for medical treatment (\$1,500)	Total Amt Paid for medical treatment plus P&I (\$1,909)/ Total Amt Billed for medical treatment (\$1,500)	Zurich
				Additional items billed	Lien filing fee	\$ 150.00		1102219050	1/24/20	\$ 1,819.00			
					P&I for medical services	\$ 259.16							
				TOTAL AMT BILLED =>		\$ 1,909.16		TOTAL AMT PAID =>		\$ 1,909.00	100%	127%	

Average % of Market Rate paid without P&I	86%

Average % of Market Rate paid with P&I	111%

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

*** INVOICE ***
Date NO#
01/29/20 69851

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: FARA MACK
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

EAMS#(s) :/

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572004251

Case: vs CONSOLIDATED STAFFING SOLUTION
Date Of Injury: 6/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/16	INITIAL EXAM	-DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 DOI: 6/3/16	0.00
07/06/16	INITIAL ACUP	-W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
07/11/16	INITIAL EXAM	-DR SHERRY ROSTAMI @ EPC* DOI: 9/12/15	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/13/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/15/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/18/16	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/22/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/25/16	PR2/REEVAL	-DR ROSTAMI @ EPC* DOI: 6/3/16	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/27/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/29/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/01/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/08/16	PR2/REEVAL	-DR ROSTAMI @ EPC* DOI: 9/12/15	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/10/16	INITIAL ACUP	-W/ ACUPUNCT YOUN ME RHEE @	230.00

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

*** INVOICE ***
Date NO#
01/29/20 69851

EAMS#(s) :

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: FARA MACK
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572004251

Case: vs CONSOLIDATED STAFFING SOLUTION
Date Of Injury: 6/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			
		EPC*	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/18/16	PR2/REEVAL	-& INJECTION W/DR BROWN/MALIN	180.00
/ /	INTERPRETER:	* GLADYS P. 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
09/02/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/09/16	FOLLOW-UP	-W/ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/12/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/16/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/19/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/21/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/22/16	L.I.N.T.	-LOCALIZED INTENSE NEURO- STIMULATION W/DR	150.00
/ /	-	FARDAD MOGHARABI @ EPC*	0.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/23/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/26/16	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	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

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

*** INVOICE ***
Date NO#
01/29/20 69851

BILL TO:

CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: FARA MACK
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

EAMS#(s) :

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572004251

Case: vs CONSOLIDATED STAFFING SOLUTION
Date Of Injury: 6/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/17/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/24/16	PR2/REEVAL	-DR BROWN @ EPC* (MEDS)	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/26/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/02/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/07/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/11/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/14/16	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/16/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/18/16	INITIAL EXAM	-DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/23/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/30/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/02/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/05/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/06/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/14/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00

DOI: 6/3/16

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

*** INVOICE ***
Date NO#
01/29/20 69851

EAMS#(s):

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: FARA MACK
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572004251

Case: vs CONSOLIDATED STAFFING SOLUTION
Date Of Injury: 6/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/16/16	PR2/REEVAL	-DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/21/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
12/22/16	PR2/REEVAL	-DR BROWN/MALIN @ EPC*	180.00
		DOI: 6/3/16	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/28/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/30/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/04/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 9/12/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/06/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/05/17	PR2/REEVAL	DR BROWN/MALIN, PA @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/11/17	FINAL ACUPT	-W/ ACUPUNCT RHEE @ EPC*	230.00
		DOI: 9/12/15	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/16/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 6/3/16	
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/18/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/23/17	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/25/17	FINAL ACUPT	-W/ ACUPUNCT RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

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

*** INVOICE ***
Date NO#
01/29/20 69851

EAMS#(s) :

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: FARA MACK
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572004251

Case: vs CONSOLIDATED STAFFING SOLUTION
Date Of Injury: 6/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	DOI: 9/12/15	
02/09/17	PR2/REEVAL	JOSE GERRY LUGO # 500049	0.00
/ /	INTERPRETER:	-DR BROWN/MALIN, PA @ EPC*	180.00
02/24/17	PR2/REEVAL	MARIA E. SALINAS # 100942	0.00
/ /	INTERPRETER:	-DR MASSIHI @ EPC*	180.00
02/13/17	PR2/REEVAL	DOI: 6/3/16	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/02/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	DOI: 6/3/16	
03/13/17	FOLLOW-UP	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	-DR ROSTAMI @ EPC*	180.00
03/14/17	PR2/REEVAL	DOI: 9/12/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/20/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	DOI: 9/12/15	
03/27/17	FOLLOW-UP	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT RHEE @ EPC*	180.00
03/30/17	PR2/REEVAL	DOI: 9/15	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/06/17	PR2/REEVAL	-DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	DOI: 6/3/16	
	PR2/REEVAL	JOSE GERRY LUGO # 500049	0.00
	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 6/3/16	

Joyce Altman Interpreters, Inc.
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SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572004251

Case: vs CONSOLIDATED STAFFING SOLUTION
Date Of Injury: 6/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/07/17	PR2/REEVAL	-DR MASSIHI @ EPC*	180.00
		DOI: 6/3/16	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/10/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 6/3/16	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/17/17	INITIAL EXAM	PSYCHE EVAL W/DR P. SALKELD*	230.00
		DOI: 6/3/16	
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/18/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 9/12/15	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/27/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 6/3/16	
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/01/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 9/12/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/05/17	PR2/REEVAL	-DR MASSIHI @ EPC*	180.00
		DOI: 6/3/16	
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
05/10/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
		DOI: 6/3/16	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/11/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 6/3/16	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/15/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 9/12/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

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Date NO#
01/29/20 69851

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: FARA MACK
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572004251

Case: vs CONSOLIDATED STAFFING SOLUTION
Date Of Injury: 6/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	DOI: 6/3/16	
05/24/17	PMT BY CHECK	JESUS CASTILLO # 500358	0.00
		DOS 4/10/17-4/17/17*	-180.00
		=# 32012979	
06/01/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/09/17	PMT BY CHECK	DOS 4/18/17-5/1/17*	-270.00
		=# 32062829	
06/15/17	PMT BY CHECK	DOS 6/27/16-5/10/17*	-6570.00
		=# 32082042	
06/16/17	PMT BY CHECK	DOS 5/11/17* =# 32085851	-90.00
06/14/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	DOI: 6/3/16	
06/20/17	PMT BY CHECK	ALBERTO VILLAGOMEZ # 500341	0.00
		DOS 5/15/17* =# 32094390	-90.00
06/22/17	PMT BY CHECK	DOS 5/23/17* =# 32103051	-90.00
06/15/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	DOI: 6/3/16	
06/26/17	EMG TESTING	JESUS A. CASTILLO # 500358	0.00
		& NCV BY DR GROSS: U/E @ EPC*	150.00
/ /	INTERPRETER:	DOI: 9/12/15	
06/27/17	P AND S	IRENE MORA 3 101159	0.00
		DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	DOI: 9/12/15	
07/05/17	FOLLOW-UP	ALBERTO VILLAGOMEZ # 500341	0.00
		-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	DOI: 6/3/16	
07/13/17	FOLLOW-UP	JOSE GERRY LUGO # 500049	0.00
		-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 6/3/16	

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

*** INVOICE ***
Date NO#
01/29/20 69851

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: FARA MACK
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572004251

Case: vs CONSOLIDATED STAFFING SOLUTION
Date Of Injury: 6/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/19/17	PMT BY CHECK	DOS 6/14/17-6/15/17* =# 32182881	-180.00
08/01/17	PMT BY CHECK	DOS 4/9/17-6/26/17* =# 32222872	-180.00
07/20/17	P AND S	-DR ROSTAMI @ EPC* DOI: 6/3/16	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/10/17	PMT BY CHECK	DOS 6/27/17* =# 32252855	-90.00
08/11/17	PMT BY CHECK	DOS 7/5/17* =# 32257305	-90.00
08/16/17	PMT BY CHECK	DOS 7/13/17* =# 32270277	-90.00
01/10/19	LIEN FIL FEE	LIEN FILING FEE	150.00
06/10/19	PENALTIES	FOR DATE OF SERVICE 06/27/16	21.00
12/30/19	INTEREST	FOR DATE OF SERVICE 06/27/16	51.48
06/10/19	PENALTIES	FOR DATE OF SERVICE 07/06/16	21.00
12/30/19	INTEREST	FOR DATE OF SERVICE 07/06/16	51.48
06/10/19	PENALTIES	FOR DATE OF SERVICE 07/11/16	21.00
12/30/19	INTEREST	FOR DATE OF SERVICE 07/11/16	51.48
06/10/19	PENALTIES	FOR DATE OF SERVICE 11/18/16	21.00
12/30/19	INTEREST	FOR DATE OF SERVICE 11/18/16	49.09
06/10/19	PENALTIES	FOR DATE OF SERVICE 01/25/17	21.00
12/30/19	INTEREST	FOR DATE OF SERVICE 01/25/17	46.49
06/10/19	PENALTIES	FOR DATE OF SERVICE 04/17/17	7.50
12/30/19	INTEREST	FOR DATE OF SERVICE 04/17/17	15.30
06/10/19	PENALTIES	FOR DATE OF SERVICE 06/27/17	21.00
12/30/19	INTEREST	FOR DATE OF SERVICE 06/27/17	39.70
06/10/19	PENALTIES	FOR DATE OF SERVICE 07/20/17	34.50
12/30/19	INTEREST	FOR DATE OF SERVICE 07/20/17	63.19
06/10/19	PENALTIES	FOR DATE OF SERVICE 08/10/16	21.00
12/30/19	INTEREST	FOR DATE OF SERVICE 08/10/16	51.48
06/10/19	PENALTIES	FOR DATE OF SERVICE 01/11/17	21.00

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

*** INVOICE ***
Date NO#
01/29/20 69851

EAMS#(s):

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: FARA MACK
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572004251

Case: vs CONSOLIDATED STAFFING SOLUTION
Date Of Injury: 6/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/30/19	INTEREST	FOR DATE OF SERVICE 01/11/17	47.11
01/24/20	PMT BY CHECK	DOS 12/30/19* # 34306123	-7900.00
01/29/20	BLCE OFF SET	BALANCE OFF SET	-746.80

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 **

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

Electronic Service Requested

MIXED AADC 926

3075 1.5326 MB 0.420



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

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Page 1 of 4

Check No.: 32012979

RFP No.: 023084

Check Date: 05/24/2017

Check Amount: 180.00

Insured: CONSOLIDATED STAFFING SOLUTION

Claimant:

Claim Office: 572

Insuring Company: COMMERCE AND INDUSTRY
INSURANCE CO.

MAY 31 2017

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00004251	001	06/03/2016	MED	O	180.00
Total Amount						180.00

Reason for Payment

ORG: 12790.00 ACT: 69851 062716-041717

**Use File # 572/00004251 on all correspondence for prompt processing.
For check information call: 877-802-5246**

#69851

EXPLANATION OF BILL REVIEW

Page 2 of 4

Invoice #: 1713800665
Control #: 06171400065600



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

MIXED AADC 926

3075 1.5326 MB 0.420



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

89

ENV 3075 4 OF 7 F

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

Claim #: 5720042510000
Claimant: L
Date of Injury: 06/03/2016
Claimant SSN:

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

State Claim #: ADJ10507202
Patient Acct #: 69851
Service Dates: 06/27/2016-04/17/2017

Date Received: 05/08/2017
Date Reviewed: 05/20/2017
Date Processed: 05/23/2017

Rendering Provider:

Policy #: 000019397878
Employer: CONSOLIDATED STAFFING SOLUTION
Insurer: COMMERCE AND INDUSTRY CO

Tax ID/NPI #:

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/27/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
07/06/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
07/11/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
07/13/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/15/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/18/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/22/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/25/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/27/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/29/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/01/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/08/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/10/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
08/18/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3,4
08/22/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/29/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/02/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/09/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/12/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/16/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/19/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/21/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/22/2016	T1013	T1013	8.00	150.00	0.00	0.00	0.00	1,2,3
09/23/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/26/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/07/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/10/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/17/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/24/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3

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

CONTINUED



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

EXPLANATION OF BILL REVIEW

Page 4 of 4

Invoice #: 1713800665
Control #: 06171400065600



ENV 3075 5 OF 7 F

- 5 -A reduction was made because a different provider has billed for the exact services on a previous bill.
- 6 -The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
- 7 -The charge for the procedure exceeds the amount indicated in the fee schedule.
- * -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
- * -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
- * -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network. AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
- * -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)
- * -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)
- * -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)
- * -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)
- * -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 the service of the EOR. The Request for Independent Bill Review must conform to the requirements of the 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. (ZD49)
- * -This claim has been processed on a policy underwritten by COMMERCE AND INDUSTRY INSURANCE CO.

Negotiated/ PPO Savings:	0.00
Recommended Amount:	180.00
Previously Paid:	0.00
Payment:	180.00

Check #: 32012979
Check Date: 05/24/2017
Method of Payment: Check
Payment Status Code: 1

**Medical bill EOR and payment status information is now available online at www.aig.com/epbi.
 Click "Provider Sign Up" on the Sign in screen.**

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



EXPLANATION OF BILL REVIEW

Page 3 of 4

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

Invoice #: 1713800665
Control #: 06171400065600

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
10/26/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/02/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/07/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/11/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/14/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/16/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/18/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
11/23/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/30/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/02/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/05/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/06/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/14/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/16/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/21/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/22/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/28/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/30/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/04/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/05/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/06/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/11/2017	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
01/16/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/18/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/23/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/25/2017	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
02/01/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
02/09/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
02/13/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
02/24/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/02/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/13/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/14/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/20/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/27/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/30/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/06/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/07/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3,5
04/10/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	6,7
04/17/2017	T1013	T1013	8.00	230.00	90.00	0.00	90.00	6,7
Totals				12,790.00	180.00	0.00	180.00	

Diagnosis:

T1490 INJURY, UNSPECIFIED

1 - 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.

2 -DUPLICATE CHARGE (X143)

3 -The provider has billed for the exact services on a previous bill.

4 -The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.

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

CONTINUED

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

201706090142

Electronic Service Requested

69851

Page 1 of 4

15048 1.2288 AB 0.400 ALL FOR AADC 926



JOYCE ALTMAN INTERPRETERS INC 117
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32062829

RFP No.: 028045

Check Date: 06/09/2017

Check Amount: 270.00

Insured: CONSOLIDATED STAFFING
SOLUTION

Claimant:

Claim Office: 572

Insuring Company: COMMERCE AND INDUSTRY
INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

JUN 16 2017

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00004251	001	06/03/2016	MED	O	270.00
Total Amount						270.00

Reason for Payment

ORG: 13330.00 ACT: 69851 062716-050117

Use File # 572/00004251 on all correspondence for prompt processing.
For check information call: 877-802-5246

ENV 15048 1 OF 6 F



EXPLANATION OF BILL REVIEW

Page 2 of 4

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

Invoice #: 1715300812
Control #: 06171570076600

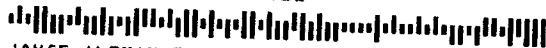


2 OF 6 F

ENV 15048

15048 1.2288 AB 0.400

ALL FOR AADC 926



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

117

Billing Provider:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Claim #: 5720042510000

Claimant: -----

Date of Injury: 06/03/2016

Claimant SSN:

Tax ID: 330956713

State License #:

NPI #: 9999999999

Rendering Provider:

State Claim #: ADJ10507202

Patient Acct #: 69851

Service Dates: 06/27/2016-05/01/2017

Date Received: 05/22/2017

Date Reviewed: 06/06/2017

Date Processed: 06/08/2017

Tax ID/NPI #:

Policy #: 000019397878

Jurisdiction: CA

Employer: CONSOLIDATED STAFFING SOLUTION

Insurer: COMMERCE AND INDUSTRY CO

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/27/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
07/06/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
07/11/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
07/13/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/15/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/18/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/22/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/25/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/27/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/29/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/01/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/08/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/10/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
08/18/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/22/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/29/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/02/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/09/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/12/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/16/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/19/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/21/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/22/2016	T1013	T1013	8.00	150.00	0.00	0.00	0.00	1,2,3
09/23/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/26/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/07/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/10/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/17/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/24/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3

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

CONTINUED

201706090142

P4000028001



EXPLANATION OF BILL REVIEW

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

Invoice #: 1715300812
Control #: 06171570076600



3 OF 6 F
ENV 15048

- 3 -A reduction was made because a different provider has billed for the exact services on a previous bill.
- 4 -The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
- 5 -The charge for the procedure exceeds the amount indicated in the fee schedule.
- * -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
- * -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
- * -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network. AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
- * -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)
- * -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)
- * -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)
- * -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)
- * -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 the service of the EOR. The Request for Independent Bill Review must conform to the requirements of the 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. (ZD49)
- * -This claim has been processed on a policy underwritten by COMMERCE AND INDUSTRY INSURANCE CO.

Negotiated/ PPO Savings:	0.00
Recommended Amount:	270.00
Previously Paid:	0.00
Payment:	270.00

Check #: 32062829
Check Date: 06/09/2017
Method of Payment: Check
Payment Status Code: 1

Medical bill EOR and payment status information is now available online at www.aig.com/epbi.
Click "Provider Sign Up" on the Sign in screen.

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



EXPLANATION OF BILL REVIEW

Page 3 of 4

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

Invoice #: 1715300812
Control #: 06171570076600

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
10/26/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/02/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/07/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/11/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/14/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/16/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/18/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/23/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
11/30/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/02/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/05/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/06/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/14/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/16/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/21/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/22/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/28/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/30/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/04/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/05/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/06/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/11/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/16/2017	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
01/18/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/23/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/25/2017	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
02/01/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
02/09/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
02/13/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
02/24/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/02/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/13/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/14/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/20/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/27/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/30/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/06/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/07/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/10/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/17/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/18/2017	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
04/27/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	4,5
05/01/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	4,5
Totals				13,330.00	270.00	0.00	270.00	

Diagnosis:
T1490 INJURY, UNSPECIFIED

1 - 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.

2 -DUPLICATE CHARGE (X143)

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

CONTINUED

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

201706150137

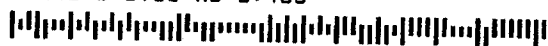
Electronic Service Requested



ENV 13646 1 OF 4 F

Page 1 of 4

13646 0.8765 AB 0.400 ALL FOR AADC 926



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

98

Check No.: 32082042

RFP No.: 030526

Check Date: 06/15/2017

Check Amount: 6,570.00

Insured: CONSOLIDATED STAFFING
SOLUTION

Claimant:

Claim Office: 572

Insuring Company: COMMERCE AND INDUSTRY
INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

JUN 19 2017

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00004251	001	06/03/2016	MED	O	6,570.00
Total Amount						6,570.00

Reason for Payment

ORG: 13510.00 ACT: 69851 062716-051017

Use File # 572/00004251 on all correspondence for prompt processing.
For check information call: 877-802-5246



EXPLANATION OF BILL REVIEW

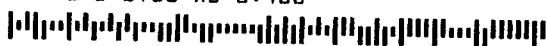
AIG CLAIMS, INC.
P.O. BOX 25978
SHAWNEE MISSION KS 66225

Invoice #: 1715900699
Control #: 06171610211400



ENV 13646 2 OF 4 F

13646 0.8765 AB 0.400 ALL FOR AADC 926



JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165 98

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

Claim #: 5720042510000
Claimant:
Date of Injury: 06/03/2016
Claimant SSN:

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

State Claim #: ADJ10507202
Patient Acct #: 69851
Service Dates: 06/27/2016-05/10/2017

Date Received: 05/30/2017
Date Reviewed: 06/10/2017
Date Processed: 06/14/2017

Rendering Provider:

Policy #: 000019397878
Employer: CONSOLIDATED STAFFING SOLUTION
Insurer: COMMERCE AND INDUSTRY CO

Jurisdiction: CA

Tax ID/NPI #:

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPQ Sayings	Recommended Allowance	Codes
06/27/2016	T1013	T1013	8.00	230.00	90.00	0.00	90.00	1,2
07/06/2016	T1013	T1013	8.00	230.00	90.00	0.00	90.00	1,2
07/11/2016	T1013	T1013	8.00	230.00	90.00	0.00	90.00	1,2
07/13/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
07/15/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
07/18/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
07/22/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
07/25/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
07/27/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
07/29/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
08/01/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
08/08/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
08/10/2016	T1013	T1013	8.00	230.00	90.00	0.00	90.00	1,2
08/18/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
08/22/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
08/29/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
09/02/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
09/09/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
09/12/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
09/16/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
09/19/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
09/21/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
09/22/2016	T1013	T1013	8.00	150.00	90.00	0.00	90.00	1,2
09/23/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
09/26/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
10/07/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
10/10/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
10/17/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
10/24/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2

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

CONTINUED



EXPLANATION OF BILL REVIEW

Page 4 of 4

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

Invoice #: 1715900699
Control #: 06171610211400



ENV 13646
3 OF 4 F

- * -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
- * -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
- * -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network. AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
- * -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)
- * -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)
- * -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)
- * -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)
- * -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 the service of the EOR. The Request for Independent Bill Review must conform to the requirements of the 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. (ZD49)
- * -This claim has been processed on a policy underwritten by COMMERCE AND INDUSTRY INSURANCE CO.

Negotiated/ PPO Savings:	0.00
Recommended Amount:	6,570.00
Previously Paid:	0.00
Payment:	6,570.00

Check #:	32082042
Check Date:	06/15/2017
Method of Payment:	Check
Payment Status Code:	1

**Medical bill EOR and payment status information is now available online at www.aig.com/epbi.
Click "Provider Sign Up" on the Sign in screen.**

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



EXPLANATION OF BILL REVIEW

Page 3 of 4

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

Invoice #: 1715900699
Control #: 06171610211400

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
10/26/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
11/02/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
11/07/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
11/11/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
11/14/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
11/16/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
11/18/2016	T1013	T1013	8.00	230.00	90.00	0.00	90.00	1,2
11/23/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
11/30/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
12/02/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
12/06/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
12/14/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
12/16/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
12/21/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
12/22/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
12/28/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
12/30/2016	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
01/04/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
01/05/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
01/06/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
01/11/2017	T1013	T1013	8.00	230.00	90.00	0.00	90.00	1,2
01/16/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
01/18/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
01/23/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
01/25/2017	T1013	T1013	8.00	230.00	90.00	0.00	90.00	1,2
02/01/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
02/09/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
02/13/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
02/24/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
03/02/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
03/13/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
03/14/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
03/20/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
03/27/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
03/30/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
04/06/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
04/07/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
04/10/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
04/17/2017	T1013	T1013	8.00	230.00	90.00	0.00	90.00	1,2
04/18/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
04/27/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
05/01/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
05/05/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
05/10/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
Totals				13,510.00	6,570.00	0.00	6,570.00	

Diagnosis:

T1490 INJURY, UNSPECIFIED

- 1 -The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
2 -The charge for the procedure exceeds the amount indicated in the fee schedule.

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

CONTINUED

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

Electronic Service Requested

201706160143



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ENV 14999

Page 1 of 3

14999 1.2020 AB 0.400 ALL FOR AADC 926
113
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32085851
RFP No.: 031201
Check Date: 06/16/2017
Check Amount: 90.00
Insured: CONSOLIDATED STAFFING
SOLUTION
Claimant: !

PAID
JUN 22 2017

Claim Office: 572
Insuring Company: COMMERCE AND INDUSTRY
INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

BY:

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00004251	001	06/03/2016	MED	O	90.00
Total Amount						90.00

Reason for Payment

ORG: 180.00 ACT: 69851 051117-051117

Use File # 572/00004251 on all correspondence for prompt processing.
For check information call: 877-802-5246



EXPLANATION OF BILL REVIEW

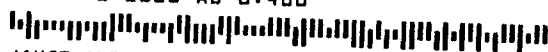
Page 2 of 3

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

Invoice #: 1716000505
Control #: 06171640347900

2 OF 6 F
ENV 14999

14999 1.2020 AB 0.400 ALL FOR AADC 926



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

113

Billing Provider:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Claim #: 5720042510000

Claimant: I

Date of Injury: 06/03/2016

Claimant SSN:

Tax ID: 330956713

State License #:

NPI #: 9999999999

State Claim #: ADJ10507202

Patient Acct #: 69851

Service Dates: 05/11/2017-05/11/2017

Date Received: 05/30/2017

Date Reviewed: 06/13/2017

Date Processed: 06/15/2017

Rendering Provider:

Policy #: 000019397878

Jurisdiction: CA

Employer: CONSOLIDATED STAFFING SOLUTION

Insurer: COMMERCE AND INDUSTRY CO

Tax ID/NPI #:

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
05/11/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	1,2
Totals				180.00	90.00	0.00	90.00	

Diagnosis:

T1490 INJURY, UNSPECIFIED

- 1 -The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
 - 2 -The charge for the procedure exceeds the amount indicated in the fee schedule.
- * -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
 - * -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
 - * -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network. AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
 - * -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)
 - * -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)
 - * -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)
 - * -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)

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

CONTINUED



EXPLANATION OF BILL REVIEW

Page 3 of 3

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

Invoice #: 1716000505
Control #: 06171640347900

* -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 the service of the EOR. The Request for Independent Bill Review must conform to the requirements of the 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. (ZD49)

* -This claim has been processed on a policy underwritten by COMMERCE AND INDUSTRY INSURANCE CO.

Negotiated/ PPO Savings:	0.00
Recommended Amount:	90.00
Previously Paid:	0.00
Payment:	90.00

Check #:	32085851
Check Date:	06/16/2017
Method of Payment:	Check
Payment Status Code:	1

Medical bill EOR and payment status information is now available online at www.aig.com/epbi.
Click "Provider Sign Up" on the Sign in screen.

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

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

201706203926

Electronic Service Requested



ENV 3971 1 OF 9 F

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3971 1.8298 MB 0.420 MIXED AADC 926
 72
 JOYCE ALTMAN INTERPRETERS INC
 PO BOX 4165
 TUSTIN, CA 92781-4165

Check No.: 32094390
 RFP No.: 032180
 Check Date: 06/20/2017
 Check Amount: 90.00
 Insured: CONSOLIDATED STAFFING
 SOLUTION
 Claimant

Claim Office: 572
 Insuring Company: COMMERCE AND INDUSTRY
 INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID
 JUN 26 2017

PY:

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00004251	001	06/03/2016	MED	O	90.00
Total Amount						90.00

Reason for Payment

ORG: 14050.00 ACT: 69851 062716-051517

Use File # 572/00004251 on all correspondence for prompt processing.
 For check information call: 877-802-5246



EXPLANATION OF BILL REVIEW

Page 2 of 4

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

Invoice #: 1716102094
Control #: 06171660070300



ENV 3971 2 OF 9 F

3971 1.8298 MB 0.420

MIXED AADC 926



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

72

Billing Provider:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Claim #: 5720042510000

Claimant:

Date of Injury: 06/03/2016

Claimant SSN:

Tax ID: 330956713

State License #:

NPI #: 9999999999

State Claim #: ADJ10507202

Patient Acct #: 69851

Service Dates: 06/27/2016-05/15/2017

Date Received: 06/02/2017

Date Reviewed: 06/15/2017

Date Processed: 06/19/2017

Rendering Provider:

Policy #: 000019397878

Jurisdiction: CA

Employer: CONSOLIDATED STAFFING SOLUTION

Insurer: COMMERCE AND INDUSTRY CO

Tax ID/NPI #:

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/27/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
07/06/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
07/11/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
07/13/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/15/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/18/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/22/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/25/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/27/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/29/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/01/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/08/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/10/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/18/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
08/22/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/29/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/02/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/09/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/12/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/16/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/19/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/21/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/22/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/23/2016	T1013	T1013	8.00	150.00	0.00	0.00	0.00	1,2,3
09/26/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/07/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/10/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/17/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/24/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3

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

CONTINUED



EXPLANATION OF BILL REVIEW

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

Invoice #: 1716102094
Control #: 06171660070300

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
10/26/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/02/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/07/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/11/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/14/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/16/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/18/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
11/23/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/30/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/02/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/05/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/06/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/14/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/16/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/21/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/22/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/28/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/30/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/04/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/05/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/06/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/11/2017	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
01/16/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/18/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/23/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/25/2017	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
02/01/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
02/09/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
02/13/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
02/24/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/02/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/13/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/14/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/20/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/27/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/30/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/06/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/07/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/10/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/17/2017	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
04/18/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/27/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
05/01/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
05/05/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
05/10/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,4
05/11/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,4
05/15/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	5,6
Totals				14,050.00	90.00	0.00	90.00	

Diagnosis:

T1490 INJURY, UNSPECIFIED

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

CONTINUED

2 OF 9 B
ENV 3971



EXPLANATION OF BILL REVIEW

Page 4 of 4

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

Invoice #: 1716102094
Control #: 06171660070300



3 OF 9 F

ENV 3971

- 1 - 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.
- 2 -DUPLICATE CHARGE (X143)
- 3 -The provider has billed for the exact services on a previous bill.
- 4 -A reduction was made because a different provider has billed for the exact services on a previous bill.
- 5 -The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
- 6 -The charge for the procedure exceeds the amount indicated in the fee schedule.
- * -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
- * -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
- * -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network. AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
- * -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)
- * -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)
- * -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)
- * -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)
- * -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 the service of the EOR. The Request for Independent Bill Review must conform to the requirements of the 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. (ZD49)
- * -This claim has been processed on a policy underwritten by COMMERCE AND INDUSTRY INSURANCE CO.

Negotiated/ PPO Savings:	0.00
Recommended Amount:	90.00
Previously Paid:	0.00
Payment:	90.00

Check #: 32094390
Check Date: 06/20/2017
Method of Payment: Check
Payment Status Code: 1

Medical bill EOR and payment status information is now available online at www.aig.com/epbi.
Click "Provider Sign Up" on the Sign in screen.

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

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

201706220142

Electronic Service Requested

Page 1 of 4

1 OF 4 F
ENV 14611

14611 0.9028 AB 0.400 ALL FOR AADC 926
|||||
JOYCE ALTMAN INTERPRETERS INC 104
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32103051
RFP No.: 032968
Check Date: 06/22/2017
Check Amount: 90.00
Insured: CONSOLIDATED STAFFING
SOLUTION
Claimant

Claim Office: 572
Insuring Company: COMMERCE AND INDUSTRY
INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID
JUN 26 2017

.....

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00004251	001	06/03/2016	MED	O	90.00
Total Amount						90.00

Reason for Payment

ORG: 14210.00 ACT: 69851 062716-052317

Use File # 572/00004251 on all correspondence for prompt processing.
For check information call: 877-802-5246



EXPLANATION OF BILL REVIEW

Page 2 of 4

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

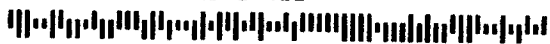
Invoice #: 1716503949
Control #: 06171700205900



ENV 14611 2 OF 4 F

ALL FOR AADC 926

14611 0.9028 AB 0.400



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

104

Billing Provider:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Claim #: 5720042510000**Claimant:****Date of Injury:** 06/03/2016**Claimant SSN****Tax ID:** 330956713**State License #:****NPI #:** 99999999999**State Claim #:** ADJ10507202**Patient Acct #:** 69851**Service Dates:** 06/27/2016-05/23/2017**Date Received:** 06/06/2017**Date Reviewed:** 06/19/2017**Date Processed:** 06/21/2017**Rendering Provider:****Policy #:** 000019397878**Jurisdiction:** CA**Employer:** CONSOLIDATED STAFFING SOLUTION**Insurer:** COMMERCE AND INDUSTRY CO**Tax ID/NPI #:**

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/27/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
07/06/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
07/11/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
07/13/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/15/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/18/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/22/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/25/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/27/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
07/29/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/01/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/08/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/10/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
08/18/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/22/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
08/29/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/02/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/09/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/12/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/16/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/19/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/21/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/22/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/23/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
09/26/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/07/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/10/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/17/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
10/24/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3

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

CONTINUED

201706220142
P40000280613



EXPLANATION OF BILL REVIEW

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

Invoice #: 1716503949
Control #: 06171700205900

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
10/26/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/02/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/07/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/11/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/14/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/16/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/18/2016	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
11/23/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
11/30/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/02/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/05/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/06/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,4
12/14/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/16/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/21/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/22/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/28/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
12/30/2016	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/04/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/05/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/06/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/11/2017	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
01/16/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/18/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/23/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
01/25/2017	T1013	T1013	8.00	230.00	0.00	0.00	0.00	1,2,3
02/01/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
02/09/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
02/13/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
02/24/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/02/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/13/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/14/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/20/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/27/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
03/30/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/06/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/07/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/10/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/17/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/18/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
04/27/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
05/01/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
05/05/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
05/10/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
05/11/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
05/15/2017	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1,2,3
05/23/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	5,6
Totals				14,210.00	90.00	0.00	90.00	

Diagnosis:

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

CONTINUED

ENV 14611 2 OF 4 B



EXPLANATION OF BILL REVIEW

Page 4 of 4

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

Invoice #: 1716503949
Control #: 06171700205900



3 OF 4 F

ENV 14611

T1490 INJURY, UNSPECIFIED

- 1 - 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.
- 2 -DUPLICATE CHARGE (X143)
- 3 -The provider has billed for the exact services on a previous bill.
- 4 -A reduction was made because a different provider has billed for the exact services on a previous bill.
- 5 -The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
- 6 -The charge for the procedure exceeds the amount indicated in the fee schedule.
- * -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
- * -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
- * -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network. AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
- * -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)
- * -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)
- * -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)
- * -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)
- * -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 the service of the EOR. The Request for Independent Bill Review must conform to the requirements of the 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. (ZD49)
- * -This claim has been processed on a policy underwritten by COMMERCE AND INDUSTRY INSURANCE CO.

Negotiated/ PPO Savings:	0.00
Recommended Amount:	90.00
Previously Paid:	0.00
Payment:	90.00

Check #:	32103051
Check Date:	06/22/2017
Method of Payment:	Check
Payment Status Code:	1

Medical bill EOR and payment status information is now available online at www.aig.com/epbi.
Click "Provider Sign Up" on the Sign in screen.

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

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

201707190136

Electronic Service Requested



Page 1 of 5

17190 1.0394 AB 0.400 ALL FOR AADC 926
 153
 JOYCE ALTMAN INTERPRETERS INC
 PO BOX 4165
 TUSTIN, CA 92781-4165

Check No.: 32182881
 RFP No.: 044082
 Check Date: 07/19/2017
 Check Amount: 180.00
 Insured: CONSOLIDATED STAFFING
 SOLUTION
 Claimant

Claim Office: 572
 Insuring Company: COMMERCE AND INDUSTRY
 INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00004251	001	06/03/2016	MED	O	180.00
Total Amount						180.00

Reason for Payment

ORG: 14770.00 ACT: 69851 062716-061517

Use File # 572/00004251 on all correspondence for prompt processing.
 For check information call: 877-802-5246

JUL 25 2017

ENV 17190 1 OF 5 F

EXPLANATION OF BILL REVIEW



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

Invoice #: 1719401433
Control #: 06171960104300



ENV 17190 2 OF 5 F

ALL FOR AADC 926

17190 1.0394 AB 0.400



JOYCE ALTMAN INTERPRETERS INC 153
PO BOX 4165
TUSTIN, CA 92781-4165

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

Claim #: 5720042510000

Claimant:

Date of Injury: 06/03/2016

Claimant SSN:

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

State Claim #: ADJ10507202
Patient Acct #: 69851
Service Dates: 06/27/2016-06/15/2017

Date Received: 07/05/2017
Date Reviewed: 07/15/2017
Date Processed: 07/18/2017

Rendering Provider:

Policy #: 000019397878
Employer: CONSOLIDATED STAFFING SOLUTION
Insurer: COMMERCE AND INDUSTRY CO

Jurisdiction: CA

Tax ID/NPI #:

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/27/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2
07/06/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2
07/11/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2
07/13/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
07/15/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
07/18/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
07/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
07/25/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
07/27/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
07/29/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
08/01/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
08/08/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
08/10/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2
08/18/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
08/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
08/29/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
09/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
09/09/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
09/12/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
09/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
09/19/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
09/21/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
09/22/2016	T1013	T1013	0.00	150.00	0.00	0.00	0.00	1,2
09/23/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
09/26/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
10/07/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
10/10/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
10/17/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
10/24/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2

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

CONTINUED



EXPLANATION OF BILL REVIEW

Page 3 of 5

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

Invoice #: 1719401433
Control #: 06171960104300

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
10/26/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
11/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
11/07/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
11/11/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
11/14/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
11/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
11/18/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2
11/23/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
11/30/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
12/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
12/05/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
12/06/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
12/14/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
12/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
12/21/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
12/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
12/28/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
12/30/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
01/04/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
01/05/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
01/06/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
01/11/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2
01/16/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
01/18/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
01/23/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
01/25/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2
02/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
02/09/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
02/13/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
02/24/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
03/02/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
03/13/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
03/14/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
03/20/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
03/27/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
03/30/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
04/06/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
04/07/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
04/10/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
04/17/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2
04/18/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
04/27/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
05/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
05/05/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
05/10/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
05/11/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
05/15/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
05/23/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
06/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2
06/14/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	3,4
06/15/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	3,4

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

CONTINUED



EXPLANATION OF BILL REVIEW

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

Invoice #: 1719401433
Control #: 06171960104300



Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
Totals				14,770.00	180.00	0.00	180.00	

Diagnosis:
T1490 INJURY, UNSPECIFIED

- 1 - 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.
 - 2 -The provider has billed for the exact services on a previous bill.
 - 3 -The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
 - 4 -The charge for the procedure exceeds the amount indicated in the fee schedule.
- * -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
 - * -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
 - * -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network. AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
 - * -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)
 - * -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review (Z656)
 - * -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)
 - * -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)
 - * -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 the service of the EOR. The Request for Independent Bill Review must conform to the requirements of the 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. (ZD49)
 - * -This claim has been processed on a policy underwritten by COMMERCE AND INDUSTRY INSURANCE CO.

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

CONTINUED

AIG**EXPLANATION OF BILL REVIEW****Page 5 of 5**

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

Invoice #: 1719401433
Control #: 06171960104300

Negotiated/ PPO Savings:	0.00
Recommended Amount:	180.00
Previously Paid:	0.00
Payment:	180.00

Check #: 32182881
Check Date: 07/19/2017
Method of Payment: Check
Payment Status Code: 1

**Medical bill EOR and payment status information is now available online at www.aig.com/epbi.
Click "Provider Sign Up" on the Sign in screen.**

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

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

Electronic Service Requested**Page 1 of 5**

3624 1.8298 MB 0.420
MIXED AADC 926
75
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 32222872
RFP No.: 050454
Check Date: 08/01/2017
Check Amount: 180.00
Insured: CONSOLIDATED STAFFING
SOLUTION
Claimant:

AUG 07 2017

Claim Office: 572
Insuring Company: COMMERCE AND INDUSTRY
INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00004251	001	06/03/2016	MED	O	180.00
Total Amount						180.00

Reason for Payment

ORG: 14920.00 ACT: 69851 062716-062617

Use File # 572/00004251 on all correspondence for prompt processing.
For check information call: 877-802-5246



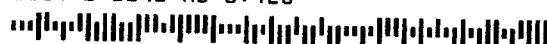
EXPLANATION OF BILL REVIEW

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

Invoice #: 1720602761
Control #: 06172080334300



3624 1.8298 MB 0.420 MIXED AADC 926



JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165 75

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

Claim #: 5720042510000
Claimant:
Date of Injury: 06/03/2016
Claimant SSN:

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

State Claim #: ADJ10507202
Patient Acct #: 69851
Service Dates: 06/27/2016-06/26/2017

Date Received: 07/17/2017
Date Reviewed: 07/27/2017
Date Processed: 07/31/2017

Rendering Provider:

Policy #: 000019397878
Employer: CONSOLIDATED STAFFING SOLUTION
Insurer: COMMERCE AND INDUSTRY CO

Jurisdiction: CA

Tax ID/NPI #:

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/27/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
07/06/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
07/11/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
07/13/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/15/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/18/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/25/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/27/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/29/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/01/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/08/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/10/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
08/18/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/29/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/09/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/12/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/19/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/21/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/22/2016	T1013	T1013	0.00	150.00	0.00	0.00	0.00	1,2,3
09/23/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/26/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/07/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/10/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/17/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/24/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3

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

CONTINUED

EXPLANATION OF BILL REVIEW

Page 4 of 5



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

Invoice #: 1720602761
Control #: 06172080334300



Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/26/2017	T1013	T1013	8.00	150.00	90.00	0.00	90.00	4,5
Totals				14,920.00	180.00	0.00	180.00	

Diagnosis:

T1490 INJURY, UNSPECIFIED

1 - 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.

2 -DUPLICATE CHARGE (X143)

3 -The provider has billed for the exact services on a previous bill.

4 -The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

5 -The charge for the procedure exceeds the amount indicated in the fee schedule.

* -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)

* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)

* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network. AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)

* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)

* -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)

* -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)

* -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)

* -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 the service of the EOR. The Request for Independent Bill Review must conform to the requirements of the 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. (ZD49)

* -This claim has been processed on a policy underwritten by COMMERCE AND INDUSTRY INSURANCE CO.

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

CONTINUED

ENV 3624 6 OF 9 F



EXPLANATION OF BILL REVIEW

Page 3 of 5

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

Invoice #: 1720602761
Control #: 06172080334300

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
10/26/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/07/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/11/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/14/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/18/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
11/23/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/30/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/05/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/06/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/14/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/21/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/28/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/30/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/04/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/05/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/06/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/11/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
01/16/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/18/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/23/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/25/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
02/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
02/09/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
02/13/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
02/24/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/02/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/13/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/14/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/20/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/27/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/30/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
04/06/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
04/07/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
04/09/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	4,5
04/10/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
04/17/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
04/18/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/05/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/10/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/11/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/15/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/23/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
06/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
06/14/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
06/15/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3

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

CONTINUED

**EXPLANATION OF BILL REVIEW****Page 5 of 5**

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

Invoice #: 1720602761
Control #: 06172080334300

Negotiated/ PPO Savings:	0.00
Recommended Amount:	180.00
Previously Paid:	0.00
Payment:	180.00

Check #: 32222872
Check Date: 08/01/2017
Method of Payment: Check
Payment Status Code: 1

**Medical bill EOR and payment status information is now available online at www.aig.com/epbi.
Click "Provider Sign Up" on the Sign in screen.**

ENV 3624 6 OF 9 B

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

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

Electronic Service Requested

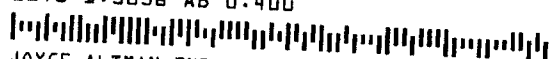
201708103928



ENV 2278 1 OF 7 F

2278 1.5056 AB 0.400

ALL FOR AADC 926



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

29

Page 1 of 5

Check No.: 32252855

RFP No.: 054574

Check Date: 08/10/2017

Check Amount: 90.00

Insured: CONSOLIDATED STAFFING
SOLUTION

Claimant:

Claim Office: 572

Insuring Company: COMMERCE AND INDUSTRY
INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00004251	001	06/03/2016	MED	O	90.00
Total Amount						90.00

Reason for Payment

ORG: 15150.00 ACT: 69851 062716-062717

Use File # 572/00004251 on all correspondence for prompt processing.
For check information call: 877-802-5246

AUG 15 2017

AIG**EXPLANATION OF BILL REVIEW**

Page 2 of 5

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

Invoice #: 1721501004
Control #: 06172190095100



ENV 2278
 2 OF 7 F

2278 1.5056 AB 0.400 ALL FOR AADC 926



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

29

Billing Provider:

JOYCE ALTMAN INTERPRETERS INC
 PO BOX 4165
 TUSTIN CA 92781

Claim #: 5720042510000**Claimant:****Date of Injury:** 06/03/2016**Claimant SSN:****Tax ID:** 330956713**State License #:****NPI #:** 9999999999**State Claim #:** ADJ10507202**Patient Acct #:** 69851**Service Dates:** 06/27/2016-06/27/2017**Date Received:** 07/25/2017**Date Reviewed:** 08/07/2017**Date Processed:** 08/09/2017**Rendering Provider:****Policy #:** 000019397878**Jurisdiction:** CA**Employer:** CONSOLIDATED STAFFING SOLUTION**Insurer:** COMMERCE AND INDUSTRY CO**Tax ID/NPI #:**

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/27/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
07/06/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
07/11/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
07/13/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/15/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/18/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/25/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/27/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/29/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/01/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/08/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/10/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/18/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
08/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/29/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/09/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/12/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/19/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/21/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/23/2016	T1013	T1013	0.00	150.00	0.00	0.00	0.00	1,2,3
09/26/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/07/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/10/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/17/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/24/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3

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

CONTINUED

AIG**EXPLANATION OF BILL REVIEW**

Page 4 of 5

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

Invoice #: 1721501004
Control #: 06172190095100

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/26/2017	T1013	T1013	0.00	150.00	0.00	0.00	0.00	1,2,3
06/27/2017	T1013	T1013	8.00	230.00	90.00	0.00	90.00	4,5
Totals				15,150.00	90.00	0.00	90.00	

Diagnosis:

T1490 INJURY, UNSPECIFIED

- 1 - 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.
- 2 - DUPLICATE CHARGE (X143)
- 3 - A reduction was made because a different provider has billed for the exact services on a previous bill.
- 4 - The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
- 5 - The charge for the procedure exceeds the amount indicated in the fee schedule.
- * - In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
- * - California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
- * - California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network. AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
- * - Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)
- * - Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)
- * - Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)
- * - The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)
- * - 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 the service of the EOR. The Request for Independent Bill Review must conform to the requirements of the 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 a 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. (ZD49)
- * - This claim has been processed on a policy underwritten by COMMERCE AND INDUSTRY INSURANCE CO.

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

CONTINUED



EXPLANATION OF BILL REVIEW

Page 3 of 5

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

Invoice #: 1721501004
Control #: 06172190095100

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
10/26/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
11/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
11/07/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
11/11/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
11/14/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
11/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
11/18/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1 2 3
11/23/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
11/30/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
12/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
12/05/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
12/06/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
12/14/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
12/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
12/21/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
12/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
12/28/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
12/30/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
01/04/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
01/05/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
01/06/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
01/11/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1 2 3
01/16/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
01/18/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
01/23/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
01/25/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1 2 3
02/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
02/09/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
02/13/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
02/24/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
03/02/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
03/13/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
03/14/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
03/20/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
03/27/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
03/30/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
04/06/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
04/07/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
04/10/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
04/17/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1 2 3
04/18/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
04/27/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
05/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
05/05/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
05/10/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
05/11/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
05/15/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
05/23/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
06/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
06/14/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3
06/15/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 2 3

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

CONTINUED

AIG**EXPLANATION OF BILL REVIEW****Page 5 of 5**

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

Invoice #: 1721501004
Control #: 06172190095100

Negotiated/ PPO Savings:	0.00
Recommended Amount:	90.00
Previously Paid:	0.00
Payment:	90.00

Check #: 32252855
Check Date: 08/10/2017
Method of Payment: Check
Payment Status Code: 1

**Medical bill EOR and payment status information is now available online at www.aig.com/epbi.
Click "Provider Sign Up" on the Sign in screen.**

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

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

Electronic Service Requested



ENV 3785 3 OF 7 F

3785 1.5056 AB 0.400 ALL FOR AADC 926

JOYCE ALTMAN INTERPRETERS INC 76
PO BOX 4165
TUSTIN, CA 92781-4165

Page 1 of 5

Check No.: 32257305
RFP No.: 055101
Check Date: 08/11/2017
Check Amount: 90.00
Insured: CONSOLIDATED STAFFING
SOLUTION
Claimant:

Claim Office: 572
Insuring Company: COMMERCE AND INDUSTRY
INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

AUG 17 2017

69851

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00004251	001	06/03/2016	MED	O	90.00
Total Amount						90.00

Reason for Payment

ORG: 15330.00 ACT: 69851 062716-070517

Use File # 572/00004251 on all correspondence for prompt processing.
For check information call: 877-802-5246



EXPLANATION OF BILL REVIEW

Page 2 of 5

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

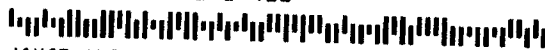
Invoice #: 1721600355
Control #: 06172200059500



ENV 3785 4 OF 7 F

3785 1.5056 AB 0.400

ALL FOR AADC 926



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

76

Billing Provider:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Claim #: 5720042510000**Claimant:****Date of Injury:** 06/03/2016**Claimant SSN:****Tax ID:** 330956713**State License #:****NPI #:** 9999999999**State Claim #:** ADJ10507202**Patient Acct #:** 69851**Service Dates:** 06/27/2016-07/05/2017**Date Received:** 07/26/2017**Date Reviewed:** 08/08/2017**Date Processed:** 08/10/2017**Rendering Provider:****Policy #:** 000019397878**Jurisdiction:** CA**Employer:** CONSOLIDATED STAFFING SOLUTION**Insurer:** COMMERCE AND INDUSTRY CO**Tax ID/NPI #:**

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/27/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
07/06/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
07/11/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
07/13/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/15/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/18/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/25/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/27/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/29/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/01/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/08/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/10/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
08/18/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/29/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/09/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/12/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/19/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/21/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/22/2016	T1013	T1013	0.00	150.00	0.00	0.00	0.00	1,2,3
09/23/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/26/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/07/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/10/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/17/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/24/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3

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

CONTINUED



EXPLANATION OF BILL REVIEW

Page 3 of 5

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

Invoice #: 1721600355
Control #: 06172200059500

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
10/26/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/07/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/11/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/14/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/18/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
11/23/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/30/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/05/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/06/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/14/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/21/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/28/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/30/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/04/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/05/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/06/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/11/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
01/16/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/18/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/23/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/25/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
02/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
02/09/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
02/13/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
02/24/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/02/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/13/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/14/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/20/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/27/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/30/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
04/06/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
04/07/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
04/10/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
04/17/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
04/18/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
04/27/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/05/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/10/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/11/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/15/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/23/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
06/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
06/14/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
06/15/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3

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

CONTINUED



EXPLANATION OF BILL REVIEW

Page 4 of 5

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

Invoice #: 1721600355
Control #: 06172200059500

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/26/2017	T1013	T1013	0.00	150.00	0.00	0.00	0.00	1,2,3
06/27/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,4
07/05/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	5,6
Totals				15,330.00	90.00	0.00	90.00	

Diagnosis:

T1490 INJURY, UNSPECIFIED

1 - 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.

2 -DUPLICATE CHARGE (X143)

3 -The provider has billed for the exact services on a previous bill.

4 -A reduction was made because a different provider has billed for the exact services on a previous bill.

5 -The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

6 -The charge for the procedure exceeds the amount indicated in the fee schedule.

* -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)

* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)

* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network. AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)

* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)

* -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)

* -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)

* -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)

* -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 the service of the EOR. The Request for Independent Bill Review must conform to the requirements of the 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. (ZD49)

* -This claim has been processed on a policy underwritten by COMMERCE AND INDUSTRY INSURANCE CO.

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

CONTINUED

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ENV 3785



EXPLANATION OF BILL REVIEW

Page 5 of 5

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

Invoice #: 1721600355
Control #: 06172200059500

Negotiated/ PPO Savings:	0.00
Recommended Amount:	90.00
Previously Paid:	0.00
Payment:	90.00

Check #:	32257305
Check Date:	08/11/2017
Method of Payment:	Check
Payment Status Code:	1

Medical bill EOR and payment status information is now available online at www.aig.com/epbi.
Click "Provider Sign Up" on the Sign in screen.

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

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

Electronic Service Requested

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MIXED AADC 926
2433 2.2081 MB 0.420
|||||.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.|.
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

61

Check No.: 32270277
RFP No.: 056911
Check Date: 08/16/2017
Check Amount: 90.00
Insured: CONSOLIDATED STAFFING
 SOLUTION
Claimant:

Claim Office: 572
Insuring Company: COMMERCE AND INDUSTRY
INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

AUG 21 2017

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000019397878	00004251	001	06/03/2016	MED	O	90.00
Total Amount						90.00

Reason for Payment

ORG: 15510.00 ACT: 69851 062716-071317

**Use File # 572/00004251 on all correspondence for prompt processing.
For check information call: 877-802-5246**



EXPLANATION OF BILL REVIEW

Page 2 of 5

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

Invoice #: 1722002352
Control #: 06172230060400



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ENV 2433

2433 2.2081 MB 0.420

MIXED AADC 926



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

61

Billing Provider:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Claim #: 5720042510000

Claimant:

Date of Injury: 06/03/2016

Claimant SSN:

Tax ID: 330956713

State License #:

NPI #: 9999999999

State Claim #: ADJ10507202

Patient Acct #: 69851

Service Dates: 06/27/2016-07/13/2017

Date Received: 08/01/2017

Date Reviewed: 08/11/2017

Date Processed: 08/15/2017

Rendering Provider:

Policy #: 000019397878

Jurisdiction: CA

Employer: CONSOLIDATED STAFFING SOLUTION

Tax ID/NPI #:

Insurer: COMMERCE AND INDUSTRY CO

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/27/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
07/06/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
07/11/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
07/13/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/15/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/18/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/25/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/27/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/29/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/01/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/08/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/10/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
08/18/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/29/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/09/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/12/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/19/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/21/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/22/2016	T1013	T1013	0.00	150.00	0.00	0.00	0.00	1,2,3
09/23/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
09/26/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/07/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/10/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/17/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
10/24/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3

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

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EXPLANATION OF BILL REVIEW

Page 3 of 5

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

Invoice #: 1722002352
Control #: 06172230060400

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
10/26/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/07/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/11/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/14/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/18/2016	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
11/23/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
11/30/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/02/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/05/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/06/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/14/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/16/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/21/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/22/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/28/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
12/30/2016	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/04/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/05/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/06/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/11/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
01/16/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/18/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/23/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/25/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
02/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
02/09/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
02/13/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
02/24/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/02/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/13/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/14/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/20/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/27/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
03/30/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
04/06/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
04/07/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
04/10/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
04/17/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
04/18/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
04/27/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/05/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/10/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/11/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/15/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
05/23/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
06/01/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
06/14/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
06/15/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3

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

CONTINUED

AIG**EXPLANATION OF BILL REVIEW**

Page 4 of 5

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

Invoice #: 1722002352
Control #: 06172230060400

5 OF 11 F
ENV2433

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/26/2017	T1013	T1013	0.00	150.00	0.00	0.00	0.00	1,2,3
06/27/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
07/05/2017	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
07/13/2017	T1013	T1013	8.00	180.00	90.00	0.00	90.00	4,5
Totals				15,510.00	90.00	0.00	90.00	

Diagnosis:

T1490 INJURY, UNSPECIFIED

1 - 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.

2 -DUPLICATE CHARGE (X143)

3 -A reduction was made because a different provider has billed for the exact services on a previous bill.

4 -The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

5 -The charge for the procedure exceeds the amount indicated in the fee schedule.

* -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)

* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)

* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network. AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)

* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)

* -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)

* -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)

* -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)

* -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 the service of the EOR. The Request for Independent Bill Review must conform to the requirements of the 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 a 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. (ZD49)

* -This claim has been processed on a policy underwritten by COMMERCE AND INDUSTRY INSURANCE CO.

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

CONTINUED

AIG**EXPLANATION OF BILL REVIEW****Page 5 of 5**

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

Invoice #: 1722002352
Control #: 06172230060400

Negotiated/ PPO Savings:	0.00
Recommended Amount:	90.00
Previously Paid:	0.00
Payment:	90.00

Check #: 32270277
Check Date: 08/16/2017
Method of Payment: Check
Payment Status Code: 1

**Medical bill EOR and payment status information is now available online at www.aig.com/epbi.
Click "Provider Sign Up" on the Sign in screen.**

ENV 2433 5 OF 11 B

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

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

202001240111

Electronic Service Requested



ENV 24602 1 OF 2

ALL FOR AADC 926

24602 0.5738 AB 0.416



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

306

Check No.: 34306123

RFP No.: 650942

Check Date: 01/24/2020

Check Amount: 7,900.00

Insured: CONSOLIDATED STAFFING
SOLUTION

Claimant:

Claim Office: 572

Insuring Company: COMMERCE AND INDUSTRY
INSURANCE CO.Payee Name: JOYCE ALTMAN INTERPRETERS
INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000051760253	00011925	001	09/12/2015	MED	C	7,900.00
Total Amount						7,900.00

Reason for Payment
123019-123019

Use File # 572/00011925 on all correspondence for prompt processing.
For check information call: 877-802-5246

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS

A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

COMMERCE AND INDUSTRY INSURANCE CO.

50-937/213

Claim No: 00011925 Policy No.: 000051760253

Reason for Payment 123019-123019

*****Seven Thousand Nine Hundred Dollars***

CHECK No. 34306123
RFP No. 00650942
DATE 01/24/2020

AMOUNT PAID

*****\$7,900.00

Void after 90 Days

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

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

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

AUTHORIZED SIGNATURE

34306123 021309379

786420539

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

*** INVOICE ***
Date NO#
01/22/20 72815

BILL TO:

CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LYNSEA NAKAHARA
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
572008965

Case: vs RIVERSIDE TILEWORKS INC
Date Of Injury: 5/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/17	INITIAL EXAM	DR MICHAEL PRICE/DAVE FRANKE @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/06/17	INITIAL ACUP	W/ ACUPUNCT CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI, INITIAL CHIRO & PHYS THERAPY	180.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	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
11/16/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/22/17	FOLLOW-UP	W/ ACUPUNCT WOO HEE CHOI*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/29/17	F/U CHIRO TX	PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/01/17	FOLLOW-UP	W/ ACUPUNCT WOO HEE CHOI @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/21/17	PR2/REEVAL	DR PRICE/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/19/19	LIEN FIL FEE	LIEN FILING FEE	150.00
01/07/20	PENALTIES	FOR DATE OF SERVICE 10/19/17	34.50
01/07/20	INTEREST	FOR DATE OF SERVICE 10/19/17	52.54

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

*** INVOICE ***
Date NO#
01/22/20 72815

EAMS#(s):

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LYNSEA NAKAHARA
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

SS # : XXX-XX-
DOB
Terms: 60 days
Claim #(s):
572008965

Case: vs RIVERSIDE TILEWORKS INC
Date Of Injury: 5/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/20	PENALTIES	FOR DATE OF SERVICE 11/06/17	34.50
01/07/20	INTEREST	FOR DATE OF SERVICE 11/06/17	52.54
01/07/20	PENALTIES	FOR DATE OF SERVICE 11/08/17	27.00
01/07/20	INTEREST	FOR DATE OF SERVICE 11/08/17	41.12
01/17/20	PMT BY CHECK	DOS 1/7/20 # 34293349	-2500.00
01/22/20	BLCE OFF SET	BALANCE OFF SET	-62.20

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 **

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

202001171607

Electronic Service Requested

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                                MIXED AADC 926
1620 0.3820 MB 0.425
|||||
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165
                                153

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Check No.: 34293349
RFP No.: 646103
Check Date: 01/17/2020
Check Amount: 2,500.00
Insured: RIVERSIDE TILEWORKS, INC. (A
C
Claimant:

Claim Office: 572
Insuring Company: GRANITE STATE INSURANCE
COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS
INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000065256791	00008965	001	05/01/2017	MED	O	2,500.00
Total Amount						2,500.00

Reason for Payment
FULL AND FINAL

**Use File # 572/00008965 on all correspondence for prompt processing.
For check information call: 877-802-5246**

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

*** INVOICE ***
Date NO#
02/04/20 73057

EAMS#(s):

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: DEBRA FRANZ
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

SS # : AX-XX-
DOB :
Terms: 60 days
Claim #(s):
572020225

Case: vs MACLAY HEALTHCARE CENTER
Date Of Injury: 10/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/08/17	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/16/18	INITL CHIRO	-TREATMENT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/19/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/23/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/26/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	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
02/06/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/09/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/15/18	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/16/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/23/18	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	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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/04/20 73057

EAMS#(s)

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: DEBRA FRANZ
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
572020225

Case: vs MACLAY HEALTHCARE CENTER
Date Of Injury: 10/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/15/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/23/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/20/19	PMT BY CHECK	DOS12/8/17-8/23/19* =# 34074001 AIG	-150.00
01/22/20	PENALTIES	FOR DATE OF SERVICE 12/08/17	34.50
01/22/20	INTEREST	FOR DATE OF SERVICE 12/08/17	43.55
01/22/20	PENALTIES	FOR DATE OF SERVICE 01/16/18	13.50
01/22/20	INTEREST	FOR DATE OF SERVICE 01/16/18	17.04
01/24/20	PMT BY CHECK	DOS 1/22/20 # 34307298 CHARTIS	-2000.00
02/11/20	BLCE OFF SET	BALANCE OFF SET	-8.59

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 **

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

201909201611

Electronic Service Requested

Page 1 of 3

619 0.5738 MB 0.425

MIXED AADC 926



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

73

Check No.: 34074001
RFP No.: 560133
Check Date: 09/20/2019
Check Amount: 150.00
Insured: VISTA DEL SOL LTC INC.

Claimant:

Claim Office: 572
Insuring Company: NATIONAL UNION FIRE
INSURANCE CO. OF
PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS

SEP 24 2019

76625-1
73057

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000011569829	00020225	001	10/02/2017	MED	C	150.00
Total Amount						150.00

Reason for Payment

ORG: 2050.00 ACT: 572020225 120817-082319

Use File # 572/00020225 on all correspondence for prompt processing.
For check information call: 877-802-5246

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS

A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

Claim No.: 00020225 Policy No.: 000011569829
Reason for Payment: ORG: 2050.00 ACT: 572020225 120817-082319

*****One Hundred Fifty Dollars***

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

CHECK No. 34074001
RFP No. 00560133
DATE 09/20/2019

Void after 90 Days

AMOUNT PAID
*****\$150.00

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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

34074001 0213093791

7864205391

AIG**EXPLANATION OF BILL REVIEW**

Page 2 of 3

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

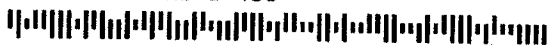
Invoice #: 1925700326
Control #: 06192600077400



ENV 619 2 OF 2 F

MIXED AADC 926

619 0.5738 MB 0.425



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

73

Billing Provider:

JOYCE ALTMAN INTERPRETERS INC
 PO BOX 4165
 TUSTIN CA 92781

Claim #: 5720202250000**Claimant:****Date of Injury:** 10/02/2017**Claimant SSN:****Tax ID:** 330956713**State License #:****NPI #:** 9999999999**State Claim #:** ADJ11113352**Patient Acct #:** 572020225**Service Dates:** 12/08/2017-08/23/2019**Date Received:** 08/30/2019**Date Reviewed:** 09/17/2019**Date Processed:** 09/19/2019**Rendering Provider:****Policy #:** 000011569829**Jurisdiction:** CA**Employer:** VISTA DEL SOL LTC INC.**Tax ID/NPI #:****Insurer:** N U F I CO OF PITTSBURGH PA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
12/08/2017	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
01/16/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1,2,3
01/19/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
01/23/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1,2,3
01/26/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1,2,3
01/30/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1,2,3
02/02/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1,2,3
02/06/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1,2,3
02/09/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1,2,3
02/13/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1,2,3
02/15/2018	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1,2,3
02/16/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1,2,3
02/23/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1,2,3
03/02/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1,2,3
03/06/2018	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1,2,3
03/15/2018	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1,2,3
08/23/2019	T1013	T1013	8.00	150.00	150.00	0.00	150.00	1,2,3
Totals				2,050.00	150.00	0.00	150.00	

Diagnosis:

T1490 INJURY, UNSPECIFIED

1 - 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.

2 -DUPLICATE CHARGE (X143)

3 -The provider has billed for the exact services on a previous bill.

* -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)

* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other

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

CONTINUED

AIG

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

Invoice #: 1925700326
Control #: 06192600077400

ENV 619 2 OF 2 B

criteria that apply to your bill within California jurisdiction. (Z005)

* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network. AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)

* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)

* -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)

* -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)

* -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)

* -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 the service of the EOR. The Request for Independent Bill Review must conform to the requirements of the 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 a 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. (ZD49)

* -This claim has been processed on a policy underwritten by NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

Negotiated/ PPO Savings:	0.00
Recommended Amount:	150.00
Previously Paid:	0.00
Payment:	150.00

Check #:	34074001
Check Date:	09/20/2019
Method of Payment:	Check
Payment Status Code:	1

**Medical bill EOR and payment status information is now available online at www.aig.com/epbi.
Click "Provider Sign Up" on the Sign in screen.**

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

Electronic Service Requested

Check No.: 34307298
RFP No.: 651116
Check Date: 01/24/2020
Check Amount: 2,000.00
Insured: VISTA DEL SOL LTC INC.

Claimant:

Claim Office: 572
Insuring Company: NATIONAL UNION FIRE
INSURANCE CO. OF
PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS
INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000011569829	00020225	001	10/02/2017	MED	C	2,000.00
Total Amount						2,000.00

Reason for Payment
FULL AND FINAL

**Use File # 572/00020225 on all correspondence for prompt processing.
For check information call: 877-802-5246**

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

NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

50-937/213

Claim No: 00020225 Policy No.: 000011569829Reason for Payment **FULL AND FINAL**

*****Two Thousand Dollars***

CHECK No. 34307298
RFP No. 00651116
DATE 01/24/2020

AMOUNT PAID

*****\$2,000.00

Void after 90 Days

**PAY
TO THE
ORDER OF**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN
CA, 92781

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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

|| 34307298 || : 021309379 :

7864 2053911

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

*** INVOICE ***
Date NO#
01/13/20 73883

EAMS#(s) :

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2963012

Case: vs I GARDEN/WEST COAST STAFF/PREF
Date Of Injury: 4/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/30/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	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	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/23/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/30/18	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
06/06/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/13/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/15/18	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/20/18	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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/13/20 73883

EAMS#(s) :

BILL TO:

AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: KELLY HAWTHORNE
P.O. BOX 89404
CLEVELAND, OH 44101

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2963012

Case: vs I GARDEN/WEST COAST STAFF/PREF
Date Of Injury: 4/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/25/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/27/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/20/19	LIEN FIL FEE	LIEN FILING FEE	150.00
01/22/20	PMT BY CHECK	DOS 1/7/20* # 03200164	-1680.00
01/27/20	BLCE OFF SET	BALANCE OFF SET	-320.00

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 **

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.

03200164

2963012-1

SWC1099392

DATE

1/22/2020

AMOUNT

\$1,680.00

One Thousand Six Hundred Eighty 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

Harry Schick

⑈03200164⑈ ⑆021309379⑆ 790262463⑈

Explanation Of Bill Review

Check Number	03200164	ANA UBI Claims
Claim Number:	2963012-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	15184118	Cleveland, OH 44101
Invoice Number:	FP1-MJCA-954740	844-601-7760
Policy / Insured:	SWC1099392/W.C. Staffing Inc.	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	4/17/2016	FP1-MJCA-954740
Location:	1417 S. Cochran Ave Los Angeles CA 90019 -	
Examiner Code:	28334	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
1/7/2020	MDO10	PAYMENT BY ORDER	1.00	1680.00	0.00	0.00	1680.00	
				1680.00	0.00	0.00	1680.00	

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](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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/28/20 75000

EAMS#(s):

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

SS # : xxx-XX-
DOB :
Terms: 60 days
Claim #(s):
2332693-1

Case: vs PACIFIC RAGS A CORP
Date Of Injury: 9/7/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/18	INITIAL EXAM	ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/10/18	INITIAL EXAM	DR MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/26/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/08/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/04/19	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/22/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/01/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/14/19	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/27/19	LIEN FIL FEE	LIEN FILING FEE	150.00
01/23/20	PMT BY CHECK	DOS 1/17/20 # 03203063	-1590.00
01/28/20	BLCE OFF SET	BALANCE OFF SET	-150.00

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 **

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.

03203063

2332693-1

SWC1114707

DATE

1/23/2020

AMOUNT

\$1,590.00

One Thousand Five Hundred Ninety and 0/100s Dollars*****

PAY TO JOYCE ALTMAN INTERPRETERS
THE
ORDER
OF

VOID AFTER 180 DAYS

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

⑈03203063⑈ ⑆021309379⑆ 790262463⑈

Check Number	03203063
Claim Number:	2332693-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1114707/Pacific Rags A Corp.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/7/2016
Location:	817 E Gage Ave Los Angeles CA 90001 -
Examiner Code:	TP0002183

Amount:	\$1,590.00	ANA UBI Claims
Dates of Service:	9/7/2016-1/17/2020	Risico Claims Management, Inc.
Explanation:	Full and Final Satisfaction of Lien for all DOS	c/o Risico Claims Management, Inc. P.O. Box 9783
Category:	M22 - Settlement/multi bills/amt in dispute	Fresno, CA 93794
Placement:	2 - Medical	559-277-4960
Transaction Type:		

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

*** INVOICE ***
Date NO#
01/06/20 73788

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

EAMS#(s)

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
17005508

Case: vs FENDER
Date Of Injury: 3/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/JOE TRUJILLO @ 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
06/13/18	INITIAL ACUP	W/ ACUPUNCT CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/15/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/20/18	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:	MARIA BARBOSA # 500267	0.00
07/02/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/05/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/18/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/01/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/15/18	FOLLOW-UP	W/ ACUPUNCT CHOI, INITL CHIRO & PHYS TX W/DR	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/22/18	FOLLOW-UP	W/ ACUPUNCT CHIO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/06/18	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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/06/20 73788

EAMS#(s) :

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
17005508

Case: vs FENDER
Date Of Injury: 3/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/19/18	FOLLOW-UP	W/ ACUPUNCT MIN 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
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/04/18	FOLLOW-UP	W/DR QIAN/Franke @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/01/18	PR2/REEVAL	DR JOHN QIAN/Franke @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/20/18	PMT BY CHECK	DOS 4/12/18-11/1/18* # 4720	-3380.00
12/06/18	PR2/REEVAL	DR QIAN/Franke @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/02/20	PMT BY CHECK	DOS 12/18/19* # 5654	-180.00

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 **

Fender Musical Instruments Corporation

WELLS FARGO BANK, N.A.

11-24/121
1210(8)

CHECK NO: 4720

DATE: 11/20/2018

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

CLAIMANT:

CLAIM NO: 17005508

PAY Three Thousand Three Hundred And Eighty And 00/100 US Dollars

*****\$3,380.00

PAYABLE TO JOYCE ALTMAN INTERPRETING
P.O. Box 4165
Tustin CA 92781
AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00004720⑈ ⑆121000248⑆ 4289383952⑈

M

Provider Bill Detail

Payer: Fender Musical Instruments Corporation

Check Number: 4720

Provider Patient Account #: 73788

Check Date: 11/20/2018

Claim Number: 17005508	Date Received: 11/13/2018	Examiner: cacuna
Claimant Name:	Date Reviewed: 11/19/2018	Bill Type:
SSN: XXX-X:	Date of Injury: 3/21/2017	Pay Code: 10392
Date of Birth:	Document Number: 73788 - 1	From: 4/12/2018
State of Jurisdiction: California	Employer: Fender Musical Instruments Corporation	Through: 11/1/2018

ICD9 Codes:

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
4/12/2018	99199	00 00 00	UNLISTED SPECIAL SERV/REPORT	1.00	3,380.00	0.00	0.00	0.00	3380.00	G1
Totals:					3380.00	0.00	0.00	0.00	3380.00	

Reduction Reason Codes:

Code: Description:
G1

Notices:

For reconsideration of denied or reduced payment, please respond in writing to the contact information below and include 1) What specifically you wish to reconsider, 2) a copy of this Review Analysis, and 3) supporting documentation. Should you have further questions, you may contact:

Athens
PO Box 4029, Concord, CA 94524
Phone:
Fax:
Email:

NOV 26 2018

11-24/121
1210(8)

CHECK NO:

5654

DATE: 1/2/2020

Fender Musical Instruments Corporation

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

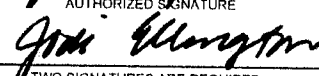
*****\$180.00

CLAIMANT: Abarca, Evangelina

CLAIM NO: 17005508

AMOUNT One Hundred And Eighty And 00/100 US Dollars

PAY JOYCE ALTMAN INTERPRETING
P.O. Box 4165
Tustin CA 92781


AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00005654⑈ ⑆121000248⑆ 4289383952⑈

Payee: JOYCE ALTMAN

TIN/SSN: XX-XX-XXXX

Check Number: 5654

Check Amount: 180.00

Check Date: 1/2/2020

Claim Number	Employer	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Date	Invoice #	Amount
17005508	Fender Musical Instruments Corporation		1/21/2017	Lien Order -Disputed	12/18/2019	12/18/2021	1/1/1900		180.00

Comments: Order to pay lien (Joyce Altman Interpreters) - PAID

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

*** INVOICE ***
Date NO#
02/13/20 63189

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
186858433

Case: vs PENTAIR WATER POOL AND SPA INC
Date Of Injury: 6/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/14	INITIAL EXAM	DR RODRIGUEZ @ AMERI CHIRO* 61420	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/03/14	F.C.E. TEST	FUNCT CAPACITY EVAL @ AMERI W/DR RODRIGUEZ* INIT	150.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
07/01/14	INITIAL EXAM	W/ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/08/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/20/14	PR2-RE/EVAL	W/ACUPUNCTURIST ALEX LEE*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 301690	0.00
11/24/14	PMT BY CHECK	DOS 6/27/14-8/20/14* =# 53910	-450.00
09/26/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/08/14	PR2-RE/EVAL	W/ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/14/15	PMT BY CHECK	DOS 9/26/14* # 184682	-90.00
01/27/15	PMT BY CHECK	DOS 10/8/14* # 216873	-90.00
10/24/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
11/19/14	F/U CHIRO TX	CHIRO TREATMENT W/DR KHAN @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/05/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/03/15	P AND S	DR RODRIGUEZ @ AMERI*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/29/15	PMT BY CHECK	DOS 12/5/14* =# 539789	-90.00
06/16/15	PMT BY CHECK	DOS 4/3/15* # 587486	-90.00

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

*** INVOICE ***
Date NO#
02/13/20 63189

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
186858433

Case: vs PENTAIR WATER POOL AND SPA INC
Date Of Injury: 6/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/22/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR	150.00
/ /		KHAN @ AMERI* FINAL	
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/19/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/02/15	PMT BY CHECK	DOS 01/15/15-01/22/15*	-180.00
		=# 788717	
11/03/15	PMT BY CHECK	DOS 2/19/15* =# 969208	-90.00
09/15/16	LIEN FIL FEE	LIEN FILING FEE	150.00
04/23/18	PMT BY CHECK	LIEN FILING FEE =# 2663237	-150.00
09/23/19	PENALTIES	FOR DATE OF SERVICE 06/27/14	13.50
12/16/19	INTEREST	FOR DATE OF SERVICE 06/27/14	52.88
09/23/19	PENALTIES	FOR DATE OF SERVICE 07/01/14	13.50
12/16/19	INTEREST	FOR DATE OF SERVICE 07/01/14	52.88
09/23/19	PENALTIES	FOR DATE OF SERVICE 04/03/15	13.50
12/16/19	INTEREST	FOR DATE OF SERVICE 04/03/15	47.33
01/30/20	BLCE OFF SET	BALANCE OFF SET 12/16/19	-193.59
01/06/20	PMT BY CHECK	DOS 6/27/14-9/2/15*	-1440.00
		# 6750400137	

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

*** INVOICE ***
Date NO#
02/13/20 63189

EAMS#(s):

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

SS # : XXX-XX-'
DOB :
Terms: 60 days
Claim #(s):
186858433

Case: - vs PENTAIR WATER POOL AND SPA INC
Date Of Injury: 6/17/14

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 **

Broadspire Services, Inc.
PO Box 189080
Plantation FL 33318-9080

0001020-0002111 0106 001 435876 BSP



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



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Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
186858433-001	9140136170	44421257 BSP0001001	11/24/2014	\$450.00	53910

63189

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ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS



StoneEagle Services, Inc.
111 W. Spring Valley Road, Suite 100
Richardson, TX 75081-4016

METABANK
Storm Lake, IA
72-7011/2739

53910

11/24/2014

PAY TO THE
ORDER OF

JOYCE ALTMAN INTERPRETERS INC

\$450.00

FOUR HUNDRED FIFTY DOLLARS AND 00/100

DOLLARS

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

VOID AFTER 150 DAYS

MEMO

⑈53910⑈ ⑆273970116⑆ 1700102966⑈

76.94 1.2.163

44421257

Bill Id: BRS-BSCA-438312

Carrier

NEW HAMPSHIRE INS CO
1 CONNELL DR
4TH FLOOR
BERKELEY HEIGHTS, NJ 07922

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
External ID: 201411131036629
Invoice Date: 11/07/2014
Patient Account: 63189
Payment Status Code: 1

Claim Number: 186858433-001
DOI/DOL: 06/17/2014
CR Date / BR Date: 11/13/2014 / 11/13/2014
External Claim Number: 2014100313490759722389
Social Security Number: *****7586
Employer/Insured: PENTAIR, INC.
Employer/Insured Address: 5500 WAYZATA BLVD.
SUITE 800
MINNEAPOLIS, MN 55416
Policy Admin Information: 028719
Branch ID: RCO

Bill Details

Dates of Service: 06/27/2014 to
08/20/2014
Post Date: 11/20/2014

Client Type of Bill: 26
Adjuster: TLVAUG

Bill ICD Version: 9

Dx A:959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description Charges	Review	Network	Explanation Code(s) Allowance
1	06/27/2014	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	140.00	0.00	885,W1 90.00
2	07/01/2014	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	140.00	0.00	885,W1 90.00
3	07/03/2014	99	99199	A	1	UNLISTED SPECIAL SERV 150.00	60.00	0.00	885,W1 90.00
4	08/08/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	90.00	0.00	885,W1 90.00
5	08/20/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	90.00	0.00	885,W1 90.00

Totals

Total Charges: 970.00
Bill Review Reductions: 520.00
Network Reductions: 0.00
Recommended Allowance: 450.00

Messages

885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

For Reconsiderations, please send your bill and a copy of this EOR to Broadspire at PO Box 14645, Lexington, KY 40512 or contact Customer Assistance at 800-800-7885 or Provider24@choosebroadspire.com

BROADSPIRE, PO BOX 14645, LEXINGTON, KY 40512, 800-800-7885

DCN Number: 201411131036629

0001020-0002112

76.94.2.2.164.200

44421257

Broadspire Services, Inc.
PO Box 189080
Plantation FL 33318-9080

0000687-0001445 0106 001 445585 BSP



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



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63189

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
186858433-001	9140347598	49982374 BSP0001001	01/14/2015	\$90.00	184682

PAID JAN 20 2014

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2594.13.54

Bill Id: BRS-BSCA-503704

Carrier

NEW HAMPSHIRE INS CO
1 CONNELL DR
4TH FLOOR
BERKELEY HEIGHTS, NJ 07922

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
External ID: 201501062001045
Invoice Date: 12/30/2014
Patient Account: 63189
Payment Status Code: 1

Claim Number: 186858433-001
DOI/DOL: 06/17/2014
CR Date / BR Date: 01/06/2015 / 01/06/2015
External Claim Number: 2014100313490759722389
Social Security Number: *****7586
Employer/Insured: PENTAIR, INC.
Employer/Insured Address: 5500 WAYZATA BLVD.
SUITE 800
MINNEAPOLIS, MN 55416
Policy Admin Information: 028719
Branch ID: RCO

Bill Details

Dates of Service: 06/27/2014 to 09/26/2014
Post Date: 01/10/2015
Client Type of Bill: 26
Adjuster: DSBROW

Bill ICD Version: 9

Dx A:959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description Charges	Review	Network	Explanation Code(s) Allowance
1	06/27/2014	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	230.00	0.00	224,G56 0.00
2	07/01/2014	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	230.00	0.00	224,G56 0.00
3	07/03/2014	99	99199	A	1	UNLISTED SPECIAL SERV 150.00	150.00	0.00	224,G56 0.00
4	08/08/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
5	08/20/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
6	09/26/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	90.00	0.00	885,W1 90.00

Totals

Total Charges: 1,150.00
Bill Review Reductions: 1,060.00
Network Reductions: 0.00
Recommended Allowance: 90.00

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
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.
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT



Explanation of Review

Bill Id: BRS-BSCA-503704

Carrier

NEW HAMPSHIRE INS CO
1 CONNELL DR
4TH FLOOR
BERKELEY HEIGHTS, NJ 07922

Provider

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

Claimant

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

For Reconsiderations, please send your bill and a copy of this EOR to Broadspire at PO Box 14645, Lexington, KY 40512 or contact Customer Assistance at 800-800-7885 or Provider24@chooscbroadspire.com

25.94.3.3.57.200

49982374

Broadspire Services, Inc.
PO Box 189080
Plantation FL 33318-9080

0000441-0000930 0106 001 448121 BSP



JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165

TUSTIN, CA 92781-4165



Broadspire®

A CRAWFORD COMPANY



The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc., who has partnered with VPay® to process their payments. If you have questions regarding VPay®, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire at 1-800-800-7885.

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
186858433-001	9140405075	51491542 BSP0001001	01/27/2015	\$90.00	216873

63189

PAID FEB 02 2015

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3390.138

Bill ID: BRS-BSCA-519230

Carrier

NEW HAMPSHIRE INS CO
1 CONNELL DR
4TH FLOOR
BERKELEY HEIGHTS, NJ 07922

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
External ID: 6713999JOALININUNKNO4165
Invoice Date: 01/16/2015
Patient Account: 63189
Payment Status Code: 1

Claim Number: 186858433-001
DOI/DOL: 06/17/2014
CR Date / BR Date: 01/20/2015 / 01/20/2015
External Claim Number: 2014100313490759722389
Social Security Number: *****7586
Employer/Insured: PENTAIR, INC.
Employer/Insured Address: 5500 WAYZATA BLVD.
SUITE 800
MINNEAPOLIS, MN 55416
Policy Admin Information: 028719
Branch ID: RCO

Bill Details

Dates of Service: 06/27/2014 to
10/08/2014
Post Date: 01/23/2015

Client Type of Bill: 26
Adjuster: DSBROW

Bill ICD Version: 9

Dx A:959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description Charges	Review	Network	Explanation Code(s) Allowance
1	06/27/2014	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	230.00	0.00	224,G56 0.00
2	07/01/2014	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	230.00	0.00	224,G56 0.00
3	07/03/2014	99	99199	A	1	UNLISTED SPECIAL SERV 150.00	150.00	0.00	224,G56 0.00
4	08/08/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
5	08/20/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
6	09/26/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
7	10/08/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	90.00	0.00	885,W1 90.00

Totals

Total Charges: 1,330.00
Bill Review Reductions: 1,240.00
Network Reductions: 0.00
Recommended Allowance: 90.00

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
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.
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Bill Id: BRS-BSCA-519230

Carrier

NEW HAMPSHIRE INS CO
1 CONNELL DR
4TH FLOOR
BERKELEY HEIGHTS, NJ 07922

Provider

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

Claimant

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

For Reconsiderations, please send your bill and a copy of this EOR to Broadspire at PO Box 14645, Lexington, KY 40512 or contact Customer Assistance at 800-800-7885 or Provider24@choosebroadspire.com

3390.3.83.200

51491542

0000309-0000709 0106 001 472489 BSP



PO BOX 4165

TUSTIN, CA 92781-4165



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63189

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
186858433-001	9030088881	68602639 BSP0001001	05/29/2015	\$90.00	539789

PAID JUN 02 2015

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ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS



StoneEagle Services, Inc.
111 W. Spring Valley Road, Suite 100
Richardson, TX 75081-4016

METABANK
Storm Lake,
72-7011/2739

539789

05/29/2013

PAY TO THE
ORDER OF

JOYCE ALTMAN INTERPRETERS INC

\$90.00

NINETY DOLLARS AND 00/100

DOLLARS

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165

TUSTIN, CA 92781-4165

VOID AFTER 150 DAYS

MEMO

№ 539789 № 1:273970 1.161: 1700 10 2966 №

Bill Id: BRS-BSCA-688985

Carrier	NEW HAMPSHIRE INS CO 1 CONNELL DR 4TH FLOOR BERKELEY HEIGHTS, NJ 07922

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

Tax ID: 33-0956713
License: 999999999
External ID: 201505181026411
Invoice Date: 05/14/2015
Patient Account: 63189
Payment Status Code: 1

Claim Number: 186858433-001
DOI/DOL: 06/17/2014
CR Date / BR Date: 05/18/2015 / 05/18/2015
External Claim Number: 2014100313490759722389
Social Security Number: *****7586
Employer/Insured: PENTAIR, INC.
Employer/Insured Address: 5500 WAYZATA BLVD.
SUITE 600
GOLDEN VALLEY, MN 55416
Policy Admin Information: 028719
Branch ID: RCO

Bill Details	Dates of Service: 06/27/2014 to 12/05/2014 Post Date: 05/27/2015	Client Type of Bill: 26 Adjuster: DSBROW

Bill ICD Version: 9

Dx A:959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description Charges	Review	Network	Explanation Code(s) Allowance
1	06/27/2014	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	230.00	0.00	224,G56 0.00
2	07/01/2014	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	230.00	0.00	224,G56 0.00
3	07/03/2014	99	99199	A	1	UNLISTED SPECIAL SERV 150.00	150.00	0.00	224,G56 0.00
4	08/08/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
5	08/20/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
6	09/26/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
7	10/08/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
8	10/24/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
9	11/19/2014	99	99199	A	1	UNLISTED SPECIAL SERV 90.00	90.00	0.00	224,G56 0.00
10	12/05/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	90.00	0.00	885,W1 90.00

Totals	Total Charges: 1,780.00 Bill Review Reductions: 1,690.00 Network Reductions: 0.00 Recommended Allowance: 90.00								

Messages	

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
 885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
 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.
 W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes	

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Bill Id: BRS-BSCA-688985

Carrier	NEW HAMPSHIRE INS CO 1 CONNELL DR 4TH FLOOR BERKELEY HEIGHTS, NJ 07922

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

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

For Reconsiderations, please send your bill and a copy of this EOR to Broadspire at PO Box 14645, Lexington, KY 40512 or contact Customer Assistance at 800-800-7885 or Provider24@choosebroadspire.com



25.77 3.3.62.200

68602639

Broadspire Services, Inc.
PO Box 189080
Plantation FL 33318-9080

0000050-0000111 0106 001 476130 BSP



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



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Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
186858433-001	9030169391	71161147 BSP0001001	06/16/2015	\$90.00	587486

63189

PAID JUN 18 2015

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ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER SEE BACK FOR DETAILS



StoneEagle Services, Inc.
111 W. Spring Valley Road, Suite 100
Richardson, TX 75081-4016

METABANK
Storm Lake, IA
72-7011/2739

587486

06/16/2015

PAY TO THE
ORDER OF

JOYCE ALTMAN INTERPRETERS INC

\$90.00

NINETY DOLLARS AND 00/100

DOLLARS

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

VOID AFTER 150 DAYS

MEMO

Joey S. Smith

587486 273970116 1700102966

4678.13.102

Bill Id: BRS-BSCA-701282

Carrier

NEW HAMPSHIRE INS CO
1 CONNELL DR
4TH FLOOR
BERKELEY HEIGHTS, NJ 07922

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS
INC
External ID: 201505262004200
Invoice Date: 05/22/2015
Patient Account: 63189
Payment Status Code: 1

Claim Number: 186858433-001
DOI/DOL: 06/17/2014
CR Date / BR Date: 05/26/2015 / 05/26/2015
External Claim Number: 2014100313490759722389
Social Security Number: *****7586
Employer/Insured: PENTAIR, INC.
Employer/Insured Address: 5500 WAYZATA BLVD.
SUITE 600
GOLDEN VALLEY, MN 55416
Policy Admin Information: 028719
Branch ID: RCO

Bill Details

Dates of Service: 06/27/2014 to
04/03/2015
Post Date: 06/12/2015
Client Type of Bill: 26
Adjuster: DSBROW

Bill ICD Version: 9

Dx A:959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description Charges	Review	Network	Explanation Code(s) Allowance
1	06/27/2014	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	230.00	0.00	224,G56 0.00
2	07/01/2014	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	230.00	0.00	224,G56 0.00
3	07/03/2014	99	99199	A	1	UNLISTED SPECIAL SERV 150.00	150.00	0.00	224,G56 0.00
4	08/08/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
5	08/20/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
6	09/26/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
7	10/08/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
8	10/24/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
9	11/19/2014	99	99199	A	1	UNLISTED SPECIAL SERV 90.00	90.00	0.00	224,G56 0.00
10	12/03/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
11	04/03/2015	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	140.00	0.00	885,W1 90.00

Totals

Total Charges: 2,010.00
Bill Review Reductions: 1,920.00
Network Reductions: 0.00
Recommended Allowance: 90.00

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
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.
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Bill Id: BRS-BSCA-701282

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

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. **TIME LIMITS TO DISPUTE PAYMENT AMOUNT**

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For Reconsiderations, please send your bill and a copy of this EOR to Broadspire at PO Box 14645, Lexington, KY 40512 or contact Customer Assistance at 800-800-7885 or Provider24@choosebroadspire.com

46,78.3.3.104.201

7161147

Broadspire Services, Inc.
PO Box 189080
Plantation FL 33318-9080

PAY



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0000220-0000489 0106 001 491381 BSP



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



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Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
186858433-001	9030531677	82582929 BSP0001001	✓ 09/02/2015	✓ \$180.00	✓ 788717

63189

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Bill Id: BRS-BSCA-783511

Carrier
NEW HAMPSHIRE INS CO
1 CONNELL DR
4TH FLOOR
BERKELEY HEIGHTS, NJ 07922

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

Claimant

Tax ID: 33-0956713
License: 999999999
External ID: 201507231000345
Invoice Date: 07/20/2015
Patient Account: 63189
Payment Status Code: 1

Claim Number: 186858433-001
DOI/DOL: 06/17/2014
CR Date / BR Date: 07/23/2015 / 07/23/2015
External Claim Number: 2014100313490759722389
Social Security Number: *****7586
Employer/Insured: PENTAIR, INC.
Employer/Insured Address: 5500 WAYZATA BLVD.
SUITE 600
GOLDEN VALLEY, MN 55416
Policy Admin Information: 028719
Branch ID: RCO

Bill Details
Dates of Service: 06/27/2014 to 04/03/2015
Post Date: 08/31/2015
Client Type of Bill: 26
Adjuster: DSBROW

Bill ICD Version: 9
Dx A:959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description Charges	Review	Network	Explanation Code(s)	Allowance
1	06/27/2014	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	230.00	0.00	224,G56	0.00
2	07/01/2014	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	230.00	0.00	224,G56	0.00
3	07/03/2014	99	99199	A	1	UNLISTED SPECIAL SERV 150.00	150.00	0.00	224,G56	0.00
4	08/08/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56	0.00
5	08/20/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56	0.00
6	09/26/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56	0.00
7	10/08/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56	0.00
8	10/24/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56	0.00
9	11/19/2014	99	99199	A	1	UNLISTED SPECIAL SERV 90.00	90.00	0.00	224,G56	0.00
10	12/05/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56	0.00
11	01/15/2015	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	90.00	0.00	885,W1	90.00
12	01/22/2015	99	99199	A	1	UNLISTED SPECIAL SERV 150.00	60.00	0.00	885,W1	90.00
13	04/03/2015	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	230.00	0.00	224,G56	0.00

Totals										
	Total Charges:					2,340.00				
	Bill Review Reductions:						2,160.00			
	Network Reductions:							0.00		
	Recommended Allowance:									180.00

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
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.
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Bill Id: BRS-BSCA-783511

Carrier	NEW HAMPSHIRE INS CO 1 CONNELL DR 4TH FLOOR BERKELEY HEIGHTS, NJ 07922	
Provider	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165	Claimant
Notes		

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For Reconsiderations, please send your bill and a copy of this EOR to Broadspire at PO Box 14645, Lexington, KY 40512 or contact Customer Assistance at 800-800-7885 or Provider24@choosebroadspire.com

60793.3.148.200

82562929

Broadspire Services, Inc.
PO Box 189080
Plantation FL 33318-9080

0000050-0000157 0106 001 503168 BSP



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



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63189

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Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
186858433-001	9030849767	91511703 BSP0001001	11/03/2015	\$90.00	969208

PAID NOV 06 2015

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Bill Id: BRS-BSCA-875387

Carrier

NEW HAMPSHIRE INS CO
1 CONNELL DR
4TH FLOOR
BERKELEY HEIGHTS, NJ 07922

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
External ID: 6713999JOALININUNKNO4165
Invoice Date: 09/11/2015
Patient Account: 63189
Payment Status Code: 1

Claim Number: 186858433-001
DOI/DOL: 06/17/2014
CR Date / BR Date: 09/14/2015 / 09/14/2015
External Claim Number: 2014100313490759722389
Social Security Number: *****7586
Employer/Insured: PENTAIR, INC.
Employer/Insured Address: 5500 WAYZATA BLVD.
SUITE 600
GOLDEN VALLEY, MN 55416
Policy Admin Information: 028719
Branch ID: RCO

Bill Details

Dates of Service: 06/27/2014 to
04/03/2015
Post Date: 10/29/2015

Client Type of Bill: 74
Adjuster: DSBROW

Bill ICD Version: 9

Dx A:959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description Charges	Review	Network	Explanation Code(s) Allowance
1	06/27/2014	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	230.00	0.00	224,G56 0.00
2	07/01/2014	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	230.00	0.00	224,G56 0.00
3	07/03/2014	99	99199	A	1	UNLISTED SPECIAL SERV 150.00	150.00	0.00	224,G56 0.00
4	08/08/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
5	08/20/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
6	09/26/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
7	10/08/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
8	10/24/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
9	11/19/2014	99	99199	A	1	UNLISTED SPECIAL SERV 90.00	90.00	0.00	224,G56 0.00
10	12/05/2014	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
11	01/15/2015	99	99199	A	1	UNLISTED SPECIAL SERV 180.00	180.00	0.00	224,G56 0.00
12	01/22/2015	99	99199	A	1	UNLISTED SPECIAL SERV 150.00	150.00	0.00	224,G56 0.00
13	02/19/2015	99	00014	A	120	INT OTHER 15 4/1/97 180.00	90.00	0.00	790,G1 90.00
14	04/03/2015	99	99199	A	1	UNLISTED SPECIAL SERV 230.00	230.00	0.00	224,G56 0.00

Totals

Total Charges: 2,520.00
Bill Review Reductions: 2,430.00
Network Reductions: 0.00
Recommended Allowance: 90.00

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
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.

Bill Id: BRS-BSCA-875387

Carrier	NEW HAMPSHIRE INS CO 1 CONNELL DR 4TH FLOOR BERKELEY HEIGHTS, NJ 07922	
Provider	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165	Claimant
Notes		



Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. **TIME LIMITS TO DISPUTE PAYMENT AMOUNT**

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR):** After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

For Reconsiderations, please send your bill and a copy of this EOR to Broadspire at PO Box 14645, Lexington, KY 40512 or contact Customer Assistance at 800-800-7885 or Provider24@choosebroadspire.com

22.69.3.3.59.200

91511703



A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	01/06/2020
Check Amount	:	\$1440.00
Check Number	:	6750400137

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

Claim Number	Date of Loss	Adjuster Name	Adjuster Phone#
Claimant Name	Amount	Invoice#	Invoice Date
Contact Info: Adjusting Office	Transaction Amount		Service Dates
Transaction Description			
Check Memo			
186858433-001	06/17/2014		
	\$1440.00		
BP WC Rancho Cord-Rt		Erin E. Grant	916-850-8237
All Other WC Medical	\$1440.00	lien	06/27/2014-09/02/2015

Please Fold on Perforation Before Tearing



A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: AIG
INSURER: NEW HAMPSHIRE INSURANCE CO

Check Date : 01/06/2020

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
*** One Thousand Four Hundred Forty and 00/100 Dollars *****

Claim #: 186858433-001

Claim Check Number
6750400137
BANK OF AMERICA N.A.
401 EAST LAS OLAS BLVD.
FT. LAUDERDALE FL 33301-2033

64-1278
611
3299111676

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

Amount
***** \$1440.00*

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

By

⑈6750400137⑈ ⑆061112788⑆ 329 911 1676⑈

Broadspire Services, Inc.
PO Box 189080
Plantation, FL 33318-9080



63189

Broadspire®

A CRAWFORD COMPANY



0000223-0000668 0106 001 701681 BSP



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



The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc. who has partnered with VPay® to process their payments. If you have questions regarding the payment, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire Services, Inc. at 1-800-800-7885.

Claim ID:	186858433-001
Client Reference ID:	9080056913
SE Transaction ID:	353866999 BSP0001001
Date:	04/23/2018
Amount:	\$150.00
Check Number:	2663237

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay at (877) 399-5917 and provide the SE Transaction ID shown above and destroy this communication and its attachments, if any.

Bill Id: BRS-BSCA-1992616

Carrier	NEW HAMPSHIRE INS CO 1 CONNELL DR 4TH FLOOR BERKELEY HEIGHTS, NJ 07922

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
External ID: 6713999JOALININUNKNO4165
Invoice Date: 04/02/2018
Patient Account: 63189
Payment Status Code: 1

Claim Number: 186858433-001
DOI/DOL: 06/17/2014
CR Date / BR Date: 04/05/2018 / 04/05/2018
External Claim Number: 2014100313490759722389
Social Security Number: *****7586
Employer/Insured: PENTAIR
Employer/Insured Address: POOL CHINO
122020 GARVEY AVE
EL MONTE, CA 91734
Policy Admin Information: 028719
Branch ID: RCO

Bill Details	Dates of Service: 06/27/2014 to 09/15/2016 Post Date: 04/12/2018	Client Type of Bill: 74 Adjuster: DSBROW

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s)	Misc.	Allowance
1	06/27/2014	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	230.00	0.00	224,G56	0.00	0.00
2	07/01/2014	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	230.00	0.00	224,G56	0.00	0.00
3	07/03/2014	99	99199	A	1	UNLISTED SPECIAL SERV	150.00	150.00	0.00	224,G56	0.00	0.00
4	08/08/2014	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
5	08/20/2014	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
6	09/26/2014	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
7	10/08/2014	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
8	10/24/2014	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
9	11/19/2014	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	224,G56	0.00	0.00
10	12/05/2014	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
11	01/15/2015	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
12	01/22/2015	99	99199	A	1	UNLISTED SPECIAL SERV	150.00	150.00	0.00	224,G56	0.00	0.00
13	02/19/2015	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	224,G56	0.00	0.00
14	04/03/2015	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	230.00	0.00	224,G56	0.00	0.00
15	09/15/2016	99	99199	A	1	UNLISTED SPECIAL SERV	150.00	0.00	0.00	224,G56	0.00	150.00

Totals	Total Charges: 2,670.00 Bill Review Reductions: 2,520.00 Network Reductions: 0.00 Miscellaneous Reductions: 0.00 Recommended Allowance: 150.00											

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
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.

Bill Id: BRS-BSCA-1992616

Carrier	NEW HAMPSHIRE INS CO 1 CONNELL DR 4TH FLOOR BERKELEY HEIGHTS, NJ 07922		
Provider	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165	Claimant	
Notes			



Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR):** After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

For Reconsiderations, please send your bill and a copy of this EOR to Broadspire at PO Box 14645, Lexington, KY 40512 or contact Customer Assistance at 800-800-7885 or Provider24@choosebroadspire.com

353866999

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

*** INVOICE ***
Date NO#
01/28/20 73717

EAMS#(s)

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017-00015

Case: - vs YAMAMOTO OF ORIENT INC
Date Of Injury: 8/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/DAVE	180.00
/ /	INTERPRETER:	FRANKE, PA @ SIDHU*	
01/22/20	PMT BY CHECK	ELISA LOPEZ MEDINA # 003693	0.00
01/28/20	BLCE OFF SET	DOS 4/3/18* # 5662704582	-100.00
		BALANCE OFF SET	-80.00

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 **



A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	01/22/2020
Check Amount	:	\$100.00
Check Number	:	5662704582

JOYCE ALTMAN INTERPETING
P.O. BOX 4165
TUSTIN CA 92781-4165

Claim Number	Date of Loss	Adjuster Name	Adjuster Phone#
Claimant Name	Amount	Invoice#	Invoice Date
Contact Info: Adjusting Office	Transaction Amount		Service Dates
Transaction Description			
Check Memo			
188607340-001	08/01/2016		
	\$100.00		
From Fresno		Brenda J. Jordan	916-850-8200
All Other WC Medical	\$100.00	F&F	
			04/03/2018-04/03/2018

Please Fold on Perforation Before Tearing



A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: SOMPO HOLDINGS

Check Date : 01/22/2020

PAY TO THE ORDER OF JOYCE ALTMAN INTERPETING

Amount
*** One Hundred and 00/100 Dollars

Claim Check Number

5662704582

SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST
GA

64-79
611
8800600242

PAYABLE IF DESIRED
AT WELLS FARGO
BANK, N.A. CALIFORNIA

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

Amount
***** \$100.00*

Claim #: 188607340-001

By

JOYCE ALTMAN INTERPETING
P.O. BOX 4165
TUSTIN CA 92781-4165

5662704582 061100790 8800600242

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

*** INVOICE ***
Date NO#
01/08/20 61503

EAMS#(s) :

BILL TO:
CIGA/LUA
W. C. DEPARTMENT
ATTN: JOLENE SMILEY
P.O. BOX 29066
GLENDALE, CA 91209

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CA-359685

Case: vs DIAMOND STAFFING SERVICE
Date Of Injury: 4/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/14	PR2/REEVAL	-DR BERNSTEIN @ COAST PAIN MGMT* (AMENDED)	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/15/14	PR2/REEVAL	-DR ROSARIO @ COAST PAIN MGMT *CPM	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/08/14	EPIDURAL	DR BERNSTEIN @ NEWPORT COAST SURGERY CENTER*	150.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/14/14	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/13/14	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/18/14	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/06/14	PMT BY CHECK	DOS 3/18/14-6/13/14* =# 001484110	-450.00
10/10/14	PMT BY CHECK	DOS 3/18/14-7/18/14* =# 001487217	-90.00
08/19/14	PR2/REEVAL	-DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/22/14	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
10/23/14	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
02/17/15	PMT BY CHECK	DOS 3/18/14-10/23/14* # 001549998	-270.00
03/09/15	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
11/24/14	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00

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

*** INVOICE ***
Date NO#
01/08/20 61503

BILL TO:
CIGA/LUA
W. C. DEPARTMENT
ATTN: JOLENE SMILEY
P.O. BOX 29066
GLENDALE, CA 91209

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CA-359685

Case: vs DIAMOND STAFFING SERVICE
Date Of Injury: 4/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/07/15	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
05/22/15	PMT BY CHECK	DOS 3/18/14-3/9/15*	-180.00
		=# 001602723	
05/06/15	PR2/REEVAL	-DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
06/23/15	PMT BY CHECK	DOS 3/18/14-4/7/15*	-90.00
		=# 001617164	
01/14/15	ADMISSION	-DR WILKER @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/15/15	SURGERY	-DR WILKER: L/S @ MONROVIA	270.00
		HOSPITAL (3 HRS)	
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/04/15	PMT BY CHECK	DOS 03/18/14-05/06/15*	-270.00
		# 001633866	
06/08/15	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
08/31/15	PMT BY CHECK	DOS 03/18/14-05/06/15	-90.00
		# 001643679	
07/13/15	PR2/REEVAL	-DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
08/17/15	PR2/REEVAL	-DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
09/15/15	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
10/23/15	PR2/REEVAL	-DR ROSARIO/RAPHAEL, PA @ CPM	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
11/24/15	PR2/REEVAL	-DR ROSARIO/RAPHAEL, PA @ CPM	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
12/28/15	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00

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

*** INVOICE ***
Date NO#
01/08/20 61503

BILL TO:
CIGA/LUA
W. C. DEPARTMENT
ATTN: JOLENE SMILEY
P.O. BOX 29066
GLENDALE, CA 91209

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
CA-359685

Case: vs DIAMOND STAFFING SERVICE
Date Of Injury: 4/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/16	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
02/29/16	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
03/31/16	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
04/25/16	PR2/REEVAL	-DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
10/04/17	LIEN FIL FEE	LIEN FILING FEE	150.00
12/31/19	PMT BY CHECK	DOS 10/18/19* # 81808311	-950.00
01/08/20	BLCE OFF SET	BALANCE OFF SET	-2500.00

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 **

LUMBERMEN'S UNDERWRITING ALLIANCE

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

Check Number: 001484110

Date: OCTOBER 03, 2014

Paid Amount: *****450.00

Dates: 03-18-14 TO 06-13-14

Bill ID No:

Nature of Pay: MED SERVICES PER AUDIT/REPRICING
CPCA122161

Special Instructions:

PAID OCT 06 2014

61503

Explanation of Review



Carrier

LUMBERMEN'S UNDERWRITING CA WC
 Carrier No:
 Carrier: LUMBERMEN'S UNDERWRITING ALLIA
 1905 NW CORPORATE BLVD
 BOCA RATON, FL 33431-7307

Bill: ICI-CPCA-122161

Provider

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

Claimant

NPI:

Tax ID: 33-0956713

Type: OT Specialty (1): AO

Claim Number: 359685

DOI/DOL: 04-15-2013

Claim Type: LT

License: 99999999

CR Date / BR Date: 09-22-2014 / 09-24-2014

Rendering Provider: JOYCE ALTMAN INTERPRETERS INC

External Claim Number: 5909761-4907671

External ID: 3239661

Social Security Number:

Policy Number: 425925

Invoice Date: 06-13-2014

Employer/Insured: ACCOUNTABILITIES INC

Employer/Insured Address: 5855 GREEN VALLEY #100
CULVER CITY, CA 90230

Payment Status Code: 1

Policy Admin Information: EF8296

Branch ID: K019

Bill Details

Dates of Service: 03-18-2014 to 06-13-2014
 Post Date: 10-01-2014

Reviewer: @a/b/c
 Pay Auth: N

File: 00000690/00000000/00000000
 Other: Y OT S NV HF C NV
 CR Seq: 14267300740111

Adjuster: CP_LHARELL

Bill ICD Version: 9

Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	MCL	NGD	Explanation Code(s)	Allow.
							BRV	PPO				
1	03-18-2014	11		O00014	180.00	A	120	INT OTHER 15 4/1/97			G1, 790	90.00
							90.00				G1, 790	90.00
2	04-15-2014	11		O00014	180.00	A	120	INT OTHER 15 4/1/97			G1, 790	90.00
							90.00				G1, 790	90.00
3	05-08-2014	11		O00014	150.00	A	120	INT OTHER 15 4/1/97			G1, 790	90.00
							60.00				G1, 790	90.00
4	05-14-2014	11		O00014	180.00	A	120	INT OTHER 15 4/1/97			G1, 790	90.00
							90.00				G1, 790	90.00
5	06-13-2014	11		O00014	180.00	A	120	INT OTHER 15 4/1/97			G1, 790	90.00
							90.00				G1, 790	90.00
Totals					Total Charges: 870.00							
					Bill Review Reductions:			420.00				
					Recommended Allowance:							450.00

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 14267300740111

Explanation of Review

Claimant Name:
 Claim Number: 359685
 Bill: IC1-CPCA-122161

Bill Details

Dates of Service: 03-18-2014 to 06-13-2014
 Post Date: 10-01-2014

Reviewer: @/bC
 Pay Auth: N

File: 00000690/00000000/00000000
 Other: Y OT S NV HF C NV
 CR Seq: 14267300740111

Adjuster: CP_LHARRELL

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Messages

790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
 G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee 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.

File: E690

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 14267300740111

LUMBERMEN'S UNDERWRITING ALLIANCE

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

Check Number: 001487217

Date: OCTOBER 10, 2014

Paid Amount: *****90.00

Dates: 03-18-14 TO 07-18-14

Bill ID No: 61503

Nature of Pay: MED SERVICES PER AUDIT/REPRICING
CPCA123952

Special Instructions:

PAID OCT 14 2014

Explanation of Review



Carrier	LUMBERMEN'S UNDERWRITING CA WC Carrier No: Carrier: LUMBERMEN'S UNDERWRITING ALLIA 1905 NW CORPORATE BLVD BOCA RATON, FL 33431-7307		
Provider	JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165		
Bill	IC1-CPCA-123952		
Claimant			
NPI:	Tax ID: 33-0956713	Type: AE	Specialty (1): GP
License: 999999999	Rendering Provider: INTERPRETERS INC, JOYCE ALTMAN		Claim Number: 359685
External ID: 3239661	Invoice Date: 07-18-2014		DOI/DOL: 04-15-2013
Patient Account: 61503	Payment Status Code: 1		CR Date / BR Date: 09-29-2014 / 10-01-2014
			External Claim Number: 5909761-4907671
			Social Security Number:
			Policy Number: 425925
			Employer/Insured: ACCOUNTABILITIES INC
			Employer/Insured Address: 5855 GREEN VALLEY #100 CULVER CITY, CA 90230
			Policy Admin Information: EF8296
			Branch ID: K019
Bill Details	Dates of Service: 03-18-2014 to 07-18-2014 Post Date: 10-08-2014		Reviewer: @/a/b/c Pay Auth: N Adjuster: CP_LHARRELL
			File: 00000230/00000000/00000000 Other: Y OT S NV HF C NV CR Seq: 14274500370341

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	MCL	NGD	Explanation Code(s)
							BRV	PPO			Allow.
1	03-18-2014	11		Q00014	180.00	A	120	INT OTHER 15 4/1/97			G56.224
							180.00				0.00
2	04-15-2014	11		Q00014	180.00	A	120	INT OTHER 15 4/1/97			G56.224
							180.00				0.00
3	05-08-2014	11		Q00014	150.00	A	120	INT OTHER 15 4/1/97			G56.224
							150.00				0.00
4	05-14-2014	11		Q00014	180.00	A	120	INT OTHER 15 4/1/97			G56.224
							180.00				0.00
5	06-13-2014	11		Q00014	180.00	A	120	INT OTHER 15 4/1/97			G56.224
							180.00				0.00
6	07-18-2014	11		Q00014	180.00	A	120	INT OTHER 15 4/1/97			G1.790
							90.00				90.00
Totals					Total Charges: 1,050.00						
					Bill Review Reductions:		960.00				
					Recommended Allowance:						<u>90.00</u>

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
(800) 822-6099

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DCN Number: 14274500370341

Explanation of Review

Claimant Name:

Claim Number: 559685

Bill: IC1-CPCA-123952

Bill Details

Dates of Service: 03-18-2014 to 07-18-2014
Post Date: 10-08-2014Reviewer: @a/bc
Pay Auth: NFile: 00000230/00000000/00000000
Other: Y OT S NV HF C NV
CR Seq: 14274500370341

Adjuster: CP_LHARRELL

Bill ICD Version: 9

Dx A: 959.9 INJURY-SITE NOS

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
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.

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): After an BOR 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an BOR which is the final written determination by the claims administrator on the bill. After the BOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the BOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee 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.

File: B230

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
(800) 822-6099

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DCN Number: 14274500370341

LUMBERMEN'S UNDERWRITING ALLIANCE

001549998

63-4
630

359685

BOCA RATON, FLORIDA 33433

DATE INCURRED

ACCOUNT NO.

POLICY NO.

CLAIM NO.

ISSUE DATE

04-15-13

58397-0849

425925

WC-CA-359685

FEBRUARY 17, 2015

001549998

INSURED ACCOUNTABILITIES INC

CLAIMANT

PAYEE TAX ID: 330956713

FROM 03-18-14 TO 10-23-14
NATURE MED SERVICES PER AUDIT/REPRICING
OF CPCA183685
PAYMENT 61503

PAY TWO HUNDRED SEVENTY AND 00/100 DOLLARS

BANK OF AMERICA, N.A.

\$ *****270.00

VOID IF NOT CASHED WITHIN 6 MONTHS

Christine E. Lynn
AUTHORIZED SIGNATURE

COUNTERSIGNATURE MAY BE REQUIRED

TO JOYCE ALTMAN INTERPRETERS, INC
THE P.O. BOX 4165
ORDER TUSTIN CA 92781
OF
SYSPUB RED IMAGE
PAGES WITH HEAT

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈001549998⑈ ⑆063000047⑆ 003601187388⑈

LUMBERMEN'S UNDERWRITING ALLIANCEJOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781

Check Number: 001549998

Date: FEBRUARY 17, 2015

Paid Amount: *****270.00

Dates: 03-18-14 TO 10-23-14

Bill ID No: 61503 ✓

Nature of Pay: MED SERVICES PER AUDIT/REPRICING
CPCA183685

Special Instructions:

PAID FEB 20 2015

Explanation of Review



Carrier

LUMBERMEN'S UNDERWRITING CA WC
 Carrier No:
 Carrier: LUMBERMEN'S UNDERWRITING ALLIA
 1905 NW CORPORATE BLVD
 BOCA RATON, FL 33431-7307

Bill: IC1-CPCA-183685

Provider

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

Claimant

NPI: Rendering NPI:
 Tax ID: 33-0956713 Type: AE Specialty (1): GP
 License: 999999999
 Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
 External ID: 3239661

Invoice Date: 10-23-2014
 Patient Account: 61503

Claim Number: 359685
 DOI/DOL: 04-15-2013 Claim Type: LT
 CR Date / ER Date: 02-03-2015 / 02-04-2015
 External Claim Number: 5909761-4907671
 Social Security Number:
 Policy Number: 425925
 Employer/Insured: ACCOUNTABILITIES INC
 Employer/Insured Address: 5855 GREEN VALLEY #100
 CULVER CITY, CA 90230

Payment Status Code: 1

Policy Admin Information: EF8296
 Branch ID: K019

Bill Details

Dates of Service: 03-18-2014 to 10-23-2014
 Post Date: 02-13-2015

Reviewer: @a/bc
 Pay Auth: N

File: 00000460/00000000/00000000
 Other: Y OT S NV HF C NV
 CR Seq: 15035200310281

Adjuster: CP_LHARRELL

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	SR	PPO	RSZ	NGD	Explanation Code(s)	ISR	Allow.
1	03-18-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G56, 224		0.00
					180.00										
2	04-15-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G56, 224		0.00
					180.00										
3	05-08-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G56, 224		0.00
					150.00										
4	05-14-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G56, 224		0.00
					180.00										
5	06-13-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G56, 224		0.00
					180.00										
6	07-18-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G56, 224		0.00
					180.00										
7	08-19-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G1, 790		90.00
					180.00										
8	09-22-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G1, 790		90.00
					180.00										
9	10-23-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G1, 790		90.00
					180.00										

Totals

Total Charges: 1,590.00

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15035200310281

Explanation of Review

Claimant Name:
 Claim Number: 359685
 Bill: IC1-CPCA-183685

Bill Details	Dates of Service:	03-18-2014 to 10-23-2014	Reviewer:	@a/bc	File:	00000460/00000000/00000000
	Post Date:	02-13-2015	Pay Auth:	N	Other:	Y OT S NV HF C NV
					CR Seq:	15035200310281
			Adjuster:	CP_LHARRELL		

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	PPO	RSZ	NGD	Explanation Code(s)	Allow.
							BRV	SR				ISR	
Bill Review Reductions:							1,320.00						270.00
Recommended Allowance:													

Messages													
224	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.												
790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1												
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.												

Notes													
Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee 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.													

File: E460

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15035200310281

Explanation of Review



Carrier	LUMBERMEN'S UNDERWRITING CA WC Carrier No: Carrier: LUMBERMEN'S UNDERWRITING ALLIA 1905 NW CORPORATE BLVD BOCA RATON, FL 33431-7307		
Provider	JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165		
Bill	ICJ-CPCA-123952		
Claimant			
NPI:	Tax ID: 33-0956713	Type: AB	Specialty (1): GP
License: 999999999	Rendering Provider: INTERPRETERS INC, JOYCE ALTMAN		Claim Number: 359685
External ID: 3239661	Invoice Date: 07-18-2014		DOLDOL: 04-15-2013
Patient Account: 61503	Payment Status Code: 1		CR Date / BR Date: 09-29-2014 / 10-01-2014
			External Claim Number: 5909761-4907671
			Social Security Number:
			Policy Number: 425925
			Employer/Insured: ACCOUNTABILITIES INC
			Employer/Insured Address: 5855 GREEN VALLEY #100 CULVER CITY, CA 90230
			Policy Admin Information: EF8296
			Branch ID: K019
Bill Details	Dates of Service: 03-18-2014 to 07-18-2014 Post Date: 10-08-2014		Reviewer: @/bC Pay Auth: N Adjuster: CP_LHARRELL
			File: 00000230/00000000/00000000 Other: Y OT S NV HF C NV CR Seq: 14274500370341

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	PPO	MCL	NGD	Explanation Code(s)	Allow.
1	03-18-2014	11		O00014	180.00	A	120	INT OTHER 15 4/1/97				G56, 224	0.00
2	04-15-2014	11		O00014	180.00	A	120	INT OTHER 15 4/1/97				G56, 224	0.00
3	05-08-2014	11		O00014	150.00	A	120	INT OTHER 15 4/1/97				G56, 224	0.00
4	05-14-2014	11		O00014	180.00	A	120	INT OTHER 15 4/1/97				G56, 224	0.00
5	06-13-2014	11		O00014	180.00	A	120	INT OTHER 15 4/1/97				G56, 224	0.00
6	07-18-2014	11		O00014	180.00	A	120	INT OTHER 15 4/1/97				G1, 790	90.00
Totals					Total Charges: 1,050.00								
					Bill Review Reductions:			960.00					
					Recommended Allowance:							90.00	

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
(800) 822-6099

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DCN Number: 14274500370341

Explanation of Review

Claimant Name:

Claim Number: 359685

BIB: IC1-CPCA-123952

Bill Details

Dates of Service: 03-18-2014 to 07-18-2014
Post Date: 10-08-2014Reviewer: @a/bc
Pay Auth: NFile: 00000230/00000000/00000000
Other: Y OT S NV HF C NV
CR Seq: 14274500370341

Adjuster: CP_LHARRELL

Bill ICD Version: 9

Dx A: 959.9 INJURY-SITE NOS

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
 790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
 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.

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): After an BOR 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an BOR which is the final written determination by the claims administrator on the bill. After the BOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the BOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee 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.

File: E230

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 14274500370341

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership

63-4
830 359685 001602723
BOCA RATON, FLORIDA 33431

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
04-15-13	58397-0849	425925	WC-CA-359685	MAY 22, 2015

001602723

INSURED ACCOUNTABILITIES INC

CLAIMANT

PAYEE TAX ID: 330956713

NATURE

FROM 03-18-14 TO 03-09-15
MED SERVICES PER AUDIT/REPRICING
OF CPCA237201

PAYMENT 61503

PAY ONE HUNDRED EIGHTY AND 00/100 DOLLARS

BANK OF AMERICA, N.A.

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

SYS



\$ *****180.00

VOID IF NOT CASHED WITHIN 6 MONTHS

Esuee Pety

AUTHORIZED SIGNATURE

COUNTERSIGNATURE MAY BE REQUIRED

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

001602723 0063000047 003601187388

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership

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

Check Number: 001602723

Date: MAY 22, 2015

Paid Amount: *****180.00

Dates: 03-18-14 TO 03-09-15

Bill ID No: 61503

Nature of Pay: MED SERVICES PER AUDIT/REPRICING
CPCA237201

Special Instructions:

RECEIVED MAY 26 2015

Explanation of Review



Carrier	LUMBERMEN'S UNDERWRITING CA WC Carrier No: Carrier: LUMBERMEN'S UNDERWRITING ALLIA 1905 NW CORPORATE BLVD BOCA RATON, FL 33431-7307
Provider	JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165
Bill:	IC1-CPCA-237201
Claimant	

NPI:	Rendering NPI:	Claim Number: 359685	Claim Type: LT
Tax ID: 33-0956713	Type: AE	DO/DOL: 04-15-2013	
License: 999999999	Specialty (1): AO	CR Date / BR Date: 05-11-2015 / 05-13-2015	
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC		External Claim Number: 5909761-4907671	
External ID: 3239661		Social Security Number:	
Invoice Date: 11-24-2014		Policy Number: 420920	
Patient Account: 61503		Employer/Insured: ACCOUNTABILITIES INC	
		Employer/Insured Address: 5855 GREEN VALLEY #100 CULVER CITY, CA 90230	
Payment Status Code: 1		Policy Admin Information: EF8296	
		Branch ID: K019	

Bill Details	Dates of Service: 03-18-2014 to 03-09-2015 Post Date: 05-20-2015	Reviewer: @@/b@ Pav Auth: N	File: 00000345/00000000/00000000 Other: Y OT S NV HF C NV CR Seq: 15133300310141
Adjuster: CP_LHARRELL			

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev/Proc. Code	Charges	Dx.	Units	Description	SR	PPO	RSZ	NGD	Explanation Code(s)	ISR	Allow.
1	03-18-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G56, 224		0.00
					180.00		180.00								
2	04-15-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G56, 224		0.00
					180.00		180.00								
3	05-08-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G56, 224		0.00
					150.00		150.00								
4	05-14-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G56, 224		0.00
					180.00		180.00								
5	06-13-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G56, 224		0.00
					180.00		180.00								
6	07-18-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G56, 224		0.00
					180.00		180.00								
7	08-19-2014	11		Q00014		A	1	INT OTHER 15 4/1/97					G56, 224		0.00
					180.00		180.00								

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
(800) 822-6099

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DCN Number: 15133300310141

Explanation of Review

Claimant Name:
 Claim Number: 359685
 Bill: IC1-CPCA-237201

Bill Details

Dates of Service: 03-18-2014 to 03-09-2015
 Post Date: 05-20-2015

Reviewer: @a/b@
 Pay Auth: N

File: 00000345/00000000/00000000
 Other: Y OT S NV HF C NV
 CR Seq: 15133300310141

Adjuster: CP_LHARRELL

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	PPO	RSZ	NGD	Explanation Code(s)	ISR	Allow.
							BRV	SR						
8	09-22-2014	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224		0.00
							180.00							
9	10-23-2014	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224		0.00
							180.00							
10	11-24-2014	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97				G1, 790		90.00
							90.00							
11	03-09-2015	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97				G1, 790		90.00
							90.00							

Totals

Total Charges: 1,950.00
 Bill Review Reductions: 1,770.00
 Recommended Allowance:

180.00

Messages

- 224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
- 790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
- 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.

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15133300310141

Explanation of Review

Claimant Name:
 Claim Number: 359685
 Bill: IC1-CPCA-237201

Bill Details	Date of Service: 03-18-2014 to 03-09-2015 Post Date: 05-20-2015	Reviewer: @@/b@ Pav Auth: N	File: 00000345/00000000/00000000 Other: Y OT S NV HF C NV CR Seq: 15133300310141
Adjuster: CP_LHARRELL			
Bill ICD Version: 9 Dx A: 959.9 INJURY-SITE NOS			
Notes			

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee 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.

File: E345

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15133300310141

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership

63-4
630 359685 BOCA RATON, FLORIDA 33433 001617164
DATE INCURRED ACCOUNT NO. POLICY NO. CLAIM NO. ISSUE DATE
04-15-13 58397-0849 425925 WC-CA-359685 JUNE 23, 2015
001617164

INSURED ACCOUNTABILITIES INC.

CLAIMANT

PAYEE TAX ID: 330956713

FROM 03-18-14 TO 04-07-15
NATURE MED SERVICES PER AUDIT/REPRICING
OF CPCA252004
PAYMENT 61503

PAY NINETY AND 00/100 DOLLARS

BANK OF AMERICA, N.A.

\$ *****90.00

VOID IF NOT CASHED WITHIN 6 MONTHS

Bruce Batty

AUTHORIZED SIGNATURE

COUNTERSIGNATURE MAY BE REQUIRED

TO
THE
ORDER
OF
SYS

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

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈001617164⑈ ⑆063000047⑆ 003601187388⑈

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership

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

Check Number: 001617164

Date: JUNE 23, 2015

Paid Amount: *****90.00

Dates: 03-18-14 TO 04-07-15

Bill ID No: 61503

Nature of Pay: MED SERVICES PER AUDIT/REPRICING
CPCA252004

Special Instructions:

PAID JUN 29 2015

Explanation of Review



Carrier	LUA IN RECEIVERSHIP CA WC Carrier No: Carrier: LUMBERMEN'S UNDERWRITING ALLIA 1905 NW CORPORATE BLVD BOCA RATON, FL 33431-7307		
Bill:	IC1-CPCA-252004		
Provider	JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165		
Claimant			
NPI:	Rendering NPI:	Claim Number:	Claim Type:
Tax ID: 33-0956713	Type: AE Specialty (1): AO	359685	LT
License: 999999999		DOI/DOL: 04-15-2013	
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC		CR Date / BR Date: 06-10-2015 / 06-12-2015	
External ID: 3239661		External Claim Number: 5909761-4907671	
Invoice Date: 04-07-2015		Social Security Number:	
Patient Account: 61503		Policy Number: 425925	
		Employer/Insured: ACCOUNTABILITIES INC	
		Employer/Insured Address: 5855 GREEN VALLEY #100 CULVER CITY, CA 90230	
Payment Status Code: 1		Policy Admin Information: EF8296	
		Branch ID: K019	

Bill Details	Dates of Service: 03-18-2014 to 04-07-2015 Post Date: 06-19-2015	Reviewer: @a/b/c Pav Auth: N	File: 00000230/00000000/00000000 Other: Y OT S NV HF C NV CR Seq: 15162930370021
Adjuster: CP_LHARRELL			

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	SR	PPO	RSZ	NGD	Explanation Code(s)	ISR	Allow.
1	03-18-2014	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224, G5, 375		0.00
2	04-15-2014	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224		0.00
3	05-08-2014	11		Q00014	150.00	A	1	INT OTHER 15 4/1/97					G56, 224		0.00
4	05-14-2014	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224		0.00
5	06-13-2014	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224		0.00
6	07-18-2014	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224		0.00
7	08-19-2014	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224		0.00

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
(800) 822-6099

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DCN Number: 15162930370021

Explanation of Review

Claimant Name:
 Claim Number: 000000
 Bill: IC1-CPCA-252004

Bill Details

Dates of Service: 03-18-2014 to 04-07-2015
 Post Date: 06-19-2015

Reviewer: @/b
 Pay Auth: N

File: 00000230/00000000/00000000
 Other: Y OT S NV HF C NV
 CR Seq: 15162930370021

Adjuster: CP_LHARRELL

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	PPO	RSZ	NGO	ISR	Allow.
							BRV	SR					
8	09-22-2014	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00
9	10-23-2014	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00
10	11-24-2014	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00
11	03-09-2015	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00
12	04-07-2015	11		Q00014	180.00	A	120	INT OTHER 15 4/1/97				G1, 790	90.00

Totals

Total Charges: 2,130.00

Bill Review Reductions: 2,040.00

Recommended Allowance:

90.00

Messages

- 224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
 375 PLEASE SEE SPECIAL "NOTE" BELOW.
 790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
 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.
 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.

INTERPRETATION SERVICE CHARGE IS TO PAY AT \$11.25 PER 15 MINUTES OR PORTION THEREOF WITH A MINIMUM PAYMENT OF 2 HOURS OR THE MARKET RATE WHICHEVER IS GREATER. SERVICES OVER 8 HOURS SHALL BE PAID AT THE RATE OF 1/8 THE FULL DAY RATE FOR EACH HOUR OF SERVICE OVER 8 HOURS. AFTER RE-REVIEWED, WE FOUND THAT ORIGINAL REVIEW IS CORRECT. NO ADDITIONAL ALLOWANCE IS WARRANTED.

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15162930370021

Explanation of Review

Claimant Name:
 Claim Number: 359685
 Bill: IC1-CPCA-252004

Bill Details

Date of Service: 03-18-2014 to 04-07-2015
 Post Date: 06-19-2015

Reviewer: @@/bC
 Pav Auth: N

File: 00000230/00000000/00000000
 Other: Y OT S NV HF C NV
 CR Seq: 15162930370021

Adjuster: CP_LHARRELL

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee 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.

File: E230

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15162930370021

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership

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

Check Number: 001633866 ✓

Date: AUGUST 04, 2015 ✓

Paid Amount: *****270.00

Dates: 03-18-14 TO 05-06-15

Bill ID No: 61503

Nature of Pay: MED SERVICES PER AUDIT/REPRICING
CPCA267523

Special Instructions:

PAID

BY:

Explanation of Review



Carrier	LUA IN RECEIVERSHIP CA WC Carrier No: Carrier: LUMBERMEN'S UNDERWRITING ALLIA 1905 NW CORPORATE BLVD BOCA RATON, FL 33431-7307		
Provider	JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165	Bill:	IC1-CPCA-267523
Claimant			
NPI:	Rendering NPI:	Claim Number:	Claim Type:
Tax ID: 33-0956713	Type: AE	DO/DOL: 04-15-2013	LT
License: 999999999	Specialty (1): AO	CR Date / BR Date: 07-21-2015 / 07-22-2015	
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC		External Claim Number: 5909761-4907671	
External ID: 3239661		Social Security Number:	
Invoice Date: 01-14-2015		Policy Number: 425925	
Patient Account: 61503		Employer/Insured: ACCOUNTABILITIES INC	
		Employer/Insured Address: 5855 GREEN VALLEY #100 CULVER CITY, CA 90230	
Payment Status Code: 1		Policy Admin Information: EF8296	
		Branch ID: K019	

Bill Details	Dates of Service: 03-18-2014 to 05-06-2015 Post Date: 07-31-2015	Reviewer: @a/b/c Pav Auth: N	File: 00000460/00000000/00000000 Other: Y OT S NV HF C NV CR Seq: 15203101390061
		Adjuster: CP_LHARRELL	

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	SR	PPO	RSZ	NGD	ISR	Allow.
							BRV							
1	03-18-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
2	04-15-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
3	05-08-2014	11	9	Q00014	150.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
4	05-14-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
5	06-13-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
6	07-18-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
7	08-19-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
(800) 822-6099

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DCN Number: 15203101390061

Explanation of Review

Claimant Name:
 Claim Number: J39685
 Bill: IC1-CPCA-267523

Bill Details

Dates of Service: 03-18-2014 to 05-06-2015
 Post Date: 07-31-2015

Reviewer: @/p@
 Pay Auth: N

File: 00000460/00000000/00000000
 Other: Y OT S NV HF C NV
 CR Seq: 15203101390061

Adjuster: CP_LHARRELL

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	PPO	RSZ	NGD	Explanation Code(s)	Allow.
						BRV		SR				ISR	
8	09-22-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00
9	10-23-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00
10	11-24-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00
11	01-14-2015	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97				G1, 790	90.00
12	03-09-2015	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00
13	04-07-2015	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97				G1, 790	90.00
14	05-06-2015	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97				G1, 790	90.00

Totals

Total Charges: 2,490.00
 Bill Review Reductions: 2,220.00
 Recommended Allowance: 270.00

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
 790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
 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.

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15203101390061

Explanation of Review

Claimant Name:
 Claim Number: 359885
 Bill: IC1-CPCA-267523

Bill Details

Date of Service: 03-18-2014 to 05-06-2015
 Post Date: 07-31-2015

Reviewer: @a/b@
 Pay Auth: N

File: 00000460/00000000/00000000
 Other: Y OT S NV HF C NV
 CR Seq: 15203101390061

Adjuster: CP_LHARRELL

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee 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.

File: E460

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15203101390061

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership

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

✓
Check Number: 001643679

✓
Date: AUGUST 31, 2015

✓
Paid Amount: *****90.00

Dates: 03-18-14 TO 05-06-15

Bill ID No:

Nature of Pay: MED SERVICES PER AUDIT/REPRICING
CPCA282522

Special Instructions:

#61503

PAID

BY:

Explanation of Review



Carrier		LUA IN RECEIVERSHIP CA WC Carrier No: Carrier: LUMBERMEN'S UNDERWRITING ALLIA 1905 NW CORPORATE BLVD BOCA RATON, FL 33431-7307	
Bill:		IC1-CPCA-282522	
Provider	JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165		
Claimant			
NPI:	Rendering NPI:	Claim Number:	Claim Type:
Tax ID: 33-0958713	Type: AE Specialty (1): AO	359685	LT
License: 999999999		DO/DOL: 04-15-2013	
Rendering Provider: ZZZZZZZZZZ		CR Date / BR Date: 08-17-2015 / 08-18-2015	
External ID: 3239681		External Claim Number: 5909761-4907671	
Invoice Date: 03-09-2015		Social Security Number:	
		Policy Number: 420920	
		Employer/Insured: ACCOUNTABILITIES INC	
		Employer/Insured Address: 5855 GREEN VALLEY #100 CULVER CITY, CA 90230	
Payment Status Code: 1		Policy Admin Information: EF8296	
		Branch ID: K019	
Bill Details	Dates of Service: 03-18-2014 to 05-06-2015 Post Date: 08-27-2015	Reviewer: @a/b@ Pav Auth: N	File: 00000230/00000000/00000000 Other: Y OT S NV HF I PRA CR Seq: 15230500150021
		Adjuster: CP_LHARRELL	

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	PPO	RSZ	NGD	ISR	Allow.
							BRV	SR					
1	03-18-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00
2	04-15-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00
3	05-08-2014	11	9	Q00014	150.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00
4	05-14-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00
5	06-13-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00
6	07-18-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00
7	08-19-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97				G56, 224	0.00

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
(800) 822-6099

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DCN Number: 15230500150021

Explanation of Review

Claimant Name
 Claim Number: 339685
 Bill: IC1-CPCA-282522

Bill Details

Dates of Service: 03-18-2014 to 05-06-2015
 Post Date: 08-27-2015

Reviewer: @a/b@
 Pay Auth: N

File: 00000230/00000000/00000000
 Other: Y OT S NV HF I PRA
 CR Seq: 15230500150021

Adjuster: CP_LHARRELL

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev/Proc. Code	Charges	Dx.	Units	Description	SR	PPO	RSZ	NGD	ISR	Allow.
							BRV							
8	09-22-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
9	10-23-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
10	11-24-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
11	01-14-2015	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
12	01-15-2015	11	9	Q00014	270.00	A	1	INT OTHER 15 4/1/97					G1, 790	90.00
13	03-09-2015	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
14	04-07-2015	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
15	05-06-2015	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00

Totals

Total Charges: 2,760.00

Bill Review Reductions: 2,670.00

Recommended Allowance:

90.00

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15230500150021

Explanation of Review

Claimant Name:
 Claim Number: 359685
 Bill: IC1-CPCA-282522

Bill Details

Date of Service: 03-18-2014 to 05-06-2015
 Post Date: 08-27-2015

Reviewer: @a/bc
 Pay Auth: N

File: 00000230/00000000/00000000
 Other: Y OT S NV HF I PRA
 CR Seq: 15230500150021

Adjuster: CP_LHARRELL

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
 790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
 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.

DEAR PROVIDER:

THE ATTACHED BILLING IS A BALANCE FORWARD. OUR RECORDS INDICATE THAT THESE BILL(S) WERE PREVIOUSLY REVIEWED AND PAID. PLEASE RESUBMIT YOUR BILLING WITH YOUR COMPLETE BILLING INFORMATION, CPT CODES, AND OUTSTANDING CHARGES WITH SUPPORTING DOCUMENTATION. DO NOT INCLUDE CHARGES PREVIOUSLY PAID, UNLESS YOU ARE SUBMITTING AN APPEAL. SUCH THAT BE THE CASE ON ANY CHARGES, PLEASE RESUBMIT YOUR COMPLETE BILLING WITH DETAILS OF YOUR DISPUTE ALONG WITH SUPPORTING DOCUMENTATION. THE ATTACHED BILLING IS CONSIDERED INCOMPLETE AT THIS MOMENT, THEREFORE, NON-COMPENSABLE UNTIL ALL THE NECESSARY INFORMATION IS RESUBMITTED TO THE CARRIER AND IT IS FORWARDED TO GENEX FOR REVIEW. INTERPRETATION SERVICE CHARGE IS TO PAY AT \$11.25 PER 15 MINUTES OR PORTION THEREOF WITH A MINIMUM PAYMENT OF 2 HOURS OR THE MARKET RATE WHICHEVER IS GREATER. SERVICES OVER 8 HOURS SHALL BE PAID AT THE RATE OF 1/8 THE FULL DAY RATE FOR EACH HOUR OF SERVICE OVER 8 HOURS. AFTER RE-REVIEWED, WE FOUND THAT ORIGINAL REVIEW IS CORRECT. NO ADDITIONAL ALLOWANCE IS WARRANTED.

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15230500150021

Explanation of Review

Claimant Name: _____
 Claim Number: 359685
 Bill: IC1-CPCA-282522

Bill Details

Dates of Service: 03-18-2014 to 05-06-2015
 Post Date: 08-27-2015

Reviewer: @@/b@
 Pay Auth: N

File: 00000230/00000000/00000000
 Other: Y OT S NV HF I PRA
 CR Seq: 15230500150021

Adjuster: CP_LHARRELL

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee 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.

File: E230

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15230500150021

CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

Page: 1 OF 2
Phone: (818) 844-4300

000290-000001-000001-000290 2213332 1040CK01 1
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

61503-

CHECK NUMBER: 81808311

Description	Invoice	Claim #	G/L Code	Serv/From	Serv/To	Amount
214-Medical Settlement		140-359685		10/18/2019	10/18/2019	\$950.00
TOTAL:						\$950.00

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 81808311

Claim#: 140-359685

Claima

Insured: TRI-STATE EMPLOYMENT SERVICES

DOL: 04/15/2013

16-66/1220

DATE: 12/31/2019

VOID 120 DAYS AFTER DATE OF ISSUE

PAY NINE HUNDRED FIFTY AND 00/100

*****\$950.00

TO
THE
ORDER
OF
JOYCE ALTMAN INTERPRETERS

Memo: Full Satisfaction

Barbara A. Rabin

Anthony Kennedy

81808311 12200066 14177 50212

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

*** INVOICE ***
Date NO#
01/28/20 73841

EAMS#(s):

BILL TO:

BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: DAWN ROBERTS
P O BOX # 881716
SAN FRANCISCO, CA 94188

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33080907

Case: vs DSH GLOBAL, INC
Date Of Injury: 3/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/19/16	INITIAL EXAM	DR GALAL GOUBRAN @ SIDHU	230.00
/ /	INTERPRETER:	CHIRO*	
06/01/16	INITIAL ACUP	MARIA BARBOSA # 500267	0.00
/ /	INTERPRETER:	-W/ACUPUNCT MIN CHOI @ SIDHU*	230.00
06/03/16	FOLLOW-UP	MARIA BARBOSA # 500267	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
06/08/16	INITL CHIRO	MARIA BARBOSA # 500267	0.00
/ /	INTERPRETER:	TREATMENT & -PHYS TX W/DR C.	90.00
06/15/16	FOLLOW-UP	HA @ SIDHU CHIRO*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/20/16	FOLLOW UP	-W/ ACUPUNCT CHOI & -F/U PHYS	180.00
/ /	INTERPRETER:	TX W/DR HA*	
06/23/16	PR2/REEVAL	MARIA BARBOSA # 500267	0.00
/ /	INTERPRETER:	DR GALAL GOUBRAN/ANDREW MILES	180.00
06/24/16	FOLLOW-UP	@ SIDHU CHIRO*	
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
06/29/16	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/08/16	FOLLOW-UP	-W/ ACUPUNCT CHOI, F/U CHIRO	180.00
/ /	INTERPRETER:	-PHYS TX W/DR HA*	
07/11/16	FOLLOW-UP	ELISA MEDINA # 003693	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
07/13/16	FOLLOW-UP	MARIA BARBOSA # 500267	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT CHOI, F/U CHIRO	180.00
		-PHYS TX W/DR HA*	
		MARIA BARBOSA # 500267	0.00
		-W/ ACUPUNCT CHOI, F/U CHIRO	180.00
		-PHYS TX W/DR HA*	

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

*** INVOICE ***
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01/28/20 73841

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W. C. DEPARTMENT
ATTN: DAWN ROBERTS
P O BOX # 881716
SAN FRANCISCO, CA 94188

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33080907

Case: vs DSH GLOBAL, INC
Date Of Injury: 3/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/16	INTERPRETER: FOLLOW-UP	MARIA BARBOSA # 500267 -W/ ACUPUNCT CHOI, F/U CHIRO -PHYS TX W/DR HA*	0.00 180.00
07/20/16	INTERPRETER: FOLLOW-UP	MARIA BARBOSA # 500267 -W/ ACUPUNCT CHOI, F/U CHIRO -PHYS TX W/DR HA*	0.00 180.00
08/10/16	INTERPRETER: FOLLOW-UP	MARIA BARBOSA # 500267 -W/ ACUPUNCT CHOI, F/U CHIRO -PHYS TX W/DR SIDHU*	0.00 180.00
08/15/16	INTERPRETER: FOLLOW-UP	ELISA LOPEZ MEDINA # 003693 -W/ ACUPUNCT CHOI, F/U CHIRO -PHYS TX W/DR HA*	0.00 180.00
08/19/16	INTERPRETER: FOLLOW-UP	MARIA BARBOSA # 500267 -W/ ACUPUNCT CHOI, F/U CHIRO -PHYS TX W/DR HA*	0.00 180.00
08/24/16	INTERPRETER: FOLLOW-UP	MARIA BARBOSA # 500267 -W/ ACUPUNCT CHOI, F/U CHIRO -PHYS TX W/DR HA*	0.00 180.00
08/26/16	INTERPRETER: FOLLOW-UP	ELISA L. MEDINA # 003693 -W/ ACUPUNCT CHOI, F/U CHIRO -PHYS TX W/DR HA*	0.00 180.00
08/30/16	INTERPRETER: PR2/REEVAL	MARIA BARBOSA # 500267 DR GOUBRAN/Franke, P.A. @ SIDHU CHIRO*	0.00 180.00
08/31/16	INTERPRETER: FOLLOW-UP	MARIA BARBOSA # 500267 -W/ ACUPUNCT CHOI, F/U CHIRO -PHYS TX W/DR HA*	0.00 180.00
09/07/16	INTERPRETER: FOLLOW-UP	MARIA BARBOSA # 500267 -W/ ACUPUNCT CHOI @ SIDHU*	0.00 180.00
09/14/16	INTERPRETER: FOLLOW-UP	ELISA LOPEZ MEDINA # 003693 -W/ ACUPUNCT CHOI @ SIDHU*	0.00 180.00

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

*** INVOICE ***
Date NO#
01/28/20 73841

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ATTN: DAWN ROBERTS
P O BOX # 881716
SAN FRANCISCO, CA 94188

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33080907

Case: vs DSH GLOBAL, INC
Date Of Injury: 3/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/06/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/26/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/04/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/10/16	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:	ELISA LOPEZ MEDINA # 003693	0.00
04/11/18	LIEN FIL FEE	LIEN FILING FEE	150.00
08/30/18	PENALTIES	FOR DATE OF SERVICE 05/19/16	34.50
11/12/19	INTEREST	FOR DATE OF SERVICE 05/19/16	40.07
08/30/18	PENALTIES	FOR DATE OF SERVICE 06/01/16	34.50
11/12/19	INTEREST	FOR DATE OF SERVICE 06/01/16	40.07
08/30/18	PENALTIES	FOR DATE OF SERVICE 06/08/16	13.50
11/12/19	INTEREST	FOR DATE OF SERVICE 06/08/16	15.68
01/23/20	PMT BY CHECK	DOS 5/19/16* =# 1086296	-1000.00
01/28/20	BLCE OFF SET	BALANCE OFF SET	-4288.32

			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 **

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank

420 Montgomery St.
San Francisco, CA 94104

11-24

1210(8)

CHECK NO.

1086296

DATE

01/23/2020

California Workers' Compensation Payment

*****1,000.00

Pay One Thousand Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER \$10,000.00



1086296 121000248 4121670509

Provider Bill Detail

Payer: Cypress Insurance Company

Check Number: 1086296

Check Date: 01/23/2020

Claim Number: 33080907

Claimant Name:

SSN: XXX-XX-

Date of Birth:

Date Received: 01/08/2020

Date Reviewed: 01/22/2020

Date of Injury: 03/12/2014

Document Number: MDTB20200122
08134650ATAG
01

Examiner: droberts

Bill Type:

Pay Code: 189

From: 05/19/2016

State of Jurisdiction: California

Employer: DSH GLOBAL,
INC.

Through: 05/19/2016

Rendering Provider: PO BOX 4165
TUSTIN, CA 927814165

Employer ID: 3300061252-131

Rendering Provider NPI: 9999999999

ICD Codes: T14.90

Date	Code	Mod	Description	Billed Qty	Billed	Fee	PPO	Other	Allowed Qty	Allowed	Reason
5/19/2016	MDS10	00 00 00	INTERPRETER 5/19/16- 12/15/16 RX# 0000000000	1.00	5,212.25	4,212.25	0.00	0.00	00000	1,000.00	DS10BH
Totals:					5,212.25	4,212.25	0.00	0.00		1,000.00	

Reduction Reason Codes:

Code: Description:

DS10BH Lump sum settlement for multiple bills where the amount of reimbursement is in dispute between the claims payer and the healthcare provider.

Notices:

This bill has been reviewed and any payment issued pursuant to the appropriate California fee schedule and/or applicable preferred provider organization agreement. Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under section 5307.1 and 5307.3 of the California Labor Code. 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 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 the 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 become final. Should you have further questions, you may contact:

Berkshire Hathaway Homestate Companies
P.O. Box 881716, San Francisco, CA 94188
Phone: (888) 495-8949
Fax: (800) 425-0352
Email:



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

*** INVOICE ***
Date NO#
02/04/20 74469

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017361923

Case: vs NAVARRO NORTON INC
Date Of Injury: 7/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/18	INITIAL EXAM	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/18/18	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/12/18	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/28/20	PMT BY CHECK	DOS 8/9/18-11/12/18* =# 24025024	-250.00
02/03/20	BLCE OFF SET	BALANCE OFF SET	-340.00

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

EMPLOYERS

America's small business insurance specialist®



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

JAN 31 2020

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:	250930853
VP Trans ID:	729225975
	EIG0001002
Date:	01/28/2020
Amount:	\$250.00
Check Number:	24025024

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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:RM:STD:OT



Employers Assurance Company 506

Process Date: 01/27/2020
Control Number: 306127746
EOR Page 1 of 2
Rev/Aud: SS/DB

Payment Number: 250930853

Payment Date: 01/28/2020

Claim Number: 2017361923

Claimant:

Provider Tax ID: 330956713

Provider Ref:

Provider License: 99999999

Vendor: 5628181#5628181

Geo Zip: 92781

PPO/OSR ID:

NPI Number:

Claimant SSN: XXX-X

Date Of Injury: 07/01/2018

Claims Received Date: 01/24/2020

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DGS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
08/09/18	11	MDS10		LUM SUM/MUL BIL	1.000	295.00	170.00	0.00	0.00	125.00	197,6483, G67,G67
11/12/18	11	MDS10		LUM SUM/MUL BIL	1.000	295.00	170.00	0.00	0.00	125.00	197,6483, G67,G67
TOTALS:						590.00	340.00	0.00	0.00	250.00	
TOTAL RECOMMENDED ALLOWANCE:										250.00	

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

47408297

2444-H-819737-0

72925976

Employers Assurance Company 506

Process Date: 01/27/2020
Control Number: 306127746
EOR Page 2 of 2
Rev/Aud: SS/DB

Payment Number: 250930853

Payment Date: 01/28/2020

Claim Number: 2017224000

Claimant:

Provider Tax ID: 330956713

Provider Ref:

Provider License: 99999999

Vendor: 5628181#5628181

Geo Zip: 92781

PPO/OSR ID:

NPI Number:

Claimant SSN:

Date Of Injury: 01/01/2018

Claims Received Date: 01/24/2020

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

Carrier/Insurer: EMPLOYERS ASSURANCE COMPANY

Employer Name: NAVARRO NORTON PARTNERS LLC (EIG 144431006), Employer ID: EIG 144431006, Employer Address: 2030 E 4TH STREET, LONG BEACH, CA 90814

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

Claimant Address: 1041 ORANGE AVE LONG BEACH, CA 908133760, Claimant D.O.B.: 07/10/1962

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 *

47408297

2444-H-819737-0

729225975

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

*** INVOICE ***
Date NO#
01/31/20 75068

EAMS#(s) :

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2013349795

Case: vs VK STORES/SUN VALLEY BEER & WI
Date Of Injury: 1/1/04 - 4/13/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/29/16	PR2/REEVAL	DR M. KRAVCHENKO @ GOFNUNG	180.00
/ /	INTERPRETER:	CHIRO*	
04/18/16	PR2/REEVAL	PAUL LAZCANO # 101143	0.00
/ /	INTERPRETER:	-DR KRAVCHENKO @ GOFNUNG	180.00
01/13/17	PR2/REEVAL	CHIRO*	
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/17/17	P AND S	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/23/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/17/18	LIEN FIL FEE	DR KRAVCHENKO @ GOFNUNG*	180.00
12/26/19	PENALTIES	LISBETH C. PARRENO # 101080	0.00
12/26/19	INTEREST	LIEN FILING FEE	150.00
01/28/20	PMT BY CHECK	FOR DATE OF SERVICE 03/17/17	34.50
01/31/20	BLCE OFF SET	FOR DATE OF SERVICE 03/17/17	27.32
		DOS 2/29/16-9/23/17*	-950.00
		=# 24024976	
		BALANCE OFF SET	-211.82

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

0000012-0000229 D0716 001 860819 EIG



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

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: 2013349795
Client Reference ID: 270296711
VP Trans ID: 729225647
EIG0001003

Date: 01/28/2020
Amount: \$950.00
Check Number: 24024976

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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

EIGRMSTDOT



Employers Compensation Insurance Company 501

Process Date: 01/27/2020
Control Number: 306127700
EOR Page 1 of 2
Rev/Aud: SS/DB

Payment Number: 270296711

Payment Date: 01/28/2020

Claim Number: 2013349795

Claimant:

Provider Tax ID: 330956713

Provider Ref:

Provider License: 99999999

Vendor: 5628181#5628181

Geo Zip: 92781

PPO/OSR ID:

NPI Number:

Claimant SSN:

Date Of Injury: 04/16/2013

Claims Received Date: 01/24/2020

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	PQS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
02/29/16	11	MDS10		LUM SUM/MUL BIL	1.000	475.00	0.00	0.00	0.00	475.00	197,6483, G67,G67
06/23/17	11	MDS10		LUM SUM/MUL BIL	1.000	475.00	0.00	0.00	0.00	475.00	197,6483, G67,G67
TOTALS:						950.00	0.00	0.00	0.00	950.00	
TOTAL RECOMMENDED ALLOWANCE:										950.00	

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

47408128

2444-H-819719-0



729225647

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

*** INVOICE ***
Date NO#
01/17/20 71355

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: CYNTHIA RIVAS
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

EAMS#(s):

SS # : XXX-X
DOB :
Terms: 60 days
Claim #(s):
WC10134122

Case: /s GANGADIN INDIAN RESTAURANT
Date Of Injury: 9/6/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/17	INITIAL EXAM	-DR M. KRAVCHENKO @ GOFNUNG DOI: BOTH	258.75
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080 (2HRS 10 MIN)	0.00
02/27/17	INITL CHIRO	-TX W/DR M. KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080 DOI: BOTH	0.00
03/31/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO* DOI: 9/6/16	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/07/17	PR2/REEVAL	-& CHIRO TX W/DR KRAVCHENKO* DOI: BOTH	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/13/17	INITIAL EXAM	-DR ALLEN MASSIHI @ GOFNUNG* DOI: 9/6/16	230.00
/ /	INTERPRETER:	GLADYS REYNA # 101721	0.00
04/19/17	INITIAL ACUP	-W/ ACUPUNCT FEDER @ GOFNUNG* DOI: BOTH	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/20/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG* DOI: 9/6/16	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/26/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG* DOI: 9/6/16	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/02/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG* DOI: BOTH	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/03/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG* DOI: 9/6/16	180.00

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

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Date NO#
01/17/20 71355

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FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: CYNTHIA RIVAS
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10134122

Case: vs GANGADIN INDIAN RESTAURANT
Date Of Injury: 9/6/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/04/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG* DOI: 9/6/16	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/10/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG* DOI: 9/6/16	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/11/17	PR2/REEVAL	-& INJECTION W/DR MASSIHI* DOI: 9/6/16	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/30/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG* DOI: BOTH	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/31/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG* DOI: 9/6/16	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/01/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG* DOI: 9/6/16	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/06/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG* DOI: BOTH	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/07/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG* DOI: 9/6/16	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/08/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG* DOI: 9/6/16	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/09/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG* DOI: BOTH	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
TAX ID# 33-0956713

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Date NO#
01/17/20 71355

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P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10134122

Case:
Date Of Injury: 9/6/16

vs GANGADIN INDIAN RESTAURANT

DOS	SERVICE	DESCRIPTION	AMOUNT
06/13/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG* BOTH DOI'S	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/14/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG* DOI: 9/6/16	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO 3 101080	0.00
06/15/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG* DOI: BOTH	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/21/17	FINAL ACUPT	W/ ACUPUNCT FEDER @ GOFNUNG* DOI: 9/6/16	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/10/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG* DOI: 9/6/16	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/11/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG* DOI: 9/6/16	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/18/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO* DOI: 9/6/16	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/25/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO* DOI: 9/6/16	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/01/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/08/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG* DOI: 9/6/16	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/14/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00

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

*** INVOICE ***
Date NO#
01/17/20 71355

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: CYNTHIA RIVAS
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10134122

Case: vs GANGADIN INDIAN RESTAURANT
Date Of Injury: 9/6/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	DOI: 9/6/16	
09/29/17	F/U CHIRO TX	LISBETH C. PARRENO # 101080	0.00
/ /	INTERPRETER:	CHIRO TX W/DR KRAVCHENKO*	90.00
10/06/17	PR2/REEVAL	DOI: 9/16	
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/09/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	DOI: 9/16	
12/01/17	PR2/REEVAL	LISBETH C. PARRENO # 101080	0.00
/ /	INTERPRETER:	-& INJECTION W/DR MASSIHI @	180.00
01/09/18	P AND S	GOFNUNG* DOI: 9/16	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/11/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	DOI: 9/6/16	
02/15/18	PR2/REEVAL	PAUL LAZCANO #101143	0.00
/ /	INTERPRETER:	-DR MASSIHI @ GOFNUNG*	180.00
03/15/18	PR2/REEVAL	DOI: 9/6/16	
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/29/19	LIEN FIL FEE	-DR KRAVCHENKO @ GOFNUNG*	230.00
		DOI: 9/6/16	
		PAUL LAZCANO # 101143	0.00
		-DR MASSIHI @ GOFNUNG*	180.00
		DOI: 9/16	
		GLADYS REYNA # 301721	0.00
		-DR MASSIHI @ GOFNUNG*	180.00
		DOI: 9/16	
		GLADYS REYNA # 301721	0.00
		-DR MASSIHI @ GOFNUNG*	180.00
		DOI: 9/16	
		GLADYS REYNA # 301721	0.00
		LIEN FILING FEE	150.00

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

*** INVOICE ***
Date NO#
01/17/20 71355

EAMS#(s):

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: CYNTHIA RIVAS
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10134122

Case: vs GANGADIN INDIAN RESTAURANT
Date Of Injury: 9/6/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/20	PENALTIES	FOR DATE OF SERVICE 02/24/17	38.81
01/09/20	INTEREST	FOR DATE OF SERVICE 02/24/17	78.10
01/09/20	PENALTIES	FOR DATE OF SERVICE 02/27/17	13.50
01/09/20	INTEREST	FOR DATE OF SERVICE 02/27/17	27.17
01/09/20	PENALTIES	FOR DATE OF SERVICE 04/13/19	34.50
01/09/20	INTEREST	FOR DATE OF SERVICE 04/13/19	69.42
01/09/20	PENALTIES	FOR DATE OF SERVICE 04/19/17	34.50
01/09/20	INTEREST	FOR DATE OF SERVICE 04/19/17	69.42
01/09/20	PENALTIES	FOR DATE OF SERVICE 06/21/17	34.50
01/09/20	INTEREST	FOR DATE OF SERVICE 06/21/17	66.16
01/09/20	PENALTIES	FOR DATE OF SERVICE 01/09/18	34.50
01/09/20	INTEREST	FOR DATE OF SERVICE 01/09/18	51.74
01/13/20	PMT BY CHECK	DOS 7/29/19* =# 8817446706	-5700.00
01/17/20	BLCE OFF SET	BALANCE OFF SET	-2031.07

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 **

Farmers Auto Claims

Check Number: 8817446706
Date: 01/13/2020

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE \$5,700.00****

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

Claimant/Patient:
Insured: Gangadin Restaurant, Incmanmeet Sahni
Date of Loss: 09/06/2016
Claim Number: WC10134122-1
Check Number: 8817446706
Payment Under Insured's: Workers Comp Medical
Correspondence Reference: LZDWHWD7W
Print Date: 01/13/2020 07:56 AM
Requested By: Lucas M Miller

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW



THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10134122

Check No. 8817446706
Date: 01/13/2020

PAY Five Thousand Seven Hundred Dollars And No Cents

\$5,700.00****

NOT GOOD AFTER SIX MONTHS

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

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

Thomas S. Hoh

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

8817446706 0311002091

387243891



Explanation of Review

Carrier	FARMERS - WC-CA - Carrier No: Carrier: Mid-Century Insurance Company 6301 Owensmouth Ave Woodland Hills, CA 91367

Provider	JOYCE ALTMAN INTERPRETERS, INC PO BOX # 4165 TUSTIN, CA 92781	Bill: FRM-FWCA-42101	Claimant

NPI: **Rendering NPI:**
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO **Claim Number:** WC10134122
License: 99999999 **CR Date / BR Date:** 01-10-2020 / 01-10-2020
Rendering Provider: JOYCE ALTMAN INTERPRETERS **External Claim Number:** WC10134122
Invoice Date: 01-09-2020 **Social Security Number:** XXX-XX-
Policy Number: 0A09305835
Employer/Insured: Gangadin Restaurant

Region: 26 **Payment Status Code:** 1

Policy Admin Information: 0A09305835

Bill Details	Dates of Service: 07-29-2019 Post Date: 01-13-2020 Reviewer: H8/ Pay Auth: L Client Type of Bill: 370 Adjuster: LUCAS.MILLER

Bill ICD Version: 10
Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS Rev./Proc. Code	Dx.	Units	Description	PPO	ONR	OTH	Explanation Code(s)
			Charges	BRV	CBR				ADJ Allow.
1	07-29-2019	11 MDO10	A	1	PAYMENT BY ORDER				G67, B14, G1, B92, 961
			7,731.07	2,031.07					5,700.00

Totals	Total Charges: 7,731.07 Bill Review Reductions: 2,031.07 Recommended Allowance: <u>5,700.00</u>

Messages	961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT. B14 THIS PAYMENT SETTLES ALL DATES OF SERVICE AND ANY/ALL P & I (PENALTIES AND INTEREST). B92 OVERRIDE DENIED/CONTROVERTED CLAIM FOR THIS PROCEDURE/DATE ONLY. 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.

"All date of service from 09/06/2016 to 07/29/2019."

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (800) 732-0153 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

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Explanation of Review

Carrier

FARMERS - WC-CA -
 Carrier No:
 Carrier: Mid-Century Insurance Company
 6301 Owensmouth Ave
 Woodland Hills, CA 91367

Bill: FRM-FWCA-42101

Provider

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

Claimant

NPI:

Tax ID: 330956713

License: 99999999

Rendering NPI:

Type: OT Specialty (1): AO

Rendering Provider: JOYCE ALTMAN INTERPRETERS

Claim Number: WC10134122

DOI/DOL: 09-06-2016

CR Date / BR Date: 01-10-2020 / 01-10-2020

External Claim Number: WC10134122

Social Security Number:

Policy Number: 0A09305835

Employer/Insured: Gangadin Restaurant

Invoice Date: 01-09-2020

Region: 26

Payment Status Code: 1

Policy Admin Information: 0A09305835

Bill Details

Dates of Service: 07-29-2019

Post Date: 01-13-2020

Reviewer: H8/

Pay Auth: L

Client Type of Bill: 370

Adjuster: LUCAS.MILLER

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee 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.

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FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

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

*** INVOICE ***
Date NO#
01/06/20 74905

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: KEVIN CALE
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC 10107641

Case: vs CARAVAN FASHION ENTERPRISES
Date Of Injury: 1/6/2001-3/6/2014

DOS	SERVICE	DESCRIPTION	AMOUNT
04/17/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
04/21/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
05/05/14	EMG TESTING	& NCV BY DR SCHILLING: L/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/09/14	PR2-RE/EVAL	W/ACUPUNCT DARBANDI @ ACS*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
07/17/14	PR2-RE/EVAL	W/ACUPUNCT SUNG HAN @ ACS*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
07/23/14	PR2-RE/EVAL	W/ACUPUNCTURIST G. DARBANDI*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
08/07/14	PR2-RE/EVAL	W/ACUPUNCT HAN/JANG @ ACS*	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
08/28/14	PR2-RE/EVAL	W/ACUPUNCTURIST KIM/SUNG*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ 301690	0.00
09/25/14	PR2-RE/EVAL	W/ACUPUNCT HAN/KIM @ ACS* (AMENDED)	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
11/13/14	PR2-RE/EVAL	W/ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/20/14	FOLLOW-UP	W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
12/11/14	FOLLOW-UP	W/ACUPUNCT HAN/KIM @ ACS*	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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/06/20 74905

EAMS#(s):

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: KEVIN CALE
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC 10107641

Case: vs CARAVAN FASHION ENTERPRISES
Date Of Injury: 1/6/2001-3/6/2014

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/15	FOLLOW-UP	W/ ACUPUNCT KIM @ ACS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/22/15	FOLLOW-UP	W/ ACUPUNCT HAN @ ACS*	180.00
/ /	INTERPRETER:	CESAR TERAN # 500150	0.00
10/02/18	LEGAL PREP	DEPO PREP @ L/O EARLY MASLACH	156.50
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
02/22/19	LEGAL REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
08/22/19	LEGAL WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/11/19	LEGAL C&R	C&R READING @ L/O FUSI	250.00
/ /	INTERPRETER:	LAKEWOOD, CA	
10/29/19	LIEN FIL FEE	CARLOS TORRES # 301694	0.00
12/12/19	PENALTIES	LIEN FILING FEE	150.00
12/12/19	INTEREST	FOR DATE OF SERVICE 04/17/14	22.50
12/12/19	PENALTIES	FOR DATE OF SERVICE 04/17/14	18.57
12/12/19	INTEREST	FOR DATE OF SERVICE 04/21/14	22.50
12/12/19	PENALTIES	FOR DATE OF SERVICE 04/21/14	18.57
12/12/19	INTEREST	FOR DATE OF SERVICE 05/05/14	22.50
12/12/19	PENALTIES	FOR DATE OF SERVICE 05/05/14	18.57
12/12/19	INTEREST	FOR DATE OF SERVICE 07/09/14	27.00
12/12/19	PENALTIES	FOR DATE OF SERVICE 07/09/14	22.29
12/12/19	INTEREST	FOR DATE OF SERVICE 07/17/14	27.00
12/12/19	PENALTIES	FOR DATE OF SERVICE 07/17/14	22.29
12/12/19	INTEREST	FOR DATE OF SERVICE 07/23/14	27.00
12/12/19	PENALTIES	FOR DATE OF SERVICE 07/23/14	22.29
12/12/19	INTEREST	FOR DATE OF SERVICE 08/07/14	27.00
12/12/19	PENALTIES	FOR DATE OF SERVICE 08/07/14	22.29
12/12/19	INTEREST	FOR DATE OF SERVICE 08/14/14	27.00
12/12/19	PENALTIES	FOR DATE OF SERVICE 08/14/14	22.29
12/12/19	INTEREST	FOR DATE OF SERVICE 08/28/14	27.00
12/12/19	PENALTIES		

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

*** INVOICE ***
Date NO#
01/06/20 74905

EAMS#(s):

BILL TO:

FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: KEVIN CALE
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC 10107641

Case: vs CARAVAN FASHION ENTERPRISES
Date Of Injury: 1/6/2001-3/6/2014

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/19	INTEREST	FOR DATE OF SERVICE 08/28/14	22.29
12/12/19	PENALTIES	FOR DATE OF SERVICE 09/25/14	27.00
12/12/19	INTEREST	FOR DATE OF SERVICE 09/25/14	22.29
12/12/19	PENALTIES	FOR DATE OF SERVICE 11/13/14	27.00
12/12/19	INTEREST	FOR DATE OF SERVICE 11/13/14	22.29
12/12/19	PENALTIES	FOR DATE OF SERVICE 11/20/14	27.00
12/12/19	INTEREST	FOR DATE OF SERVICE 11/20/14	22.29
12/12/19	PENALTIES	FOR DATE OF SERVICE 12/11/14	27.00
12/12/19	INTEREST	FOR DATE OF SERVICE 12/11/14	22.29
12/12/19	PENALTIES	FOR DATE OF SERVICE 01/15/15	27.00
12/12/19	INTEREST	FOR DATE OF SERVICE 01/15/15	22.29
12/12/19	PENALTIES	FOR DATE OF SERVICE 01/22/15	27.00
12/12/19	INTEREST	FOR DATE OF SERVICE 01/22/15	22.29
12/24/19	PMT BY CHECK	DOS 1/21/19* # 8817437171	-3573.00
12/12/19	COSTS	ADD'L COSTS AWARDED	1412.31
12/31/19	PMT BY CHECK	DOS N/A # 8817440913	-2127.00

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 **

Farmers Auto Claims

Check Number:

8817437171

Date:

12/24/2019

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE \$3,573.00****

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

Claimant/Patient:

Insured:

Caravan Fashion Enterprises

Date of Loss:

11/30/2012

Claim Number:

WC10107641-1

Check Number:

8817437171

Payment Under Insured's:

Workers Comp Medical

Correspondence Reference:

019S1FPKW

Print Date

12/24/2019 11:01 AM

Requested By

Kevin Cale

PAID
JAN 02 2020

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.



62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10107641

Check No. 8817437171

Date: 12/24/2019

PAY Three Thousand Five Hundred Seventy Three Dollars And No Cents \$3,573.00****

NOT GOOD AFTER SIX MONTHS

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



Thomas S. Hoh

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

8817437171 0311002091

3872438911

Explanation of Review



Carrier

FARMERS - WC-CA -
Carrier No:
Carrier: Mid-Century Insurance Company
6301 Owensmouth Ave
Woodland Hills, CA 91367

Bill: FRM-FWCA-36113

Provider

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

Claimant

NPI:

Tax ID: 330956713

License: 99999999

Rendering NPI:

Type: OT Specialty (1): AO

Rendering Provider: JOYCE ALTMAN INTERPRETERS

Claim Number: WC10107641

DOI/DOL: 11-30-2012

CR Date / BR Date: 12-20-2019 / 12-20-2019

External Claim Number: WC10107641

Social Security Number:

Policy Number: 0A09318012

Employer/Insured: CARAVAN FASHION ENTERPRISES

Invoice Date: 12-12-2019

Patient Account: 74905

Region: 26

Payment Status Code: 1

Policy Admin Information: 0A09318012

Bill Details

Dates of Service: 01-21-2019
Post Date: 12-24-2019

Reviewer: H8/
Pay Auth: L
Client Type of Bill: 370
Adjuster: KEVIN.T.CALE

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS Rev./Proc. Code	Dx.	Units	Description	PPO	ONR	OTH	Explanation Code(s)
			Charges	BRV	CBR				ADJ Allow.
1	01-21-2019	11 MDO10	A	1	PAYMENT BY ORDER				G67, B14, G1, B92, 961
			5,700.00	2,127.00					3,573.00

Totals

Total Charges: 5,700.00
Bill Review Reductions: 2,127.00
Recommended Allowance: **3,573.00**

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
B14 THIS PAYMENT SETTLES ALL DATES OF SERVICE AND ANY/ALL P & I (PENALTIES AND INTEREST).
B92 OVERRIDE DENIED/CONTROVERTED CLAIM FOR THIS PROCEDURE/DATE ONLY.
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.

"All date of service from 04/17/2014 to 09/11/2019."

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (800) 732-0153 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

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Explanation of Review

Carrier

FARMERS - WC-CA -
 Carrier No:
 Carrier: Mid-Century Insurance Company
 6301 Owensmouth Ave
 Woodland Hills, CA 91367

Bill: FRM-FWCA-36113

Provider

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

Claimant

NPI:

Tax ID: 330956713

License: 99999999

Rendering NPI:

Type: OT Specialty (1): AO

Rendering Provider: JOYCE ALTMAN INTERPRETERS

Claim Number: WC10107641

DOI/DOL: 11-30-2012

CR Date / BR Date: 12-20-2019 / 12-20-2019

External Claim Number: WC10107641

Social Security Number:

Policy Number: 0A09318012

Employer/Insured: CARAVAN FASHION ENTERPRISES

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Region: 26

Payment Status Code: 1

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Pay Auth: L

Client Type of Bill: 370

Adjuster: KEVIN.T.CALE

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Notes

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TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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.

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FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2018 American Medical Association. All rights reserved.

MID-CENTURY INSURANCE COMPANY

Check Number: 8817440913

Date: 12/31/2019

Amount: \$2,127.00****

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

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

Claimant/Patient:

Insured:

Date of Loss:

Claim Number:

Correspondence Reference:

Caravan Fashion Enterprises

11/30/2012

WC10107641

TFZDTZXKW

Primary Adjuster:

Toll Free Number:

Applicable Coverage:

Kevin Cale

8884861451

Workers Compensation

Additional Information:

If there are questions regarding the cashing of this check, please contact the Primary Adjuster at their toll free telephone number or claims office at the address on the check.

Service From/To

Payment For

Other Treatment

Paid Amount

\$2127.00

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW



FARMERS
INSURANCE

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim #: WC10107641 Check No. 8817440913

Date: 12/31/2019

Payable, if desired, at any Citibank

PAY Two Thousand One Hundred Twenty Seven Dollars And No Cents \$2,127.00****

NOT GOOD AFTER SIX MONTHS

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

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

Thomas S. Fosh

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

8817440913 0311002091

387243891

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

*** INVOICE ***
Date NO#
01/14/20 55462

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W. C. DEPARTMENT
ATTN: LEAH BANUELOS
P.O. BOX 2290
GOLD RIVER, CA 95741

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002644000037WC01

Case: .. vs PACIFIC OUTDOOR LVG/OWEN DUNN
Date Of Injury: 5/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/12	SURGERY	-DR MULVANIA: C/S @ MONROVIA HOSPITAL (10 HRS)	900.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
09/13/12	PRE-OP	-DR MULVANIA @ MONROVIA HOSP. (4 HRS)	360.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
02/26/14	PR2/REEVAL	DR BERNSTEIN @ COAST PAIN MGMT* (CPM) AMENDED	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
03/26/14	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/23/14	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/20/14	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
06/19/14	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/22/14	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/22/14	PMT BY CHECK	DOS 9/14/12-6/19/14* # 0112684457	-2160.00
05/15/14	THERAPY	DR BERNSTEIN: SPINAL CORD STIMULATION TRIAL*	150.00
/ /	INTERPRETER:	ALEJANDRA CHANGAQUI # 500322	0.00
08/26/14	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/04/14	EPIDURAL	DR BERNSTEIN @ NEWPORT COAST SURGERY CTR (3.5hr)	262.50
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
09/11/14	POST-OP	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00

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

*** INVOICE ***
Date NO#
01/14/20 55462

EAMS#(s):

BILL TO:

GALLAGHER BASSETT (GOLD RIVER)
W. C. DEPARTMENT
ATTN: LEAH BANUELOS
P.O. BOX 2290
GOLD RIVER, CA 95741

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002644000037WC01

Case:

vs PACIFIC OUTDOOR LVG/OWEN DUNN

Date Of Injury: 5/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/14	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/17/14	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/16/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/16/14	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/16/15	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/18/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/18/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/06/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/07/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/08/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/08/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/12/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/16/15	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/12/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/27/17	LIEN FIL FEE	LIEN FILING FEE	150.00
01/09/20	PMT BY CHECK	DOS 5/15/07-12/17/19* # 0160272829	-3000.00

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

*** INVOICE ***
Date NO#
01/14/20 55462

EAMS#(s):

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W. C. DEPARTMENT
ATTN: LEAH BANUELOS
P.O. BOX 2290
GOLD RIVER, CA 95741

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002644000037WC01

Case: vs PACIFIC OUTDOOR LVG/OWEN DUNN
Date Of Injury: 5/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/20	BLCE OFF SET	BALANCE OFF SET	-622.50

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 **

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

PAGE 1 OF 1

0102366 01 RE 0.432 **AUTO TO 2 1684 92781

-P02368



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

DIRECT INQUIRIES TO:

PHONE: 1-866-841-0167

GALLAGHER BASSETT-GOLD RI
P.O. BOX 2290
GOLD RIVER CA 95741-2290

OWEN DUNN AMERICAN SPECIALTY
CONTRACTORS, INC (ODASCI)

CLAIM NO. 002644 000037 WC 01

BRANCH NO. 094

CHECK NO. 0112684457

CLAIMANT:

ACC. DATE 15-May-2007

VN. 0000003144

DESCRIPTION: INV: 55462

DATE: 22-Sep-2014

DATE OF SERVICE: 14-Sep-2012 TO 19-Jun-2014

PAYMENT AMOUNT: \$2,160.00

RE0102366-0001_of_0001 1684-0002630 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0112684457 ATTACHED BELOW



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

*** INVOICE ***
Date NO#
01/29/20 63090

EAMS#(s):

BILL TO:
GALLAGHER BASSETT (CORONA)
W. C. DEPARTMENT
ATTN: CRISTINA GARNICA
P.O. BOX # 6900
CORONA, CA 92878-6900

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002812-043701-WC-01

Case: vs SHAW DIVERSIFIED SERVICES INC
Date Of Injury: 5/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/14	INITIAL EXAM	-DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	CESAR TERAN # 500158	0.00
06/16/14	INITIAL EXAM	W/ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/26/14	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL W/D RODRIGUEZ @ AMERI*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
		INITIAL	
07/21/14	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/04/14	PR2-RE/EVAL	-W/ACUPUNCTURIST LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/12/14	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/29/14	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/26/14	PR2/REEVAL	-DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/09/15	PR2/REEVAL	-DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/12/15	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL W/D KHAN @ AMERI* FINAL	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/16/15	P AND S	-DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/16/16	LIEN FIL FEE	LIEN FILING FEE	150.00
04/18/19	PENALTIES	FOR DATE OF SERVICE 06/11/14	34.50
01/16/20	INTEREST	FOR DATE OF SERVICE 06/11/14	137.03
04/18/19	PENALTIES	FOR DATE OF SERVICE 06/16/14	34.50

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

*** INVOICE ***
Date NO#
01/29/20 63090

BILL TO:
GALLAGHER BASSETT (CORONA)
W. C. DEPARTMENT
ATTN: CRISTINA GARNICA
P.O. BOX # 6900
CORONA, CA 92878-6900

EAMS#(s):
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002812-043701-WC-01

Case: vs SHAW DIVERSIFIED SERVICES INC
Date Of Injury: 5/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/20	INTEREST	FOR DATE OF SERVICE 06/16/14	137.03
04/18/19	PENALTIES	FOR DATE OF SERVICE 02/16/15	34.50
01/16/20	INTEREST	FOR DATE OF SERVICE 02/16/15	117.61
01/22/20	PMT BY CHECK	DOS 6/11/14-2/16/15* # 0160534310	-2070.00
01/29/20	BLCE OFF SET	BALANCE OFF SET	-645.17

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

002812

PAGE 1 OF 1

006438



MDG2009 00003779 1 MB .428 1

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



GALLAGHER BASSETT SERVICES INC
FOR SHAW INDUSTRIES INC

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 002812 043701 WC 01 (00WG000273)

BRANCH NO.: 170

NO.: 0160534310

CLAIMANT:

ACC DATE: 15May13

VN: 0001127749

DESCRIPTION: F&F ALL DOS PER AGREEMENT 1/14/20

DATE: 22Jan20

DATES OF SERVICE: 11Jun14 THRU 16Feb15

AMOUNT: 2070.00

BENEFIT PERIOD: THRU

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003779 004392 001 001

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

*** INVOICE ***
Date NO#
01/03/20 63846

EAMS#(s)

BILL TO:
GALLAGHER BASSETT (OR-14260)
W. C. DEPARTMENT
ATTN: JENNIFER GIANERASKI
P.O. BOX # 14260
ORANGE, CA 92863

SS # : XXX-XX-
DOB : - - -
Terms: 60 days
Claim #(s):
001000-526659WC01; 326925

Case: vs MC DONALD'S
Date Of Injury: 4/12/14; 8/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/15/14	INITIAL EXAM	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
08/26/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR BASURTO @ AMERI*	150.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/12/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON #@ 100802	0.00
09/16/14	INITIAL EXAM	W/ACUPUNCT A. LEE @ AMERI*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/16/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/01/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/01/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/04/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/09/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/12/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI W/DR RODRIGUEZ	150.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143 (FINAL)	0.00
01/28/15	FOLLOW-UP	W/ ACUPUNCT ALEX LEE @ AMERI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/20/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/15/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/28/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00

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

*** INVOICE ***
Date NO#
01/03/20 63846

EAMS#(s) :

BILL TO:
GALLAGHER BASSETT (OR-14260)
W. C. DEPARTMENT
ATTN: JENNIFER GIANERASKI
P.O. BOX # 14260
ORANGE, CA 92863

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001000-526659WC01; 326925

Case: vs MC DONALD'S
Date Of Injury: 4/12/14; 8/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/05/15	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/28/17	LIEN FIL FEE	LIEN FILING FEE	150.00
12/26/19	PMT BY CHECK	DOS 12/12/19* # 0159966855	-2790.00
01/03/20	BLCE OFF SET	BALANCE OFF SET	-150.00

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 **

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 001000 533774 WC 01 (00971)

BRANCH NO.: 138

NO.: 0159966855

CLAIMANT:

ACC DATE: 31Aug14

VN: 0002281744

DESCRIPTION: LIEN PAID IN FULL SATISFACTION FOR ALL DOS: 8/15/14-12/1/19

DATE: 26Dec19

DATES OF SERVICE: 12Dec19 THRU 12Dec19

AMOUNT: 2790.00

BENEFIT PERIOD: THRU

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003305 003689 002 002

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INSURANCE

CHECK NO. 0159966855 002930
VN. 0002281744
DATE: 26Dec19 62-20/311

CLAIM NO.: 001000 533774 WC 01 (00971)

BRANCH NO.: 138

PAY TWO THOUSAND SEVEN HUNDRED NINETY AND 00/100 DOLLARS*****

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

NOT VALID AFTER 90 DAYS
PAY EXACTLY
\$ **2790.00

Donna M. Korte

OR PAYABLE AT
CITIBANK, FSB CALIFORNIA

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

AUTHORIZED SIGNATURE



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

*** INVOICE ***
Date NO#
01/28/20 68938

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006164000069WC-01

Case: vs DUCOMMUN AEROSTRUCTURES
Date Of Injury: 1/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/16	INITIAL EXAM	-DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
03/30/16	INITIAL EXAM	-DR BIPIN BHARATWAL @ EPC* (AMENDED)	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/14/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/19/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/04/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
05/19/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/02/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/08/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/16/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/11/16	FOLLOW-UP	-W/ ACUPUNCT JEON YOON @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/13/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/18/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/26/16	PT INITIAL	-PHYSICAL THERAPY W/DR FARDAD MOGHARABI @ EPC*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
07/28/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/28/20 68938

EAMS#(s)

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006164000069WC-01

Case: vs DUCOMMUN AEROSTRUCTURES
Date Of Injury: 1/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/16	FOLLOW-UP	W/ ACUPUNCT JEON YOON @ EPC*	180.00
/ /	INTERPRETER:	JEUS A. CASTILLO # 500358	0.00
08/05/16	INITIAL EXAM	-DR MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/10/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/25/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/13/16	FOLLOW UP	-PHYS THERAPY W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/09/16	PR2/REEVAL	-& INJECTION W/DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/14/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/29/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/13/16	SHOCK WAVE	-THERAPY W/DR MOGHARABI @EPC*	150.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
10/14/16	PR2/REEVAL	-DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/19/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/20/16	SHOCK WAVE	THERAPY W/DR MOGHARABI @ EPC*	150.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/22/16	INITIAL EXAM	-DR TOSHA BROWN/LEONARD MALIN P.A. @ EPC*	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/31/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/04/16	PR2/REEVAL	-& INJECTION W/DR MASSIHI @	180.00

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

*** INVOICE ***
Date NO#
01/28/20 68938

EAMS#(s) :

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006164000069WC-01

Case: vs DUCOMMUN AEROSTRUCTURES
Date Of Injury: 1/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			
/ /	INTERPRETER:	EPC*	
11/15/16	FOLLOW UP	GLADYS PINEDA REYNA # 301721	0.00
		-PHYS TX W/DR MOGHARABI @EPC*	90.00
		(AMENDED)	
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/22/16	FOLLOW UP	-PHYSICAL TX W/DR MOGHARABI @	90.00
		EPC*	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/23/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/02/16	PR2/REEVAL	-DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/08/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/19/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/20/16	FOLLOW UP	-PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/03/17	FOLLOW UP	-PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/12/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/13/17	PR2/REEVAL	-DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/17/17	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/24/17	FOLLOW UP	-PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/25/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/03/17	PR2/REEVAL	-DR MASSIHI @ EPC*	180.00

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

*** INVOICE ***
Date NO#
01/28/20 68938

EAMS#(s) :

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006164000069WC-01

Case: vs DUCOMMUN AEROSTRUCTURES
Date Of Injury: 1/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/13/17	INITIAL EXAM	-PSYCH EVAL W/DR PARVIN SALKELD @ EPC*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/16/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/22/18	LIEN FIL FEE	LIEN FILING FEE	150.00
09/26/18	PENALTIES	FOR DATE OF SERVICE 03/10/16	34.50
10/16/19	INTEREST	FOR DATE OF SERVICE 03/10/16	95.51
09/26/18	PENALTIES	FOR DATE OF SERVICE 03/30/16	34.50
10/16/18	INTEREST	FOR DATE OF SERVICE 03/30/16	18.19
09/26/18	PENALTIES	FOR DATE OF SERVICE 04/14/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 04/14/16	74.75
09/26/18	PENALTIES	FOR DATE OF SERVICE 04/19/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 04/19/16	74.75
09/26/18	PENALTIES	FOR DATE OF SERVICE 05/04/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 05/04/16	74.75
09/26/18	PENALTIES	FOR DATE OF SERVICE 05/19/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 05/19/16	74.35
09/26/18	PENALTIES	FOR DATE OF SERVICE 06/02/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 06/02/16	73.84
09/26/18	PENALTIES	FOR DATE OF SERVICE 06/08/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 06/08/16	73.33
09/26/18	PENALTIES	FOR DATE OF SERVICE 06/16/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 06/16/16	72.93
09/26/18	PENALTIES	FOR DATE OF SERVICE 07/11/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 07/11/16	71.74
09/26/18	PENALTIES	FOR DATE OF SERVICE 07/13/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 07/13/16	71.57
09/26/18	PENALTIES	FOR DATE OF SERVICE 07/18/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 07/18/16	71.40

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

*** INVOICE ***
Date NO#
01/28/20 68938

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006164000069WC-01

Case: vs DUCOMMUN AEROSTRUCTURES
Date Of Injury: 1/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/26/18	PENALTIES	FOR DATE OF SERVICE 07/26/16	13.50
10/16/19	INTEREST	FOR DATE OF SERVICE 07/26/16	35.50
09/26/18	PENALTIES	FOR DATE OF SERVICE 07/28/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 07/28/16	70.72
09/26/18	PENALTIES	FOR DATE OF SERVICE 08/01/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 08/01/16	70.55
09/26/18	PENALTIES	FOR DATE OF SERVICE 08/05/16	34.50
10/16/19	INTEREST	FOR DATE OF SERVICE 08/05/16	89.71
09/26/18	PENALTIES	FOR DATE OF SERVICE 08/10/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 08/10/16	69.81
09/26/18	PENALTIES	FOR DATE OF SERVICE 08/25/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 08/25/16	68.79
09/26/18	PENALTIES	FOR DATE OF SERVICE 09/13/16	13.50
10/16/19	INTEREST	FOR DATE OF SERVICE 09/13/16	33.60
09/26/18	PENALTIES	FOR DATE OF SERVICE 09/09/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 09/09/16	67.15
09/26/18	PENALTIES	FOR DATE OF SERVICE 09/14/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 09/14/16	67.15
09/26/18	PENALTIES	FOR DATE OF SERVICE 09/29/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 09/29/16	66.41
09/26/18	PENALTIES	FOR DATE OF SERVICE 10/13/16	22.50
10/16/19	INTEREST	FOR DATE OF SERVICE 10/13/16	55.25
09/26/18	PENALTIES	FOR DATE OF SERVICE 10/14/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 10/14/16	66.24
09/26/18	PENALTIES	FOR DATE OF SERVICE 10/19/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 10/19/16	65.96
09/26/18	PENALTIES	FOR DATE OF SERVICE 10/20/16	22.50
10/16/19	INTEREST	FOR DATE OF SERVICE 10/20/16	54.92
09/26/18	PENALTIES	FOR DATE OF SERVICE 10/22/16	34.50
10/16/19	INTEREST	FOR DATE OF SERVICE 10/22/16	83.84
09/26/18	PENALTIES	FOR DATE OF SERVICE 10/31/16	27.00

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

*** INVOICE ***
Date NO#
01/28/20 68938

EAMS#(s) :

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006164000069WC-01

Case: vs DUCOMMUN AEROSTRUCTURES
Date Of Injury: 1/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/19	INTEREST	FOR DATE OF SERVICE 10/31/16	65.39
09/26/18	PENALTIES	FOR DATE OF SERVICE 11/04/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 11/04/16	65.16
09/26/18	PENALTIES	FOR DATE OF SERVICE 11/15/16	13.50
10/16/19	INTEREST	FOR DATE OF SERVICE 11/15/16	32.16
09/26/18	PENALTIES	FOR DATE OF SERVICE 11/22/16	13.50
10/16/19	INTEREST	FOR DATE OF SERVICE 11/22/16	31.96
09/26/18	PENALTIES	FOR DATE OF SERVICE 11/23/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 11/23/16	63.86
09/26/18	PENALTIES	FOR DATE OF SERVICE 12/02/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 12/02/16	63.46
09/26/18	PENALTIES	FOR DATE OF SERVICE 12/08/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 12/08/16	62.78
09/26/18	PENALTIES	FOR DATE OF SERVICE 12/19/16	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 12/19/16	62.33
09/26/18	PENALTIES	FOR DATE OF SERVICE 12/20/16	13.50
10/16/19	INTEREST	FOR DATE OF SERVICE 12/20/16	31.14
09/26/18	PENALTIES	FOR DATE OF SERVICE 01/03/17	13.50
10/16/19	INTEREST	FOR DATE OF SERVICE 01/03/17	30.94
09/26/18	PENALTIES	FOR DATE OF SERVICE 01/12/17	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 01/12/17	61.14
09/26/18	PENALTIES	FOR DATE OF SERVICE 01/13/17	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 01/13/17	61.08
09/26/18	PENALTIES	FOR DATE OF SERVICE 01/17/17	13.50
10/16/19	INTEREST	FOR DATE OF SERVICE 01/17/17	30.51
09/26/18	PENALTIES	FOR DATE OF SERVICE 01/24/17	13.50
10/16/19	INTEREST	FOR DATE OF SERVICE 01/24/17	30.34
09/26/18	PENALTIES	FOR DATE OF SERVICE 01/25/17	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 01/25/17	60.63
09/26/18	PENALTIES	FOR DATE OF SERVICE 02/03/17	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 02/03/17	60.29

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

*** INVOICE ***
Date NO#
01/28/20 68938

EAMS#(s) :

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006164000069WC-01

Case: vs DUCOMMUN AEROSTRUCTURES
Date Of Injury: 1/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/26/18	PENALTIES	FOR DATE OF SERVICE 02/13/17	34.50
10/16/19	INTEREST	FOR DATE OF SERVICE 02/13/17	76.45
09/26/18	PENALTIES	FOR DATE OF SERVICE 02/16/17	27.00
10/16/19	INTEREST	FOR DATE OF SERVICE 02/16/17	59.66
01/20/20	PMT BY CHECK	DOS 10/3/16-2/16/17* # 0160485223	-7000.00
01/28/20	BLCE OFF SET	BALANCE OFF SET	-4617.49

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 00002585 1 MB .428 1

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



GALLAGHER BASSETT SERVICES INC
FOR STARR INDEMNITY & LIAB CO

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

CLAIM NO.: 006164 000069 WC 01 (GAR)

CLAIMANT:

DESCRIPTION: LIEN

BRANCH NO.: 243

ACC DATE: 26Jan16

NO.: 0160485223

VN: 0000018126

DATE: 20Jan20

DATES OF SERVICE: 10Mar16 THRU 16Feb17

BENEFIT PERIOD: THRU

AMOUNT: 7000.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0002585 003172 001 002

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

GALLAGHER BASSETT SERVICES INC
FOR STARR INDEMNITY & LIAB CO

CHECK NO. 0160485223 002552
VN. 0000018126
DATE: 20Jan20 62-20/311

CLAIM NO.: 006164 000069 WC 01 (GAR) BRANCH NO.: 243
PAY SEVEN THOUSAND AND 00/100 DOLLARS*****

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

NOT VALID AFTER 90 DAYS
PAY EXACTLY
\$ **7000.00

Donna M. Korte

OR PAYABLE AT
CITIBANK, FSB CALIFORNIA

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

AUTHORIZED SIGNATURE



0160485223 0311002091

40074901

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

*** INVOICE ***
Date NO#
01/08/20 73748

BILL TO:
UEF/GOOD SAVIOR/TRINITY AMBULA

ATTN: ATEF AWADA (SHAREHOLDER)
8205 SOMERSET BLVD.
PARAMOUNT, CA 90723

EAMS#(s) :
I J9825121
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
N/A

Case: vs GOOD SAVIOR/TRINITY AMBULANCE
Date Of Injury: 4/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/29/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	CESAR TERAN # 500150	0.00
09/03/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/24/14	PR2-RE/EVAL	W/ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/29/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/04/14	FOLLOW-UP	W/ ACUPUNCT ALEX LEE*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/10/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RODRIGUEZ @ AMERI*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 FINAL	0.00
12/12/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/13/15	F/U CHIRO TX	CHIRO TREATMENT @ AMERI CHIRO W/DR SHARMA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/23/15	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/01/16	LIEN FIL FEE	LIEN FILING FEE	150.00
12/18/19	PMT BY CHECK	DOS 12/6/19 CASHIER CHECK # 0060165723 WALL MCCO	-1000.00
01/08/20	BLCE OFF SET	BALANCE OFF SET	-670.00

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

*** INVOICE ***
Date NO#
01/08/20 73748

EAMS#(s) :

BILL TO:
UEF/GOOD SAVIOR/TRINITY AMBULA

ATTN: ATEF AWADA (SHAREHOLDER)
8205 SOMERSET BLVD.
PARAMOUNT, CA 90723

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
N/A

Case: vs GOOD SAVIOR/TRINITY AMBULANCE
Date Of Injury: 4/23/14

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 **

Southland
CREDIT UNION



P.O. Box 3003
Los Angeles, CA 90008
800.424.1910
Southland, CA 90008

PAYABLE THROUGH
FIDELITY INTERSTATE BANK
BULLINGS, MT

No. 0060165723
02 0060165723

12/18/19

\$1,000.00

*** ONE THOUSAND DOLLARS AND 00 CENTS ***

Pay

EXACTLY 1,000 dols 00 cts

To The Order Of

JOYCE ALTMAN INTERPRETING
RE: GOOD SAVIOR LLC/DBA: TRINITY
AMBULANCE & MEDICAL TRANS

CASHIER'S CHECK

AUTHORIZED SIGNATURE

⑈0060165723⑈ ⑆092005411⑆0140010211135⑈

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

*** INVOICE ***
Date NO#
01/22/20 74707

EAMS#(s):

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: DAVID DONAVAN
P.O. BOX 1368
WILKES BARRE, PA 18703

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SMWC7805002-0001

Case: vs SMG APPAREL INC
Date Of Injury: 5/17/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/17	INITIAL EXAM	-DR TOSHA BROWN/SCHILLING @ 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 3 100541	0.00
07/31/17	PR2/REEVAL	-DR RONALD SCHILLING @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/28/17	PR2/REEVAL	-DR SCHILLING & W/DR DORIAN @ UNITED CLINICS*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/27/18	PENALTIES	FOR DATE OF SERVICE 6/26/17	34.50
01/13/20	INTEREST	FOR DATE OF SERVICE 6/26/17	62.68
09/27/18	PENALTIES	FOR DATE OF SERVICE 7/10/17	27.00
01/13/20	INTEREST	FOR DATE OF SERVICE 7/10/17	49.06
09/27/18	PENALTIES	FOR DATE OF SERVICE 7/31/17	27.00
01/13/20	INTEREST	FOR DATE OF SERVICE 7/31/17	49.06
09/27/18	PENALTIES	FOR DATE OF SERVICE 8/28/17	27.00
01/13/20	INTEREST	FOR DATE OF SERVICE 8/28/17	48.77
10/02/18	LIEN FIL FEE	LIEN FILING FEE	150.00
01/17/20	PMT BY CHECK	DOS 5/17/17* # 009760049	-590.00
		GUARD INS	
01/22/20	BLCE OFF SET	BALANCE OFF SET	-655.07

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

*** INVOICE ***
Date NO#
01/22/20 74707

EAMS#(s):

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: DAVID DONAVAN
P.O. BOX 1368
WILKES BARRE, PA 18703

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SMWC7805002-0001

Case: vs SMG APPAREL INC
Date Of Injury: 5/17/17

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 **

009760049

1370



JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Please see attached documentation.

GDCH10200117705.001370.01.02.000000

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company

Wells Fargo Bank, N.A.

009760049

P.O. Box A-H
Wilkes-Barre, PA 18703-0020

11-24
T210

⇒⇒⇒⇒⇒ PAY ONLY **\$590.00**
DOLLAR FIVE NINE ZERO PERIOD ZERO ZERO

DATE
01/17/2020

AMOUNT
*****\$590.00

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER \$10000

■ FIVE HUNDRED NINETY DOLLARS AND 00 CENTS*****

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

VOID OVER \$590.00

⑈009760049⑈ ⑆121000248⑆ 2000519409116⑈

Explanation of Review



Carrier

Carrier No:
Carrier: NORGUARD INSURANCE COMPANY
P.O. BOX A-H / 16 S. RIVER STREET
WILKES-BARRE, PA 18703-0020

Bill: GUA-GUCA-938438

Provider

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

Claimant

NPI:

Tax ID: 33-0956713

License: A9999999

Rendering Provider: INTERPRETERS, JOYCE ALTMAN

External ID: 5386

Invoice Date: 01-09-2020

Patient Account: 74707

Rendering NPI:

Type: CL

Specialty (1): AO

Specialty (2): AO

Claim Number: SMWC785002-001

DOI/DOL: 05-17-2017

External Claim Number: SM785002001

Payment Status Code: 1

Bill Details

Dates of Service: 05-17-2017
Post Date: 01-15-2020

Reviewer: MT/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: JMUKORO

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS Rev./Proc. Code	Dx. Charges	Units BR	Description Network	ONR	Other	Explanation Code(s) Allow.
1	05-17-2017	11 MDS10	A 590.00	1	SETTLEMENT FOR DISPUTE			G67, 961 590.00

Totals

Total Charges: 590.00

Recommended Allowance:

590.00

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-011420200307

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

*** INVOICE ***
Date NO#
01/28/20 71326

EAMS#(s):

BILL TO:

THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: DEANNE JAUREGUI
P.O. BOX 14475
LEXINGTON, KY 40512

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
Y67C30391

Case: vs KAMARAN STAFFING/KBS
Date Of Injury: 3/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/14	INITIAL EXAM	DR OBUKHOFF @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/02/14	PRE-OP	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/05/14	ADMISSION	-DR OBUKHOFF @ MONROVIA HOSP (2HRS 30M)	225.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/06/14	SURGERY	-DR OBUKHOFF: L/S @ MONROVIA HOSP (2HRS 49M)	247.50
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/16/14	POST-OP	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/26/15	PMT BY CHECK	DOS 8/7/14-10/16/14* =# 001554887	-180.00
02/24/15	PMT BY CHECK	DOS 8/7/14-10/6/14* =# 001553409	-270.00
01/15/15	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MEDICAL	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/19/15	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/04/15	PMT BY CHECK	DOS 10/06/14-01/05/15* # 001633867	-90.00
08/31/15	PMT BY CHECK	DOS 10/06/14-02/19/15* # 001643685	-90.00
09/16/15	ADMISSION	-DR WILKER @MONROVIA MEMORIAL HOSPITAL (2HRS 50M)	247.50
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
09/17/15	SURGERY	-DR WILKER: L/S @ MONROVIA HOSPITAL (5 HRS)	450.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/29/15	PMT BY CHECK	DOS 9/16/15-9/17/15*	-180.00

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

*** INVOICE ***
Date NO#
01/28/20 71326

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C30391

Case: vs KAMARAN STAFFING/KBS
Date Of Injury: 3/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
		=# 001663865	
03/13/17	LIEN FIL FEE	LIEN FILING FEE	150.00
10/28/19	PENALTIES	FOR DATE OF SERVICE 08/07/14	21.00
01/13/20	INTEREST	FOR DATE OF SERVICE 08/07/14	46.01
01/21/20	PMT BY CHECK	DOS 1/13/20* # 131155033 0	-1300.00
01/28/20	BLCE OFF SET	BALANCE OFF SET	-227.01

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 **

LUMBERMEN'S UNDERWRITING ALLIANCE

001554887

63-4
630

369729

BOCA RATON, FLORIDA 33433

DATE INCURRED

ACCOUNT NO.

POLICY NO.

CLAIM NO.

ISSUE DATE

03-06-14

58397-4105

431447

WC-CA-369729

FEBRUARY 26, 2015

001554887

INSURED KALIFORNIA BUSINESS STAFFING, INC

CLAIMANT

PAYER TAX ID: 330956713

NATURE

FROM 08-07-14 TO 10-16-14

MED SERVICES PER AUDIT/REPRICING

OF

CPCA189895

PAYMENT

63697

PAY ONE HUNDRED EIGHTY AND 00/100 DOLLARS

BANK OF AMERICA, N.A.

\$ *****180.00

TO

JOYCE ALTMAN INTERPRETERS, INC

THE

P.O. BOX 4165

ORDER

TUSTIN

CA 92781

OF

SYS

DUB RED IMAGE
FOLDS WITH HEAT

VOID IF NOT CASHED WITHIN 6 MONTHS

Christine E. Lynn
AUTHORIZED SIGNATURE

COUNTERSIGNATURE MAY BE REQUIRED

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈001554887⑈ ⑆063000047⑆ 003601187388⑈

LUMBERMEN'S UNDERWRITING ALLIANCEJOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781

Check Number: 001554887

Date: FEBRUARY 26, 2015

Paid Amount: *****180.00

Dates: 08-07-14 TO 10-16-14

Bill ID No: 63697

Nature of Pay: MED SERVICES PER AUDIT/REPRICING
CPCA189895

Special Instructions:

PAID MAR 03 2015

Explanation of Review



Carrier	LUMBERMEN'S UNDERWRITING CA WC Carrier No: Carrier: LUMBERMEN'S UNDERWRITING ALLIA 1905 NW CORPORATE BLVD BOCA RATON, FL 33431-7307	
Bill:	ICI-CPCA-189895	
Provider	JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165	
Claimant		

NPI:	Rendering NPI:	Claim Number: 369729	Claim Type: LT
Tax ID: 33-0956713	Type: AE Specialty (I): GP	DOL/DOL: 03-06-2014	
License: 999999999		CR Date / BR Date: 02-13-2015 / 02-16-2015	
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC		External Claim Number: 7357636-6458825	
External ID: 3239661		Social Security Number:	
Invoice Date: 10-16-2014		Policy Number: 431447	
Patient Account: 63697		Employer/Insured: KALIFORNIA BUSINESS STAFFING, INC	
		Employer/Insured Address: 480 W ALLUVIAL FRESNO, CA 93650	
Payment Status Code: 1		Policy Admin Information: EF8296	
		Branch ID: K019	

Bill Details	Dates of Service: 08-07-2014 to 10-16-2014 Post Date: 02-24-2015	Reviewer: @a/bc Pay Auth: N	File: 00000345/00000000/00000000 Other: Y OT S NV HF C NV CR Seq: 15047200110101
		Adjuster: CP_LHARRELL	

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	SR	PPO	RSZ	NGD	Explanation Code(s)	ISR	Allow.
1	08-07-2014	11		Q00014	230.00	A	120	INT OTHER 15 4/1/97					G1, 790		90.00
2	10-02-2014	11		Q00014	180.00	A	120	INT OTHER 15 4/1/97					G56, 224		0.00
3	10-05-2014	11		Q00014	225.00	A	120	INT OTHER 15 4/1/97					G56, 224		0.00
4	10-06-2014	11		Q00014	247.50	A	120	INT OTHER 15 4/1/97					G56, 224		0.00
5	10-16-2014	11		Q00014	180.00	A	120	INT OTHER 15 4/1/97					G1, 790		90.00
Totals					Total Charges: 1,062.50										
					Bill Review Reductions:			882.50							
					Recommended Allowance:										<u>180.00</u>

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
(800) 822-6099

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DCN Number: 15047200110101

Explanation of Review

Claimant Name:

Claim Number: 369729

Bill: ICI-CPCA-189895

Bill Details

Dates of Service: 08-07-2014 to 10-16-2014
Post Date: 02-24-2015Reviewer: @/bC
Pay Auth: NFile: 00000345/00000000/00000000
Other: Y OT S NV HF C NV
CR Seq: 15047200110101

Adjuster: CP_LHARRELL

Bill ICD Version: 9

Dx A: 959.9 INJURY-SITE NOS

Messages

- 224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
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.

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee 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.

File: E345

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
(800) 822-6099

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DCN Number: 15047200110101

63-4
630

LUMBERMEN'S UNDERWRITING ALLIANCE

001553409

369729

BOCA RATON, FLORIDA 33433

DATE INCURRED

ACCOUNT NO.

POLICY NO.

CLAIM NO.

ISSUE DATE

03-06-14

58397-4105

431447

WC-CA-369729

FEBRUARY 24, 2015

001553409

INSURED KALIFORNIA BUSINESS STAFFING, INC

CLAIMANT

PAYER TAX ID: 330956713

NATURE

FROM 08-07-14 TO 10-06-14
MED SERVICES PER AUDIT/REPRICING
OF CPCA187900

PAYMENT

PAY TWO HUNDRED SEVENTY AND 00/100 DOLLARS

BANK OF AMERICA, N.A.

\$ *****270.00

VOID IF NOT CASHED WITHIN 6 MONTHS

Christine E. Lynn
AUTHORIZED SIGNATURE

COUNTERSIGNATURE MAY BE REQUIRED

TO

THE

ORDER

OF

SYS

JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781PUB RED IMAGE
FACES WITH HEAT

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈001553409⑈ ⑆063000047⑆ 003601187388⑈

LUMBERMEN'S UNDERWRITING ALLIANCE

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

Check Number: 001553409

Date: FEBRUARY 24, 2015

Paid Amount: *****270.00

Dates: 08-07-14 TO 10-06-14

PAID MAR 03 2015

Bill ID No:

63697

Nature of Pay: MED SERVICES PER AUDIT/REPRICING
CPCA187900

Special Instructions:

Explanation of Review

Claimant Name:

Claim Number: 369729

Bill: IC1-CPCA-187900

Bill Details

Dates of Service: 08-07-2014 to 10-06-2014
Post Date: 02-20-2015Reviewer: @a/bc
Pay Auth: NFile: 00000460/00000000/00000000
Other: Y OT S NV HF I PRA
CR Seq: 15043300160211

Adjuster: CP_LHARRELL

Bill ICD Version: 9

Dx A: 959.9 INJURY-SITE NOS

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
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.

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): After an BOR 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an BOR which is the final written determination by the claims administrator on the bill. After the BOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the BOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee 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.

File: E460

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
(800) 822-6099

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DCN Number: 15043300160211

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership

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

Check Number: 001633867 ✓

Date: AUGUST 04, 2015 ✓

Paid Amount: *****90.00 ✓

Dates: 10-06-14 TO 01-05-15

Bill ID No: 63697

Nature of Pay: MED SERVICES PER AUDIT/REPRICING
CPCA267527

Special Instructions:

PAY

BY:

Explanation of Review



Carrier	LUA IN RECEIVERSHIP CA WC Carrier No: Carrier: LUMBERMEN'S UNDERWRITING ALLIA 1905 NW CORPORATE BLVD BOCA RATON, FL 33431-7307		
Provider	JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165	Bill:	IC1-CPCA-267527
		Claimant	

NPI: Tax ID: 33-0956713 License: 999999999 Rendering Provider: JOYCE ALTMAN INTERPRETERS INC External ID: 3239661 Invoice Date: 01-05-2015	Rendering NPI: Type: AE Specialty (1): AO Claim Number: 369729 OWDOL: 03-06-2014 CR Date / BR Date: 07-21-2015 / 07-22-2015 External Claim Number: 7357636-6458825 Social Security Number: Policy Number: 431447 Employer/Insured: KALIFORNIA BUSINESS STAFFING, INC Employer/Insured Address: 480 W ALLUVIAL FRESNO, CA 93650	Claim Type: LT Payment Status Code: 1 Policy Admin Information: EF8296 Branch ID: K019

Bill Details	Dates of Service: 10-06-2014 to 01-05-2015 Post Date: 07-31-2015	Reviewer: @@/b@ Pav Auth: N	File: 00000230/00000000/00000000 Other: Y OT S NV HF C NV CR Seq: 15203101390101

Adjuster: CP_LHARRELL

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	SR	PPO	RSZ	NGD	Explanation Code(s)	
													ISR	Allow.
1	10-06-2014	11	9	Q00014	247.50	A	1	INT OTHER 15 4/1/97						G56, 224
														0.00
2	10-16-2014	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97						G56, 224
														0.00
3	01-05-2015	11	9	Q00014	180.00	A	1	INT OTHER 15 4/1/97						G1, 790
														90.00

Totals	Total Charges: 607.50 Bill Review Reductions: 517.50 Recommended Allowance:		90.00

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15203101390101

Explanation of Review

Claimant Name:
 Claim Number: 308/29
 Bill: IC1-CPCA-267527

Bill Details

Date of Service: 10-06-2014 to 01-05-2015
 Post Date: 07-31-2015

Reviewer: @@/b@
 Pay Auth: N

File: 00000230/00000000/00000000
 Other: Y OT S NV HF C NV
 CR Seq: 15203101390101

Adjuster: CP_LHARRELL

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Messages

- 224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
- 790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
- 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.

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee 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.

File: E230

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15203101390101

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership

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

Check Number: 001643685 ✓

Date: AUGUST 31, 2015 ✓

Paid Amount: *****90.00 ✓

Dates: 10-06-14 TO 02-19-15

Bill ID No: 63697

Nature of Pay: MED SERVICES PER AUDIT/REPRICING
CPCA283365

Special Instructions:

PAID

#63697

BY:

Explanation of Review



Carrier

LUA IN RECEIVERSHIP CA WC
 Carrier No:
 Carrier: LUMBERMEN'S UNDERWRITING ALLIA
 1905 NW CORPORATE BLVD
 BOCA RATON, FL 33431-7307

Bill: IC1-CPCA-283365

Provider

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

Claimant

NPI: Rendering NPI:
 Tax ID: 33-0658713 Type: AE Specialty (1): AO
 License: 999999999
 Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
 External ID: 3239661
 Invoice Date: 02-19-2015
 Patient Account: 63697

Claim Number: 369729

DO/DOL: 03-06-2014

Claim Type: LT

CR Date / BR Date: 08-17-2015 / 08-19-2015

External Claim Number: 7357636-6458825

Social Security Number:

Policy Number: 431447

Employer/Insured: KALIFORNIA BUSINESS STAFFING, INC

Employer/Insured Address: 480 W ALLUVIAL

FRESNO, CA 93650

Policy Admin Information: EF8296

Branch ID: K019

Payment Status Code: 1

Bill Details

Dates of Service: 10-06-2014 to 02-19-2015
 Post Date: 08-27-2015

Reviewer: @2/bc

File: 00000230/00000000/00000000

Pay Auth: N

Other: Y OT S NV HF C NV

CR Seq: 15231300620071

Adjuster: CP_LHARRELL

Bill IC0 Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev/Proc. Code	Charges	Dx.	Units	Description	SR	PPO	RSZ	NGD	ISR	Allow.	Explanation Code(s)
1	10-06-2014	11	9	Q00014		A	1	INT OTHER 15 4/1/97							G56, 224
					247.50		247.50								0.00
2	10-16-2014	11	9	Q00014		A	1	INT OTHER 15 4/1/97							G56, 224
					180.00		180.00								0.00
3	01-05-2015	11	9	Q00014		A	1	INT OTHER 15 4/1/97							G56, 224
					180.00		180.00								0.00
4	02-19-2015	11	9	Q00014		A	1	INT OTHER 15 4/1/97							G1, 790
					180.00		90.00								90.00

Totals

Total Charges: 787.50
 Bill Review Reductions: 697.50
 Recommended Allowance:

90.00

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15231300620071

Explanation of Review

Claimant Name:

Claim Number: 009129

Bill: IC1-CPCA-283365

Bill Details

Dates of Service: 10-06-2014 to 02-19-2015
Post Date: 08-27-2015Reviewer: @a/b@
Pay Auth: NFile: 00000230/00000000/00000000
Other: Y OT S NV HF C NV
CR Seq: 15231300620071

Adjuster: CP_LHARRELL

Bill ICD Version: 9

Dx A: 959.9 INJURY-SITE NOS

Messages

- 224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
- 790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
- 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.

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): 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 SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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 (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee 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.

File: E230

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
(800) 822-6099

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DCN Number: 15231300620071

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership

63-4
630 369729 BOCA RATON, FLORIDA 33431 001663865

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
03-06-14	58397-4105	431447	WC-CA-369729	OCTOBER 29, 2015

001663865

INSURED KALIFORNIA BUSINESS STAFFING, INC

CLAIMANT

PAYER TAX ID: 330956713

NATURE

FROM 08-07-14 TO 09-17-15
MED SERVICES PER AUDIT/REPRICING
CPCA309333

OF

PAYMENT

PAY ONE HUNDRED EIGHTY AND 00/100 DOLLARS

BANK OF AMERICA, N.A.

TO

JOYCE ALTMAN INTERPRETERS, INC

THE

P.O. BOX 4165

ORDER

TUSTIN

CA 92781

OF

SYS

\$ *****180.00

VOID IF NOT CASHED WITHIN 6 MONTHS

Esuee Batty

AUTHORIZED SIGNATURE

COUNTERSIGNATURE MAY BE REQUIRED

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈001663865⑈ ⑆063000047⑆ 003601187388⑈

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership

JOYCE ALTMAN INTERPRETERS, INC

P.O. BOX 4165

TUSTIN

CA 92781

Check Number: 001663865

Date: OCTOBER 29, 2015

Paid Amount: *****180.00

Dates: 08-07-14 TO 09-17-15

Bill ID No:

63697

Nature of Pay: MED SERVICES PER AUDIT/REPRICING
CPCA309333

Special Instructions:

PAID NOV 02 2015

Explanation of Review



Carrier

LUA IN RECEIVERSHIP CA WC
 Carrier No:
 Carrier: LUMBERMEN'S UNDERWRITING ALLIA
 1905 NW CORPORATE BLVD
 BOCA RATON, FL 33431-7307

Bill: IC1-OPCA-308333

Provider

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

Claimant

NPI: Rendering NPI:
 Tax ID: 33-0956713 Type: AE Specialty (1): AO
 License: 999999999
 Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
 External ID: 3239661

Invoice Date: 09-17-2015

Claim Number: 369729
 DO/DOL: 03-06-2014 Claim Type: LT
 CR Date / BR Date: 10-19-2015 / 10-20-2015
 External Claim Number: 7357636-6458825
 Social Security Number:
 Policy Number: 431447
 Employer/Insured: KALIFORNIA BUSINESS STAFFING, INC
 Employer/Insured Address: 480 W ALLUVIAL
 FRESNO, CA 93650

Payment Status Code: 1

Policy Admin Information: EF8296

Branch ID: K019

Bill Details

Dates of Service: 08-07-2014 to 09-17-2015
 Post Date: 10-27-2015

Reviewer: @@b@
 Pay Auth: N

File: 00000345/00000000/00000000
 Other: Y OT S NV HF C NV
 CR Seq: 15293200580041

Adjuster: CP_LHARRELL

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charge	Dx.	Units	Description	SR	PPO	RSZ	NGD	ISR	Allow.
1	08-07-2014	11		Q00014	230.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
2	10-02-2014	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
3	10-05-2014	11		Q00014	225.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
4	10-06-2014	11		Q00014	247.50	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
5	10-16-2014	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
6	01-05-2015	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00
7	02-19-2015	11		Q00014	180.00	A	1	INT OTHER 15 4/1/97					G56, 224	0.00

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15293200580041

Explanation of Review

Claimant Name:
 Claim Number: 369729
 Bill: IC1-CPCA-309333

Bill Details

Dates of Service: 08-07-2014 to 09-17-2015
 Post Date: 10-27-2015

Reviewer: @a/bc
 Pay Auth: N

File: 00000345/00000000/00000000
 Other: Y OT S NV HF C NV
 CR Seq: 15293200580041

Adjuster: CP_LHARRELL

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	PPO	RSZ	NGD	Explanation Code(s)	ISR	Allow.
							BRV	SR						
8	09-16-2015	11		Q00014	247.50	A	1	INT OTHER 15 4/1/97				G1, 790		90.00
							157.50							
9	09-17-2015	11		Q00014	450.00	A	1	INT OTHER 15 4/1/97				G1, 790		90.00
							360.00							
Totals					Total Charges:		2,120.00							
					Bill Review Reductions:		1,940.00							
					Recommended Allowance:									180.00

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
 790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
 G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
 Q56 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.

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-8099

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DCN Number: 15293200580041

Explanation of Review

Claimant Name:
 Claim Number: 369729
 Bill: IC1-CPCA-309333

Bill Details

Date of Service: 08-07-2014 to 09-17-2015
 Post Date: 10-27-2015

Reviewer: @@/bC
 Pav Auth: N

File: 00000345/00000000/00000000
 Other: Y OT S NV HF C NV
 CR Seq: 15293200580041

Adjuster: CP_LHARRELL

Bill ICD Version: 9
 Dx A: 959.9 INJURY-SITE NOS

Notes

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File: E345

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
 GENEX MAILROOM, THE METROTECH CENTER, 123 WYOMING AVENUE, SCRANTON, PA 18503
 (800) 822-6099

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DCN Number: 15293200580041



ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
8774699222 x2308201

JOYCE ALTMAN
INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

**Attention: This remittance incorporates
1 claim payments**

Special Handling RM

Explanation of Benefits

Page 1 of 2

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid		
03/06/2014	72WE JY4996 Y67C 30391	AARON THOMAS COMPANY	\$1,300.00		
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 01/13/2020 01/13/2020 Amount Paid \$1,300.00		
Claim Handler: SARA POOL 8774699222 x2308201 ClaimPlus Work Comp Claim Center PO Box 14472 Lexington, KY 40512-4472		Additional Comments:			
Issue Date	01/21/2020	Check Number	131155033 0	Total Check Amount	\$1,300.00

Please keep the above information for your records.

118989539

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

*** INVOICE ***
Date NO#
01/13/20 60010

EAMS#(s):

BILL TO:

INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: DEAN SULTANI
P.O. BOX # 509039
SAN DIEGO, CA 92150

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-13-08305

Case: vs FSP
Date Of Injury: 11/30/12-9/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/13	INITIAL EXAM	-DR ATAMIAN @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
11/14/13	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/16/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @	150.00
/ /		SPECIALTY CARE*	
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
12/12/13	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
12/14/13	EMG TESTING	-& NCV BY DR SCHILLING: L/E @	150.00
/ /		SPECIALTY CARE*	
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
01/15/14	PT PR-2	-PHYS THERAPY W/DR ARAKELIAN@	90.00
/ /		SPECIALTY CARE*	
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
02/06/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500279	0.00
03/06/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MOPRAN # 500279	0.00
03/12/14	PT P&S	-PHYS THERAPY W/DR ARAKELIAN	90.00
/ /		@ SPECIALTY CARE*	
/ /	INTERPRETER:	JORGE MORAN # 500279	0.00
03/08/14	EMG TESTING	-& NCV BY DR SCHILLING: U/E @	150.00
/ /		SPECIALTY CARE*	
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
04/03/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
05/23/14	PR2/REEVAL	-DR MIRZABEIGI @ SPECIALTY	180.00
/ /		CARE*	
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
06/05/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00

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

*** INVOICE ***
Date NO#
01/13/20 60010

EAMS#(s):

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: DEAN SULTANI
P.O. BOX # 509039
SAN DIEGO, CA 92150

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1010-13-08305

Case: vs FSP
Date Of Injury: 11/30/12-9/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
07/03/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
07/31/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 50270	0.00
08/28/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/15/14	INITIAL EXAM	-DR GABRIEL WADE @ SPECIALTY CARE* (AMENDED)	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/25/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
10/23/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
10/20/14	PR2/REEVAL	-DR WADE @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
11/20/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
12/18/14	P AND S	-DR ATAMIAN @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
06/13/16	LIEN FIL FEE	LIEN FILING FEE	150.00
12/21/17	PENALTIES	FOR DATE OF SERVICE 10/3/13	34.50
01/23/20	INTEREST	FOR DATE OF SERVICE 10/3/13	153.12
12/21/17	PENALTIES	FOR DATE OF SERVICE 3/12/14	13.50
01/23/20	INTEREST	FOR DATE OF SERVICE 3/12/14	59.72
12/21/17	PENALTIES	FOR DATE OF SERVICE 12/18/14	34.50
01/23/20	INTEREST	FOR DATE OF SERVICE 12/18/14	120.95
01/03/20	PMT BY CHECK	DOS 10/3/13-11/14-19* # 2933858	-3000.00
01/13/20	BLCE OFF SET	BALANCE OFF SET	-1406.29

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

*** INVOICE ***
Date NO#
01/13/20 60010

EAMS#(s):

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: DEAN SULTANI
P.O. BOX # 509039
SAN DIEGO, CA 92150

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1010-13-08305

Case: vs FSP
Date Of Injury: 11/30/12-9/13/13

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 **

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 01/03/2020
Check Number: 2933858
Check Amount: \$3,000.00



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, 2R78F7

2R78F7

11/9/18 3:44 PM 3 0000521 20200106 PA1FJ101 JOP-FEC 1 oz DOM PA1FJ10000* 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
10101308305		09/13/2013		180	10/03/2013	11/14/2019	\$3,000.00
Category	Stub Notes						Stub Amount
180	Per S&O dated 12/20/19						\$0.00

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

*** INVOICE ***
Date NO#
02/13/20 73062

EAMS#(s):

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ANGELA MOORE
P.O. BOX # 509039
SAN DIEGO, CA 92150

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2017011058

Case: vs McDONALD'S
Date Of Injury: 3/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/17	INITIAL EXAM	-DR MAYYA KRAVCHENKO @ GOFNUN CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/19/17	F/U CHIRO TX	-W/DR KRAVCHENKO @ GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/02/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/16/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/19/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/26/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	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	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/23/18	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
03/09/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/16/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/19/18	PMT BY CHECK	DOS 12/15/17-2/9/18*	-1040.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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W. C. DEPARTMENT
ATTN: ANGELA MOORE
P.O. BOX # 509039
SAN DIEGO, CA 92150

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2017011058

Case: vs McDONALD'S
Date Of Injury: 3/6/17

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			
		# 2097795	
03/23/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/12/18	INITIAL EXAM	-DR ALLEN MASSIHI @ GOFNUNG	230.00
		CHIRO*	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/13/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/17/18	PMT BY CHECK	DOS 2/16/18-4/12/18*	-630.00
		# 2176295	
05/17/18	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/25/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/14/18	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/29/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LSIBETH C. PARRENO # 101080	0.00
07/13/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/19/19	LIEN FIL FEE	LIEN FILING FEE	150.00
10/22/19	PENALTIES	FOR DATE OF SERVICE 04/12/18	34.50
12/18/19	INTEREST	FOR DATE OF SERVICE 04/12/18	26.77
01/30/20	BLCE OFF SET	BALANCE OFF SET 12/17/19	-441.27
12/30/19	PMT BY CHECK	DOS 3/6/17-12/17/19*	-900.00
		# 2928025	

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

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Date NO#
02/13/20 73062

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ATTN: ANGELA MOORE
P.O. BOX # 509039
SAN DIEGO, CA 92150

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2017011058

Case: vs McDONALD'S
Date Of Injury: 3/6/17

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 **

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

MR 
Check Date: 03/19/2018
Check Number: 2097795
Check Amount: \$1,040.00

3/1/18 2:21 PM 3 0001060 20180320 NC66G103 JOP-PEC 1 ca DOM NC66G10000* 181281 CK



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



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, E4K672

Payment Summary

2017011058		03/06/2017	73062	180	12/15/2017	02/09/2018	\$1,040.00
Category	Stub Notes						Stub Amount
180	Joyce Altman Interpreters, Inc. - Interpreting services for medical appointment						\$0.00

MAR 27 2018

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 05/17/2018
Check Number: 2176295
Check Amount: \$630.00



4/18/18 2:34 PM 3 0001136 20180618 NESZ2103 JOP-FEC 1 oz DOM NESZ210000*181281 CK



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



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, 1P4G7A

Payment Summary

2017011058	03/06/2017	73062	—	180	02/16/2018	04/12/2018	\$630.00

MAY 25 2018

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 12/30/2019
Check Number: 2928025
Check Amount: \$900.00



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, ST96FF

ST96FF

11/9/18 3:44 PM 3 0000888 20191231 OL8R8102 JOP-FEC 1 oz DCM OL8R810000* 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
2017011058		03/06/2017		180	03/06/2017	12/17/2019	\$900.00
Category	Stub Notes						Stub Amount
180	Per S&O dated 12/17/19						\$0.00

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

*** INVOICE ***
Date NO#
02/06/20 64251

EAMS#(s):

BILL TO:
KEENAN & ASSOC. (TOR-2707)
W. C. DEPARTMENT
ATTN: ISEL CUEVA
P.O. BOX 2707
TORRANCE, CA 90509

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2009104672

Case: vs CITY OF WHITTIER
Date Of Injury: 2/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/14	INITIAL EXAM	-DR ATAMIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GABRIEL DAVIS # 100541	0.00
09/29/14	INITIAL EXAM	-DR WADE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
10/27/14	PR2/REEVAL	-DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
11/18/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
11/26/14	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/24/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/03/15	INITIAL EXAM	DR R. HIGASHI @ ACS*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/22/14	INITIAL EXAM	-DR AHMAD @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/28/15	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
04/28/15	PR2/REEVAL	-DR J. MILLMAN @ ADVANCE CARE	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/14/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/11/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/19/15	INITIAL EXAM	-DR S. AHDAB @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	PAUL LAZACANO # 101143	0.00
07/07/15	LIEN FIL FEE	LIEN FILING FEE	150.00
07/09/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/21/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00

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

*** INVOICE ***
Date NO#
02/06/20 64251

EAMS#(s):

BILL TO:
KEENAN & ASSOC. (TOR-2707)
W. C. DEPARTMENT
ATTN: ISEL CUEVA
P.O. BOX 2707
TORRANCE, CA 90509

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2009104672

Case: vs CITY OF WHITTIER
Date Of Injury: 2/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/10/15	INITIAL EXAM	-DR YAGHOOBIAN @ ACS*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/19/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/20/15	PR2/REEVAL	-DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/24/15	FOLLOW-UP	-W/ ACUPUNCT S. HAN @ ACS*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/16/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ @ 500341	0.00
09/18/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/28/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/17/15	PENALTIES	FOR DATE OF SERVICE 09/17/14	34.50
04/12/16	INTEREST	FOR DATE OF SERVICE 09/17/14	30.15
11/17/15	PENALTIES	FOR DATE OF SERVICE 09/29/14	34.50
04/12/16	INTEREST	FOR DATE OF SERVICE 09/29/14	30.15
11/17/15	PENALTIES	FOR DATE OF SERVICE 04/03/15	34.50
04/12/16	INTEREST	FOR DATE OF SERVICE 04/03/15	30.15
11/17/15	PENALTIES	FOR DATE OF SERVICE 12/22/14	34.50
04/12/16	INTEREST	FOR DATE OF SERVICE 12/22/14	30.15
11/17/15	PENALTIES	FOR DATE OF SERVICE 06/19/15	34.50
04/12/16	INTEREST	FOR DATE OF SERVICE 06/19/15	21.96
11/17/15	PENALTIES	FOR DATE OF SERVICE 08/10/15	34.50
04/12/16	INTEREST	FOR DATE OF SERVICE 08/10/15	18.19
10/29/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/04/16	INITIAL EXAM	DR TOSHA BROWN @ ENHANCED PRECISION CARE*	230.00

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

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02/06/20 64251

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KEENAN & ASSOC. (TOR-2707)
W. C. DEPARTMENT
ATTN: ISEL CUEVA
P.O. BOX 2707
TORRANCE, CA 90509

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2009104672

Case: vs CITY OF WHITTIER
Date Of Injury: 2/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/18/16	PR2/REEVAL	DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/12/16	PENALTIES	FOR DATE OF SERVICE 1/4/16	34.50
04/12/16	INTEREST	FOR DATE OF SERVICE 1/4/16	7.54
03/17/16	PR2/REEVAL	DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/20/16	PMT BY CHECK	DOS 9/17/14-2/18/16* # 600705	-3500.00
05/26/16	BLCE OFF SET	BALANCE OFF SET	-1879.79
05/05/16	PR2/REEVAL	DR BROWN/MALIN @ EPC* (AWARDED FUTURE MED)	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/13/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
06/03/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/22/16	PMT BY CHECK	DOS 9/17/14-5/5/16* # 601034	-180.00
06/27/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/01/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/13/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/18/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/22/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/10/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
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SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2009104672

Case: . vs CITY OF WHITTIER
Date Of Injury: 2/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/12/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/21/16	PMT BY CHECK	DOS 12/6/16* # 0000601746	-1350.00
01/04/17	BLCE OFF SET	BALANCE OFF SET	-630.00
01/23/17	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/16/17	PR2/REEVAL	-& INJECTION W/DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/10/17	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/15/17	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/01/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/05/17	INITIAL EXAM	-PSYCH EVAL W/DR PARVIN SALKELD @ EPC*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/08/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/19/17	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/10/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/20/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/28/17	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/26/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00

Joyce Altman Interpreters, Inc.
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TORRANCE, CA 90509

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2009104672

Case: vs CITY OF WHITTIER
Date Of Injury: 2/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/02/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/09/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ E PC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/15/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/16/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/27/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/30/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/08/17	FOLLOW UP	-PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/11/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/13/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/21/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/11/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/25/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/01/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ 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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/06/20 64251

EAMS#(s) :

BILL TO:
KEENAN & ASSOC. (TOR-2707)
W. C. DEPARTMENT
ATTN: ISEL CUEVA
P.O. BOX 2707
TORRANCE, CA 90509

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2009104672

Case: vs CITY OF WHITTIER
Date Of Injury: 2/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/13/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/15/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/22/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/01/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/08/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/15/18	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:	JESUS CASTILLO # 500358	0.00
03/27/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/29/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/05/18	FINAL ACUPT	-W/ ACUPUNCT RHEE @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/24/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/27/19	PENALTIES	FOR DATE OF SERVICE 06/05/17	34.50
01/07/20	INTEREST	FOR DATE OF SERVICE 06/05/17	67.32
03/27/19	PENALTIES	FOR DATE OF SERVICE 04/05/18	34.50
01/07/20	INTEREST	FOR DATE OF SERVICE 04/05/18	45.73
01/16/20	PMT BY CHECK	DOS 1/7/20 # 0000607489	-5300.00
		CITY OF WHITTIER	
02/12/20	BLCE OFF SET	BALANCE OFF SET	-1732.05

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

*** INVOICE ***
Date NO#
02/06/20 64251

EAMS#(s):

BILL TO:
KEENAN & ASSOC. (TOR-2707)
W. C. DEPARTMENT
ATTN: ISEL CUEVA
P.O. BOX 2707
TORRANCE, CA 90509

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2009104672

Case: vs CITY OF WHITTIER
Date Of Injury: 2/20/09

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 **

CITY OF WHITTIER
KEENAN & ASSOCIATES
P.O. BOX 4328
TORRANCE, CA 90510

201604210121

Forwarding Service Requested

28949 0.3820 SP 0.480
SINGLE PIECE
Altman Interpreters Inc, Joyce 254
PO BOX 4165
TUSTIN, CA 92781-4165

Employer Name: City of Whittier
Employer Address: 13230 Penn Street
Whittier, CA 90602-1716
Provider Tax ID: 330956713
Patient Acct No.:
Dates of Service: 09/17/2014-02/18/2016
Check Date: 04/20/2016
Check Number: 600705
Check Amount: 3,500.00
DOI: 02/20/2009
Claim #: W2009104672
Claimant Name:
Office: Riverside Municipalities WC
Stub Note Comment: Full and Final Satisfaction of lien.

EMPLOYEE NAME:

TOTAL AMOUNT:

3,500.00

PAID APR 25 2016

CITY OF WHITTIER
KEENAN - CLAIMS PROCESSING UNIT
P.O. BOX 2707
TORRANCE, CA 90509

Forwarding Service Requested

5897 2.4888 SP 0.885 SINGLE PIECE

Altman Interpreters Inc, Joyce 108
 PO BOX 4165
 TUSTIN, CA 92781-4165

Employer Name: City of Whittier
Employer Address: 13230 Penn Street
 Whittier, CA 90602-1716
Provider Tax ID: 330956713
Patient Acct No.:
Dates of Service: 09/17/2014-05/05/2016
Check Date: 06/22/2016
Check Number: 601034
Check Amount: 180.00
DOI: 02/20/2009
Claim #: W2009104672
Claimant Name:
Office: Riverside Municipalities WC

Stub Note Comment:

64251-1

EMPLOYEE NAME:

TOTAL AMOUNT:

180.00

PAID 06/27/16

CITY OF WHITTIER
KEENAN - CLAIMS PROCESSING UNIT
P.O. BOX 2707
TORRANCE, CA 90509

Forwarding Service Requested

5463 2.1659 SP 0.885

SINGLE PIECE



Altman Interpreters Inc, Joyce
 PO BOX 4165
 TUSTIN, CA 92781-4165

91

Employer Name: City of Whittier
Employer Address: 13230 Penn Street
 Whittier, CA 90602-1716
Provider Tax ID: 330956713
Patient Acct No.:
Dates of Service: 12/06/2016-12/06/2016
Check Date: 12/21/2016
Check Number: 601746
Check Amount: 1,350.00
DOI: 02/20/2009
Claim #: W2009104672
Claimant Name:
Office: Riverside Municipalities WC
Stub Note Comment: Per 12/06/16 Order to Pay Lien

ENV 5463 2 OF 11 F

EMPLOYEE NAME:

TOTAL AMOUNT:
 1,350.00

64251

F.F. OK
 MV

PAID
 JAN 04 2017

BY.....

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS

A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

CITY OF WHITTIER
KEENAN & ASSOCIATES
P.O. BOX 2707
TORRANCE, CA 90509

WELLS FARGO BANK, N.A.
 San Francisco, CA 94104

CHECK NO.: 0000601746

CHECK DATE: 12/21/2016

VOID AFTER 90 DAYS

CLAIM NO.:
 W2009104672

D.O.I.
 02/20/2009

AMOUNT

\$1350.00**

PAY: One Thousand Three Hundred Fifty Dollars
TO THE

ORDER OF: Altman Interpreters Inc, Joyce
 PO Box 4165

Tustin, CA 927814165

EMPLOYEE NAME:

[Signature]
 Anna J. Schilling

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

0000601746 12121000248147358005911

1040340

CITY OF WHITTIER
KEENAN - CLAIMS PROCESSING UNIT
P.O. BOX 2707
TORRANCE, CA 90509

Forwarding Service Requested



Altman Interpreters Inc, Joyce
PO BOX 4165
TUSTIN, CA 92781-4165

Interested in enrolling in eBilling?

Contact WorkCompEDI's Dedicated Enrollment Team at

800-297-6909 or info@workcompedi.com

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS

A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

CITY OF WHITTIER

KEENAN & ASSOCIATES

P.O. BOX 2707

TORRANCE, CA 90509

WELLS FARGO BANK, N.A.

San Francisco, CA 94104

11-24

1210

CHECK NO.: 0000607489

CHECK DATE: 01/16/2020

VOID AFTER 90 DAYS

CLAIM NO.:
W2009104672

D.O.I
02/20/2009

AMOUNT

\$**5300.00

PAY: Five Thousand Three Hundred Dollars

TO THE

ORDER OF: Altman Interpreters Inc, Joyce
PO Box 4165

Tustin, CA 927814165

EMPLOYEE NAME:

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

0000607489 12100024814735800591

3380084

CITY OF WHITTIER
KEENAN - CLAIMS PROCESSING UNIT
P.O. BOX 2707
TORRANCE, CA 90509

Forwarding Service Requested



Altman Interpreters Inc, Joyce
 P.O. BOX 4165
 TUSTIN, CA 92781-4165

Interested in enrolling in eBilling?

Contact WorkCompEDI's Dedicated Enrollment Team at

800-297-6909 or info@workcompedi.com

DOS: 01/07/2020-01/07/2020

EXPLANATION OF REVIEW

(Please Keep For Your Records)

IF YOU HAVE ANY QUESTIONS REGARDING
 THIS ANALYSIS PLEASE CALL KEENAN AT
 (855)-748-2917 OR SEND YOUR BILL AND THE
 ANALYSIS TO:

Keenan - PRIME Bill Review
P.O. Box 2707 Torrance, CA 90509



Employer Name: City of Whittier
Employer Address: 13230 Penn Street
 Whittier, CA 90602-1716
Provider Tax ID: 330956713
Patient Acct No.:
Invoice No:
Case: N07-K1CA-1916041
Check Date: 01/16/2020
Check Number: 607489
Check Amount: \$5,300.00
DOI: 02/20/2009
Claim #: W2009104672
Claimant Name:
Office: Riverside Municipalities WC
Stub Note Comment:

Dx1: T14.90 Injury, unspecified

Date of Service	PS	TS	Code	Mod	Service Description	Units	Charges	***Savings Amount***		Total Allowance	Expl Code(s)
								OMFS	PPO/NGD		
01/07/2020			MDS10		SETTLEMENT FOR DISPUTE		7,032.05	1732.05	0.00	5,300.00	G67

Total Charges: 7,032.05
Bill Review Reductions: 1732.05
Bill Review Allowances: 5300.00
PPO/NGD Reductions: 0.00
Recommended Allowance: **5,300.00**

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

FULL AND FINAL

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

*** INVOICE ***
Date NO#
02/13/20 73548

EAMS#(s)

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: BRITTANY LUKE
P.O. BOX 779008
ROCKLIN, CA 95677

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608D47493

Case: vs DARLING INGREDIENTS
Date Of Injury: 2/17/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/18	INITIAL EXAM	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/18/18	PR2/REEVAL	DR BARRY MARKS @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/30/18	PR2/REEVAL	DR MARKS @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/16/18	P AND S	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/29/19	LIEN FIL FEE	LIEN FILING FEE	150.00
12/10/19	PENALTIES	FOR DATE OF SERVICE 03/08/18	34.50
12/10/19	INTEREST	FOR DATE OF SERVICE 03/08/18	38.12
12/10/19	PENALTIES	FOR DATE OF SERVICE 05/30/18	34.50
12/10/19	INTEREST	FOR DATE OF SERVICE 05/30/18	36.45
01/20/20	BLCE OFF SET	BALANCE OFF SET	-293.57
01/03/20	PMT BY CHECK	DOS 12/23/19* # 0032230303	-820.00

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

B. CODE
288

CHECK REFERENCE 0032230303	CHECK DATE 01/03/20
CHECK AMOUNT *****\$820.00	BLOCK NUMBER 003935

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 1 OF 2

CLAIM NO. WC 608-D47494 HOD
CONTRACT NO: WA7-68D-025265-036
DOCUMENT NO: 11052264660

OSN: MM0801010302-003935

BANK: 288

CHECK REF: 0032230303 DATE: 01/03/20 AMT: 820.00

INTERNAL BILL NO: 125984661 MSR: N0077377

CUST/EXTERNAL BILL NO: 1105226466

BR PROVIDER #: 330956713-0003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: NA
SSN: XXX-XX-
DOI: 03/01/17
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 2018031920583150875153
DIAG CODES: R68.89

EMPLOYER: DARLING INGREDIENTS, INC.
ADDRESS: 2626 EAST 25TH STREET
LOS ANGELES, CA 90058

LOCATION CODE: 610

DATES OF SERVICE: 12/23/19-12/23/19
AUDIT DATE: 01/02/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
12/23/19	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	820.00	820.00	N/A	0.00	820.00	G1 876
TOTAL CHARGES:							820.00			
TOTAL PREVIOUSLY PAID:							0.00			
TOTAL CURRENT PAYABLE:							820.00			
TOTAL WITHHOLDING - (FEDERAL AND STATE):							0.00			
TOTAL AMOUNT PAID:							820.00			

EXPLANATION CODE DESCRIPTIONS:

- 61 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



BLOCK NUMBER
003936

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 2 OF 2

CLAIM NO. WC 608-D47494 HOD
CONTRACT NO: WA7-68D-025265-036
DOCUMENT NO: 11052264660

OSN: MM0801010302-003936
BANK: 288
CHECK REF: 0032230303 DATE: 01/03/20 AMT: 820.00
INTERNAL BILL NO: 125984661 MSR: N0077377
CUST/EXTERNAL BILL NO: 1105226466
BR PROVIDER #: 330956713-0003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: NA
SSN: XXX-XX-
DOI: 03/01/17
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 2018031920583150875153
DIAG CODES: R68.89

EMPLOYER: DARLING INGREDIENTS, INC.
ADDRESS: 2626 EAST 25TH STREET
LOS ANGELES, CA 90058

LOCATION CODE: 610

DATES OF SERVICE: 12/23/19-12/23/19
AUDIT DATE: 01/02/20

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: 12/23/2019 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER PATIENT
- DOB: 08/12/1986
- 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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/13/20 68047

EAMS#(s):

BILL TO:
LIBERTY/HELMSMAN (ROCKLIN)
W. C. DEPARTMENT
ATTN: BRINICE GALLARDO
P.O. BOX 779008
ROCKLIN, CA 95677

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC608D71949

Case: vs SUPERIOR GROCERS
Date Of Injury: 8/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/04/15	INITIAL EXAM	DR Z. KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/08/15	INITL CHIRO	TREATMENT W/N. SHARMA @	90.00
/ /	INTERPRETER:	AMERI CHIRO*	0.00
12/15/15	F.C.E. TEST	SANDRA TALANCON # 100802	150.00
/ /	INTERPRETER:	FUNCT CAPACITY EVAL @ AMERI	0.00
12/16/15	INITIAL ACUP	W/DR RODRIGUEZ* INIT	0.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	230.00
01/19/16	F/U CHIRO TX	W/ ACUPUNCT ALEX LEE @ AMERI*	0.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	90.00
02/26/16	FOLLOW-UP	CHIRO TREATMENT W/DR SHARMA*	0.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	180.00
02/29/16	PR2/REEVAL	W/ ACUPUNCT LEE @ AMERI*	0.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	180.00
04/25/16	F.C.E. TEST	DR KHAN @ AMERI CHIRO*	0.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	150.00
04/26/16	F/U CHIRO TX	FUNCTIONAL CAPACITY EVAL @	0.00
/ /	INTERPRETER:	AMERI W/DR BUU*FINAL	0.00
10/17/17	LIEN FIL FEE	SANDRA TALANCON # 100802	90.00
11/26/19	PENALTIES	CHIRO TREATMENT W/DR BUNG BUU	0.00
11/26/19	INTEREST	@ AMERI CHIRO*	0.00
11/26/19	PENALTIES	SANDRA TALANCON # 100802	150.00
11/26/19	INTEREST	LIEN FILING FEE	34.50
11/26/19	PENALTIES	FOR DATE OF SERVICE 12/4/15	100.73
11/26/19	INTEREST	FOR DATE OF SERVICE 12/4/15	13.50
11/26/19	PENALTIES	FOR DATE OF SERVICE 12/8/15	39.42
11/26/19	INTEREST	FOR DATE OF SERVICE 12/8/15	22.50
11/26/19	PENALTIES	FOR DATE OF SERVICE 12/15/15	65.69
11/26/19	INTEREST	FOR DATE OF SERVICE 12/15/15	34.50
11/26/19	PENALTIES	FOR DATE OF SERVICE 12/16/15	100.73
11/26/19	INTEREST	FOR DATE OF SERVICE 12/16/15	

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

*** INVOICE ***
Date NO#
01/13/20 68047

EAMS#(s):

BILL TO:
LIBERTY/HELMSMAN (ROCKLIN)
W. C. DEPARTMENT
ATTN: BRINICE GALLARDO
P.O. BOX 779008
ROCKLIN, CA 95677

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC608D71949

Case: vs SUPERIOR GROCERS
Date Of Injury: 8/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/26/19	PENALTIES	FOR DATE OF SERVICE 1/19/16	13.50
11/26/19	INTEREST	FOR DATE OF SERVICE 1/19/16	39.42
11/26/19	PENALTIES	FOR DATE OF SERVICE 2/26/16	27.00
11/26/19	INTEREST	FOR DATE OF SERVICE 2/26/16	77.13
11/26/19	PENALTIES	FOR DATE OF SERVICE 2/29/16	27.00
11/26/19	INTEREST	FOR DATE OF SERVICE 2/29/16	76.50
11/26/19	PENALTIES	FOR DATE OF SERVICE 4/25/16	22.50
11/26/19	INTEREST	FOR DATE OF SERVICE 4/25/16	60.78
11/26/19	PENALTIES	FOR DATE OF SERVICE 4/26/16	13.50
11/26/19	INTEREST	FOR DATE OF SERVICE 4/26/16	36.44
01/07/20	PMT BY CHECK	DOS 12/30/19* # 0083503095	-1400.00
01/13/20	BLCE OFF SET	BALANCE OFF SET	-945.34

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



B. CODE
 298

CHECK REFERENCE 0083503095	CHECK DATE 01/07/20
CHECK AMOUNT ***\$1400.00	BLOCK NUMBER 002645

SEND ORIGINAL BILLS TO:
 P.O. BOX 7203
 LONDON, KY 40742

PAGE 1 OF 2

CLAIM NO. WC 608-D71948 HOD
 CONTRACT NO: WC8-66A-064779-048
 DOCUMENT NO: 11052514590

OSN: MM0801010702-002645
 BANK: 298
 CHECK REF: 0083503095 DATE: 01/07/20 AMT: 1,400.00
 INTERNAL BILL NO: 126017008 MSR: N0077377
 CUST/EXTERNAL BILL NO: 1105251459
 BR PROVIDER #: 330956713-0003

PAYEE: JOYCE ALTMAN INTERPRETING
 TAX ID: 33-0956713
 BILL PROV: JOYCE ALTMAN INTERPRETING
 PO BOX 4165
 TUSTIN, CA 92781-4165

PATIENT ACCT. #: NA
 SSN: XXX-XX-
 DOI: 08/30/15
 PATIENT:

PROVIDER: JOYCE ALTMAN
 JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 2018100708560676810665
 DIAG CODES: R68.89

EMPLOYER: SUPER CENTER CONCEPTS INC (R)
 ADDRESS: 15510 CARMENITA RD
 SANTA FE SPRINGS, CA 90670

DATES OF SERVICE: 12/30/19-12/30/19
 AUDIT DATE: 01/06/20

LOCATION CODE: 3-104-MEA

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
12/30/19	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	1400.00	1400.00	N/A	0.00	1400.00	G1 876
TOTAL CHARGES:							1400.00			
TOTAL PREVIOUSLY PAID:							0.00			
TOTAL CURRENT PAYABLE:							1400.00			
TOTAL WITHHOLDING - (FEDERAL AND STATE):							0.00			
TOTAL AMOUNT PAID:							1400.00			

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



BLOCK NUMBER
002646

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 2 OF 2

CLAIM NO. WC 608-D71948 HOD
CONTRACT NO: WC8-66A-064779-048
DOCUMENT NO: 11052514590

OSN: MM0801010702-002646
BANK: 298
CHECK REF: 0083503095 DATE: 01/07/20 AMT: 1,400.00
INTERNAL BILL NO: 126017008 MSR: N0077377
CUST/EXTERNAL BILL NO: 1105251459
BR PROVIDER #: 330956713-0003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: NA
SSN: XXX-XX
DOI: 08/30/15
PATIENT:

PROVIDER: JOYCE ALTMAN
JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 2018100708560676810665
DIAG CODES: R68.89

EMPLOYER: SUPER CENTER CONCEPTS INC (R)
ADDRESS: 15510 CARMENITA RD
SANTA FE SPRINGS, CA 90670

LOCATION CODE: 3-104-MEA

DATES OF SERVICE: 12/30/19-12/30/19
AUDIT DATE: 01/06/20

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: 12/30/2019 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER PATIENT
- DOB: 07/24/1973
- 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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/13/20 76983

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: SERGIO MURILLO
P.O. BOX 779008
ROCKLIN, CA 95677

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC648C12109

Case:
Date Of Injury: 9/14/12

vs ARB INC

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/06/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/18/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/17/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/27/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/05/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/15/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/19/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR KHAN @ AMERI*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/14/15	F/U CHIRO TX	CHIRO TREATMENT @ AMERI W/DR SHARMA*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/09/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/05/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/15/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/28/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/13/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00

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

*** INVOICE ***
Date NO#
01/13/20 76983

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: SERGIO MURILLO
P.O. BOX 779008
ROCKLIN, CA 95677

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC648C12109

Case: vs ARB INC
Date Of Injury: 9/14/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/20/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/11/15	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/08/17	LIEN FIL FEE	LIEN FILING FEE	150.00
12/16/19	PENALTIES	FOR DATE OF SERVICE 09/11/15	34.50
12/16/19	INTEREST	FOR DATE OF SERVICE 09/11/15	4.49
01/08/20	PMT BY CHECK	DOS 4/25/14-3/8/17* =# 0083503926	-2690.00
01/13/20	BLCE OFF SET	BALANCE OFF SET	-38.99

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 **



PROVIDER INQUIRIES: (800) 500-7044
 CUSTOMER SERVICE DEPARTMENT
 FOR DISPUTES/APPEALS ONLY:
 P.O. BOX 7070
 LONDON, KY 40742

B. CODE
 298

CHECK REFERENCE 0083503926	CHECK DATE 01/08/20
CHECK AMOUNT ***\$2690.00	BLOCK NUMBER 018233

SEND ORIGINAL BILLS TO:
 P.O. BOX 7203
 LONDON, KY 40742

PAGE 1 OF 4

CLAIM NO. WC 648-C12109 HOD
 CONTRACT NO: WC8-69A-463703-485
 DOCUMENT NO: 4636919

OSN: MM0801010811-008363

BANK: 298

CHECK REF: 0083503926 DATE: 01/08/20 AMT: 2,690.00

INTERNAL BILL NO: 125428324 MSR: N0077377

CUST/EXTERNAL BILL NO: 2000537300

BR PROVIDER #: 330956713-0003

PAYEE: JOYCE ALTMAN INTERPRETING
 TAX ID: 33-0956713
 BILL PROV: JOYCE ALTMAN INTERPRETING
 PO BOX 4165
 TUSTIN, CA 92781-4165

PATIENT ACCT. #: 76983
 SSN: XXX-XX-
 DOI: 09/14/12
 PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INTE

AGENCY CLAIM #(BOARD COMM #): 2015060911383259055747
 DIAG CODES: 959.9

EMPLOYER: PRIMORIS SERVICES (R)
 ADDRESS: 2100 MCKINNEY AVENUE STE 1500
 DALLAS, TX 75201-6928

LOCATION CODE: W-1331000

DATES OF SERVICE: 04/25/14-03/08/17
 AUDIT DATE: 01/07/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
04/25/14	T1013		SIGN LANG/ORAL INTERPRETE							
04/25/14	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
06/06/14	T1013		SIGN LANG/ORAL INTERPRETE							
06/06/14	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
07/18/14	T1013		SIGN LANG/ORAL INTERPRETE							
07/18/14	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
09/17/14	T1013		SIGN LANG/ORAL INTERPRETE							
09/17/14	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
10/27/14	T1013		SIGN LANG/ORAL INTERPRETE							
10/27/14	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
12/05/14	T1013		SIGN LANG/ORAL INTERPRETE							
12/05/14	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
04/15/15	T1013		SIGN LANG/ORAL INTERPRETE							
04/15/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
12/19/14	T1013		SIGN LANG/ORAL INTERPRETE							
12/19/14	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	150.00	150.00	N/A	0.00	150.00	G1 4917
05/14/15	T1013		SIGN LANG/ORAL INTERPRETE							

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

MPA * 002717
 LIBERTY MUTUAL - WAUSAU
 P.O. BOX 7070
 LONDON, KY 40742



CITIBANK NA, ONE PENNS WAY
 NEW CASTLE, DE 19720

0083503926
 62-20/311
 38621953

B.CODE OFFICE NUMBER PAYMENT IDENTIFICATION
 298 949 CLAIM WC 648-C12109 HOD

CHECK DATE
 01/08/20

\$ *****2,690.00

VOID IF NOT PRESENTED WITHIN
 6 MONTHS OF DATE OF CHECK

PAY TWO THOUSAND SIX HUNDRED NINETY AND 00/100 DOLLARS*****

TO THE ORDER OF JOYCE ALTMAN INTERPRETING
 PO BOX 4165
 TUSTIN CA 92781-4165

Remy Fanguard
 TWO SIGNATURES REQUIRED IF OVER \$150,000

0083503926 031100209 38621953

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742



BLOCK NUMBER
018236

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 4 OF 4

CLAIM NO. WC 648-C12109 HOD
CONTRACT NO: WC8-69A-463703-485
DOCUMENT NO: 4636919

OSN: MM0801010811-008366
BANK: 298
CHECK REF: 0083503926 DATE: 01/08/20 AMT: 2,690.00
INTERNAL BILL NO: 125428324 MSR: N0077377
CUST/EXTERNAL BILL NO: 2000537300
BR PROVIDER #: 330956713-0003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 76983
SSN: XXX-XX-
DOI: 09/14/12
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INTE

AGENCY CLAIM #(BOARD COMM #): 2015060911383259055747
DIAG CODES: 959.9

EMPLOYER: PRIMORIS SERVICES (R)
ADDRESS: 2100 MCKINNEY AVENUE STE 1500
DALLAS, TX 75201-6928

LOCATION CODE: W-1331000

DATES OF SERVICE: 04/25/14-03/08/17
AUDIT DATE: 01/07/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
- 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:					

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742



BLOCK NUMBER
018235

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 3 OF 4

CLAIM NO. WC 648-C12109 HOD
CONTRACT NO: WC8-69A-463703-485
DOCUMENT NO: 4636919

OSN: MM0801010811-008365
BANK: 298
CHECK REF: 0083503926 DATE: 01/08/20 AMT: 2,690.00
INTERNAL BILL NO: 125428324 MSR: N0077377
CUST/EXTERNAL BILL NO: 2000537300
BR PROVIDER #: 330956713-0003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 76983
SSN: XXX-X)
DOI: 09/14/12
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INTE

AGENCY CLAIM #(BOARD COMM #): 2015060911383259055747
DIAG CODES: 959.9

EMPLOYER: PRIMORIS SERVICES (R)
ADDRESS: 2100 MCKINNEY AVENUE STE 1500
DALLAS, TX 75201-6928

LOCATION CODE: W-1331000

DATES OF SERVICE: 04/25/14-03/08/17
AUDIT DATE: 01/07/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

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](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: 12/31/2019 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER PATIENT
- DOB: 01/20/1957
- 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:
LINE #	6 BILLED UNIT:	1.00 RX #:	RENDRG PROV NPI:
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:

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742



BLOCK NUMBER
018234

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 2 OF 4

CLAIM NO. WC 648-C12109 HOD
CONTRACT NO: WC8-69A-463703-485
DOCUMENT NO: 4636919

OSN: MM0801010811-008364
BANK: 298
CHECK REF: 0083503926 DATE: 01/08/20 AMT: 2,690.00
INTERNAL BILL NO: 125428324 MSR: N0077377
CUST/EXTERNAL BILL NO: 2000537300
BR PROVIDER #: 330956713-0003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 76983
SSN: XXX-XX
DOI: 09/14/12
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INTE

AGENCY CLAIM #(BOARD COMM #): 2015060911383259055747
DIAG CODES: 959.9

EMPLOYER: PRIMORIS SERVICES (R)
ADDRESS: 2100 MCKINNEY AVENUE STE 1500
DALLAS, TX 75201-6928

LOCATION CODE: W-1331000

DATES OF SERVICE: 04/25/14-03/08/17
AUDIT DATE: 01/07/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
05/14/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	90.00	90.00	N/A	0.00	90.00	G1 4917
02/09/15	T1013		SIGN LANG/ORAL INTERPRETE							
02/09/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
06/05/15	T1013		SIGN LANG/ORAL INTERPRETE							
06/05/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
07/15/15	T1013		SIGN LANG/ORAL INTERPRETE							
07/15/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
07/28/15	T1013		SIGN LANG/ORAL INTERPRETE							
07/28/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	90.00	90.00	N/A	0.00	90.00	G1 4917
08/13/15	T1013		SIGN LANG/ORAL INTERPRETE							
08/13/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	90.00	90.00	N/A	0.00	90.00	G1 4917
08/20/15	T1013		SIGN LANG/ORAL INTERPRETE							
08/20/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	90.00	90.00	N/A	0.00	90.00	G1 4917
09/11/15	T1013		SIGN LANG/ORAL INTERPRETE							
09/11/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	230.00	230.00	N/A	0.00	230.00	G1 4917
03/08/17	T1013		SIGN LANG/ORAL INTERPRETE							
03/08/17	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	150.00	150.00	N/A	0.00	150.00	G1 4917

TOTAL CHARGES: 2690.00
TOTAL PREVIOUSLY PAID: 0.00
TOTAL CURRENT PAYABLE: 2690.00
TOTAL WITHHOLDING - (FEDERAL AND STATE): 0.00
TOTAL AMOUNT PAID: 2690.00

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.
- 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 EOB. (Z850)
- 5688 TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM:
HTTP://WWW.DIR.CA.GOV/DWC/DWCOPREGS/IBR/FORMSBR_1.PDF AFTER AN EOR IS RECEIVED ON AN ORIGINAL BILL

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

*** INVOICE ***
Date NO#
01/06/20 73772

EAMS#(s):

BILL TO:
MARRIOTT CLAIMS SVCS (29210)
W. C. DEPARTMENT
ATTN: LIZ MADRIGAL
P.O. BOX 29210
HOT SPRINGS NATIONAL PARK, AR 71903

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
623494

Case: vs STARWOOD HOTELS AND RESORTS
Date Of Injury: 3/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/18	INITIAL EXAM	DR BARRY LEROY MARKS @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/16/18	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/23/18	PR2/REEVAL	DR MARKS @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/02/18	PR2/REEVAL	DR KHAN @ AMERI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/08/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/06/18	PMT BY CHECK	DOS 4/11/18-8/18/18* # 87645433	-1000.00
09/19/18	PR2/REEVAL	DR KHAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/26/18	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/31/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/12/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/25/19	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/21/19	LIEN FIL FEE	LIEN FILING FEE	150.00
12/16/19	PENALTIES	FOR DATE OF SERVICE 02/25/19	34.50
12/16/19	INTEREST	FOR DATE OF SERVICE 02/25/19	21.16
12/31/19	PMT BY CHECK	DOS 12/16/19* # 87836822	-1100.00
01/06/20	BLCE OFF SET	BALANCE OFF SET	-55.66

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

*** INVOICE ***
Date NO#
01/06/20 73772

BILL TO:
MARRIOTT CLAIMS SVCS (29210)
W. C. DEPARTMENT
ATTN: LIZ MADRIGAL
P.O. BOX 29210
HOT SPRINGS NATIONAL PARK, AR 71903

EAMS#(s):
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
623494

Case: vs STARWOOD HOTELS AND RESORTS
Date Of Injury: 3/1/18

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 **

MCS - on behalf of Marriott

WC (Employee Work Injury)

PO Box 261866 Plano, TX 75026-1866

Payee: Joyce Altman Interpreting, Inc.
Employer: SHERATON FAIRPLEX HOTEL &
Claim Number: 626790
Claimant Name:
Injury Date: 03/28/2018
Description: Translation/Medical
Body Part: Multiple Body Parts
Instruction: In Full Satisfaction of Lien
Comment: Full & Final Lien Agreement for Any and All DOS
Document Number:
Jurisdiction:

IRS/SSN: 330956713
Check Number: 87836822
Claimant SSN: NNN-NN-
Invoice Number:
Account Number:
Payee NPI:

Examiner: LMADRIGAL
Check Total: 1,100.00
Check Date: 12/31/2019
From Date: 12/16/2019
Through Date: 12/16/2019
Status: Re-Open

Delivery Type: Regular Mail

Rendering Physician NPI:

Rendering Physician:

THIS CHECK IS VOID WITHOUT A GREEN & BLUE BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

MCS - on behalf of Marriott

Payable Through Wells Fargo Bank, N.A.
San Francisco, CA
4759031065

66-156 CHECK
531 NUMBER 87836822

PO Box 261866 Plano, TX 75026-1866

DATE
12/31/2019

PAY Eleven Hundred Dollars And 00/100

Void after 6 months from date of issue

\$1,100.00

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

Steve Perrobo

87836822 053101561 4759031065

MCS - on behalf of Marriott

73772^M
WC (Employee Work Injury)

PO Box 261866 Plano, TX 75026-1866

Payee: Joyce Altman Interpreting, Inc.
Employer: SHERATON FAIRPLEX HOTEL &

Claim Number: 623494

Claimant Name:

Injury Date: 03/01/2018

Description: Translation/Medical

Body Part: Abdomen

Instruction: No Attachment or Special Instruction Required

Comment:

Document Number:

Jurisdiction:

IRS/SSN: 330956713

Check Number: 87645433

Claimant SSN: NNN-NN

Invoice Number: 73772 ✓

Account Number:

Payee NPI:

Examiner: PSEVILLA

Check Total: 1,000.00

Check Date: 09/06/2018

From Date: 04/11/2018

Through Date: 08/18/2018

Status: Open

Delivery Type: Regular Mail

Rendering Physician:

Rendering Physician NPI:

SEP 11 2018

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

*** INVOICE ***
Date NO#
01/17/20 09698

BILL TO:
UEF/NILE CORPORATION

ATTN: MANAGER/ OWNER
15457 PROCTOR AVENUE
CITY OF INDUSTRY, CA 91745-1025

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
N/A

Case: rs NILE CORPORATION/SUPER MAX
Date Of Injury: 5/19/04

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/04	MRI	REF BY DR WANG: L/S*	150.00
07/06/04	RE-EVAL	DR ANDALIB*	120.00
07/09/04	EMG TESTING	DR WANG: U/E*	125.00
07/09/04	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
08/05/04	RE-EVAL	DR ANDALIB*	120.00
08/06/04	RE-EVAL	DR WANG*	120.00
09/24/04	RE-EVAL	DR WANG*	120.00
04/13/05	WCAB LB	MSC	147.00
01/26/06	PENALTIES	FOR DATE OF SERVICE 7/14/04	22.50
04/05/07	INTEREST	FOR DATE OF SERVICE 7/14/04	47.97
01/26/06	PENALTIES	FOR DATE OF SERVICE 7/9/04	37.50
04/05/07	INTEREST	FOR DATE OF SERVICE 7/9/04	80.34
01/26/06	PENALTIES	FOR DATE OF SERVICE 4/13/05	22.05
04/05/07	INTEREST	FOR DATE OF SERVICE 4/13/05	34.37
02/22/06	INITIAL EXAM	DR GROMIS*	230.00
05/02/06	PENALTIES	FOR DATE OF SERVICE 2/22/06	34.50
04/05/07	INTEREST	FOR DATE OF SERVICE 2/22/06	30.94
12/16/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
11/25/19	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
01/13/20	PMT BY CHECK	DOS 1/13/20 # 9057	-1507.00
		GUERRERO & CHAN, LLP	
01/17/20	BLCE OFF SET	BALANCE OFF SET	-410.17

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

*** INVOICE ***
Date NO#
01/17/20 09698

BILL TO:
UEF/NILE CORPORATION

ATTN: MANAGER/ OWNER
15457 PROCTOR AVENUE
CITY OF INDUSTRY, CA 91745-1025

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
N/A

Case: vs NILE CORPORATION/SUPER MAX
Date Of Injury: 5/19/04

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 **

NILE
16685 E. Johnson Drive
City of Industry, CA 91745

CATHAY BANK
1250 S. FULLERTON ROAD
CITY OF INDUSTRY, CA 91748
16-395/1222

9057

FRAUDALARM

01/13/2020

PAY TO THE
ORDER OF

\$

Joyce Altman Interpreters Inc

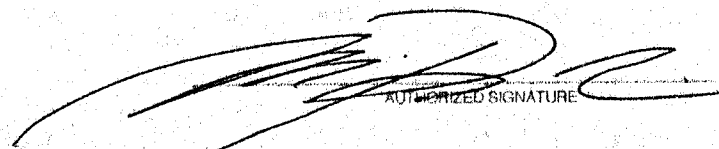
**1,507.00

DOLLAR

One thousand five hundred seven and 00/100*****

Joyce Altman Interpreters Inc
P. O. BOX #4165
Tustin, CA 92781-4165
United States

MEMO


AUTHORIZED SIGNATURE

⑈009057⑈ ⑆122203950⑆ 04 028 953⑈

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

*** INVOICE ***
Date NO#
01/28/20 73228

EAMS#(s):

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
0A-339

Case: vs SCI
Date Of Injury: 9/12/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/18	INITIAL EXAM	DR HUMBERTO RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/25/18	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/27/18	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/09/18	PR2/REEVAL	DR BARRY MARKS @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/21/18	PR2/REEVAL	DR BARRY MARKS @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/23/18	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/16/18	P AND S	DR RODRIGUEZ @ AMERI*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/16/19	LIEN FIL FEE	LIEN FILING FEE	150.00
01/23/20	PENALTIES	FOR DATE OF SERVICE 01/18/18	34.50
01/23/20	INTEREST	FOR DATE OF SERVICE 01/18/18	46.38
01/23/20	PENALTIES	FOR DATE OF SERVICE 01/25/18	34.50
01/23/20	INTEREST	FOR DATE OF SERVICE 01/25/18	46.38
01/23/20	PENALTIES	FOR DATE OF SERVICE 07/16/18	34.50
01/23/20	INTEREST	FOR DATE OF SERVICE 07/16/18	39.64
01/21/20	PMT BY CHECK	DOS 1/18/18-7/16/18* # 1000037056	-1560.00
01/28/20	BLCE OFF SET	BALANCE OFF SET	-235.90

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

*** INVOICE ***
Date NO#
01/28/20 73228

EAMS#(s):

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
0A-339

Case: vs SCI
Date Of Injury: 9/12/17

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

January 21, 2020



>000787 7245511 0001 092574 10Z
Joyce Altman Interpreters Inc.
PO Box 4165
Tustin CA 92781

CHECK DATE: 01/21/2020
CHECK NUMBER: 1000037056
CHECK AMOUNT: \$1,560.00

PAGE: 1 OF 1

Invoice Received	Invoice Number	Claim Number	Amount	Adjustments	Amount Paid
01/01/00		OA-00000339	\$1,560.00	\$0.00	\$1,560.00
Claimant Name:					
Loss Date: 09/12/2017					
Payment Transaction: AMo DH					
FROM 01/18/2018 THROUGH 07/16/2018					
TOTAL			\$1,560.00	\$0.00	\$1,560.00

00787 7245511 000788 0001/0001 K000787

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

*** INVOICE ***
Date NO#
01/06/20 38611

EAMS#(s) :

BILL TO:
SCIF (FRESNO)

ATTN: SHELLEY EMETERIO
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SG139584

Case: vs VECTOR RESOURCES
Date Of Injury: 12/14/01

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/10	SURGERY	-DR MILLER @ MONROVIA HOSP. (7.5 HRS)	675.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
11/30/11	CONSULT	-DR DIJULIO @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
01/02/20	PMT BY CHECK	DOS 10/19/12* # CN-550131	-900.00
01/06/20	BLCE OFF SET	BALANCE OFF SET	-105.00

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 #: **CN-550131**

Issue Date: 01/02/20

Doc #: 035047075

Medical

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: SSN: XXX-XX Claim #: SG139584 Date of Injury: 12/14/01 Employer name: VECTOR RESOURCES INC. Employer ID: 0000001661219010 ICD-9 Code: 840.8 SPRAIN SHOULDER/ARM NEC									
1	SF1-SFCA-20512924	10/19/12	MDO10	Payment By Order	1	1,005.00	105.00	G67 961 G5 375	900.00
Total Allowances:									\$900.00

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"

01378795035047075001 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 #: CN-550131

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 01/02/20
Doc #: 035047075

Summary

Page 2 of 2

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals

SF1-SFCA-20512924	SG139584	LS	1,005.00	105.00	900.00	.00	900.00

Provider NPI: Rendering Provider NPI: Rendering Provider:
Patient Acct #: LS ReviewerID: AQ Carrier Receive Date: 12/20/19 Review Date: 12/31/19 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-20512924 BR Msg 375: Settlement covers the following dates of service 12/15/2001 through 12/19/2012.

01378795035047075001 2

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

*** INVOICE ***
Date NO#
01/15/20 69970

EAMS#(s):

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: KIM VANNUGTREN
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06189956

Case: vs L.A. COMPANY MASONRY, INC
Date Of Injury: 7/7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/16	INITIAL EXAM	-DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/15/16	INITIAL ACUP	-W/ ACUPUNCT YOUN ME RHEE @ ENHANCED PRECISION*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/22/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/27/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/29/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	DOI: GABRIELA DAVIS # 100541	0.00
08/10/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	DOI: CT 7/7/15	
09/22/16	PR2/REEVAL	JOSE GERRY LUGO # 500049	0.00
/ /	INTERPRETER:	DR BROWN/MALIN @ EPC*	180.00
11/16/16	PR2/REEVAL	DOI: 7/7/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/14/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	DOI: 7/7/15	
01/11/17	PR2/REEVAL	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	-DR ROSTAMI @ EPC*	180.00
01/13/17	FOLLOW-UP	DOI: 7/7/15	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
	INTERPRETER:	-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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/15/20 69970

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: KIM VANNUGTREN
P.O. BOX # 65005
FRESNO, CA 93650

EAMS#(s) :

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06189956

Case: vs L.A. COMPANY MASONRY, INC
Date Of Injury: 7/7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/17	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	DOI: 7/7/15	
01/25/17	FOLLOW-UP	IRENE MORA # 101159	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT RHEE @ EPC*	180.00
02/01/17	FOLLOW-UP	JOSE GERRY LUGO # 500049	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT RHEE @ EPC*	180.00
03/06/18	LIEN FIL FEE	ALBERTO VILLAGOMEZ # 500341	0.00
01/22/20	PENALTIES	LIEN FILING FEE	150.00
01/22/20	INTEREST	FOR DATE OF SERVICE 07/06/16	34.50
01/22/20	PENALTIES	FOR DATE OF SERVICE 07/06/16	89.79
01/22/20	INTEREST	FOR DATE OF SERVICE 07/15/16	34.50
01/22/20	PENALTIES	FOR DATE OF SERVICE 07/15/16	89.79
01/22/20	INTEREST	FOR DATE OF SERVICE 07/22/16	27.00
01/22/20	PENALTIES	FOR DATE OF SERVICE 07/22/16	70.27
01/22/20	INTEREST	FOR DATE OF SERVICE 07/27/16	27.00
01/22/20	PENALTIES	FOR DATE OF SERVICE 07/27/16	70.27
01/22/20	INTEREST	FOR DATE OF SERVICE 07/29/16	27.00
01/22/20	PENALTIES	FOR DATE OF SERVICE 07/29/16	70.27
01/22/20	INTEREST	FOR DATE OF SERVICE 08/10/16	27.00
01/22/20	PENALTIES	FOR DATE OF SERVICE 08/10/16	70.27
01/22/20	INTEREST	FOR DATE OF SERVICE 09/22/16	27.00
01/22/20	PENALTIES	FOR DATE OF SERVICE 09/22/16	67.03
01/22/20	INTEREST	FOR DATE OF SERVICE 11/16/16	27.00
01/22/20	PENALTIES	FOR DATE OF SERVICE 11/16/16	64.65
01/22/20	INTEREST	FOR DATE OF SERVICE 12/14/16	27.00
01/22/20	PENALTIES	FOR DATE OF SERVICE 12/14/16	62.84
01/22/20	INTEREST	FOR DATE OF SERVICE 01/11/17	27.00
01/22/20	PENALTIES	FOR DATE OF SERVICE 01/11/17	61.87
01/22/20	INTEREST	FOR DATE OF SERVICE 01/13/17	27.00
01/22/20	PENALTIES	FOR DATE OF SERVICE 01/13/17	61.48
01/22/20	INTEREST	FOR DATE OF SERVICE 01/23/17	27.00

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

*** INVOICE ***
Date NO#
01/15/20 69970

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: KIM VANNUGTREN
P.O. BOX # 65005
FRESNO, CA 93650

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06189956

Case: vs L.A. COMPANY MASONRY, INC
Date Of Injury: 7/7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/20	INTEREST	FOR DATE OF SERVICE 01/23/17	61.14
01/22/20	PENALTIES	FOR DATE OF SERVICE 01/25/17	27.00
01/22/20	INTEREST	FOR DATE OF SERVICE 01/25/17	61.08
01/22/20	PENALTIES	FOR DATE OF SERVICE 02/01/17	27.00
01/22/20	INTEREST	FOR DATE OF SERVICE 02/01/17	60.74
01/13/20	PMT BY CHECK	DOS 2/26/18* # CP-059466	-3412.00
01/15/20	BLCE OFF SET	BALANCE OFF SET	-712.49

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

Provider Number: XXXXX6713

Check #: **CP-059466**

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 01/13/20

Doc #: 035074864

Questions & Appeals : (888)782-8338

Medical

Page 1 of 2

Line #	Bill ID	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: SSN: XXX-XX Employer name: L.A. COUNTY MASONRY, INC. Claim #: 06189956 Date of Injury: 08/31/15 Employer ID: 0000009070091140 ICD-10 Code: T14.90 INJURY, UNSPECIFIED									
1	SF1-SFCA-20531990	02/26/18	MDS10	Settlement For Dispu	1	3,412.00	.00	G67 961	3,412.00
Total Allowances:									\$3,412.00

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"

01379187035074864001 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 #: CP-059466

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 01/13/20
Doc #: 035074864

Summary

Page 2 of 2

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-20531990	06189956	LS	3,412.00	.00	3,412.00	.00	3,412.00
Provider NPI:	Rendering Provider NPI:	Rendering Provider:					
Patient Acct #: LS	ReviewerID: J3	Carrier Receive Date: 01/09/20	Review Date: 01/10/20	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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EOR Reduction Code Explanation:

- 961 : Allowance reflects the lump sum settlement amount
- G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-20531990 BR MSG 375: Settlement covers the following dates of service 09/01/15 to 09/01/15.

01379187035074864001 2

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

*** INVOICE ***
Date NO#
01/30/20 70735

EAMS#(s):

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: ANGEL LARA
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06184910

Case: vs ACCELERATING STAFFING
Date Of Injury: 4/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/16	INITIAL EXAM	-DR GALAL GOUBRAN/DAVE FRANKE PA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/29/16	PR2/REEVAL	DR GOUBRAN/EDWIN MIRZABEIGI @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/05/17	PR2/REEVAL	-DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/16/17	INITL CHIRO	-TX & INITIAL PHYS TX W/DR -CHRISTINE HA*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/25/17	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/02/17	PR2/REEVAL	-DR GOUBRAN/TRUJILLO, PA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/08/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/04/17	PR2/REEVAL	-DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/08/17	PR2/REEVAL	-DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
05/04/17	PR2/REEVAL	-DR GOUBRAN @ 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
08/10/17	PR2/REEVAL	-DR GOUBRAN/Franke, PA @ SIDHU	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/14/17	PR2/REEVAL	-DR MICHAEL PRICE/TAYLOR @ 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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/30/20 70735

EAMS#(s)

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: ANGEL LARA
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06184910

Case: vs ACCELERATING STAFFING
Date Of Injury: 4/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			
		(TRANSFER OF CARE)	
10/12/17	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:	ELISA LOPEZ MEDINA # 003693	0.00
06/10/19	LIEN FIL FEE	LIEN FILING FEE	150.00
01/22/20	PENALTIES	FOR DATE OF SERVICE 10/27/16	34.50
01/22/20	INTEREST	FOR DATE OF SERVICE 10/27/16	77.54
01/22/20	PENALTIES	FOR DATE OF SERVICE 01/16/17	13.50
01/22/20	INTEREST	FOR DATE OF SERVICE 01/16/17	30.34
01/27/20	PMT BY CHECK	DOS 6/10/19* # CS-718018	-2300.00
02/19/20	BLCE OFF SET	BALANCE OFF SET	-485.88

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
<http://www.statefundca.com/>

Provider Number: XXXXX6713

Check #: **CS -718018**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/27/20
Doc #: 035113036

Page 1 of 2

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: _____ Claim #: 06184910 Date of Injury: 04/11/16 SSN: XXX-XX-XX Employer name: ACCELERATING STAFFING Employer ID: 0000009097992150 ICD-10 Code: T14.90 INJURY, UNSPECIFIED 1 SF1-SFCA-20559109 06/10/19 MDO10 Payment By Order 1 2,785.88 485.88 G67 961 G5 375 2,300.00 Total Allowances: \$2,300.00									

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"

01379735035113036001 2



Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: CS-718018

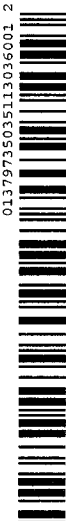
JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/27/20
Doc #: 035113036

Summary

Page 2 of 2

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-20559109	06184910 LS		2,785.88	485.88	2,300.00	.00	2,300.00
Provider NPI: Rendering Provider NPI: Rendering Provider: Patient Acct #: LS ReviewerID: VG Carrier Receive Date: 01/22/20 Review Date: 01/24/20 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-20559109 BR Msg 375: Settlement covers the following dates of service 10/27/16 to 06/10/19.							



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

*** INVOICE ***
Date NO#
01/28/20 72256

EAMS#(s):

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: BERNADETT DIAZ
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06288254

Case: vs CHRIS CUMBO CONSTRUCTION
Date Of Injury: 6/4/15 - 6/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/17	INITIAL EXAM	-DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/23/17	F/U CHIRO TX	-CHIRO TX /DR MAYYA KRAVCHENK @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/25/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/30/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/06/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
09/13/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/20/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/22/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/27/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
09/29/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/04/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/06/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/11/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/13/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/18/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00

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

*** INVOICE ***
Date NO#
01/28/20 72256

EAMS#(s):

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: BERNADETT DIAZ
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06288254

Case: vs CHRIS CUMBO CONSTRUCTION
Date Of Injury: 6/4/15 - 6/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/20/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/27/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/01/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/10/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
11/14/17	INITIAL EXAM	-DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/17/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/06/17	FINAL CHIRO	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/12/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
02/11/19	LIEN FIL FEE	LIEN FILING FEE	150.00
07/09/19	PENALTIES	FOR DATE OF SERVICE 07/14/17	34.50
01/09/20	INTEREST	FOR DATE OF SERVICE 07/14/14	59.35
07/09/19	PENALTIES	FOR DATE OF SERVICE 11/14/17	34.50
01/09/20	INTEREST	FOR DATE OF SERVICE 11/14/17	55.80
01/23/20	PMT BY CHECK	DOS 2/11/19* # CP-060205	-2954.00
01/28/20	BLCE OFF SET	BALANCE OFF SET	-0.15

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

*** INVOICE ***
Date NO#
01/28/20 72256

EAMS#(s):

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: BERNADETT DIAZ
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06288254

Case: vs CHRIS CUMBO CONSTRUCTION
Date Of Injury: 6/4/15 - 6/4/17

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 **

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 #: **CP-060205**

Issue Date: 01/23/20

Doc #: 035104026

Medical

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: Claim #: 06281172 Date of Injury: 05/12/17 SSN: XXX-X Employer name: CHRIS CUMBO CONSTRUCTION INC Employer ID: 0000009090245170 ICD-10 Code: T14.90 INJURY, UNSPECIFIED									
1	SF1-SFCA-20552004	02/11/19	MDO10	Payment By Order	1	2,954.15	.15	G67 961 G5 375	2,954.00
Total Allowances:									\$2,954.00

01379608035104026001 2



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

Check #: CP-060205

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 01/23/20
Doc #: 035104026

Summary

Page 2 of 2

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-20552004	06281172	LS	2,954.15	.15	2,954.00	.00	2,954.00
Provider NPI:	Rendering Provider NPI:	Rendering Provider:					
Patient Acct #: LS	ReviewerID: D4	Carrier Receive Date: 01/09/20	Review Date: 01/22/20	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-20552004 BR Msg 375: Settlement covers the following date of service 05/13/17.

01379608035104026001 2

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

*** INVOICE ***
Date NO#
01/13/20 67286

EAMS#(s):

BILL TO:
SEDGWICK CLAIMS (LEXINGT14623)
W. C. DEPARTMENT
ATTN: ORLANDO SEOANE
P.O. BOX 14623
LEXINGTON, KY 40512-4623

SS # : XXX-X
DOB :
Terms: 60 days
Claim #(s):
30154388066

Case: s LA UNIFIED SCHOOL DISTRICT
Date Of Injury: 7/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/05/15	INITIAL EXAM	DR MILLMAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/21/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/02/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/18/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/30/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/15	FOLLOW-UP	W/ ACUPUNCT S. CHOI @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/22/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/28/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/02/15	INITIAL EXAM	PSYCH EVAL W/DR P. SALKELD @ ENHANCED PRECISION*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/06/15	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/19/15	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/11/15	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/14/15	PR2/REEVAL	DR TOSHA BROWN @ 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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/13/20 67286

EAMS#(s):

BILL TO:

SEDGWICK CLAIMS (LEXINGT14623)
W. C. DEPARTMENT
ATTN: ORLANDO SEOANE
P.O. BOX 14623
LEXINGTON, KY 40512-4623

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30154388066

Case: vs LA UNIFIED SCHOOL DISTRICT
Date Of Injury: 7/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/15	INITIAL EXAM	DR MASSIHI, DPM @ ENHANCED PRECISION CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/14/16	PR2/REEVAL	DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 101721	0.00
02/01/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/08/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/29/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500358	0.00
02/26/16	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/10/16	PR2/REEVAL	DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/16/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/28/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/07/16	PR2/REEVAL	DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/11/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/18/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/20/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/25/16	PR2/REEVAL	DR ROSTAMI @ 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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/13/20 67286

BILL TO:
SEDGWICK CLAIMS (LEXINGT14623)
W. C. DEPARTMENT
ATTN: ORLANDO SEOANE
P.O. BOX 14623
LEXINGTON, KY 40512-4623

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30154388066

Case: vs LA UNIFIED SCHOOL DISTRICT
Date Of Injury: 7/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/16	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/02/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
05/09/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/23/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/27/16	P AND S	DR MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/02/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
06/16/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/23/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/09/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/07/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
07/14/16	PR2/REEVAL	DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/27/16	P AND S	DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/04/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	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
TAX ID# 33-0956713

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01/13/20 67286

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W. C. DEPARTMENT
ATTN: ORLANDO SEOANE
P.O. BOX 14623
LEXINGTON, KY 40512-4623

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30154388066

Case: vs LA UNIFIED SCHOOL DISTRICT
Date Of Injury: 7/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/01/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/29/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/13/18	LIEN FIL FEE	LIEN FILING FEE	150.00
01/08/20	PMT BY CHECK	DOS 3/13/18* # 2048312	-5000.00
01/13/20	BLCE OFF SET	BALANCE OFF SET	-3270.00

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 14623
Lexington, KY 40512-4623

0000157-0000771 BAFN 001 855861



JOYCE ALTMAN INTERPR
PO BOX 4168
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
01/08/2020	5,000.00	2048312
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
525 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name	Loss Date	Claim Number
	07/14/2015	30154388066-0001
Amt Paid: 5,000.00	Description: Interpreter	
Amt Billed: 8,270.00	Invoice: 5312020010304125	ICN:1987-1747033
Dates: 03/13/2018 - 03/13/2018	Comment:	

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 01/07/2020		DATE OF INJURY 07/14/2015	
BILL ID(ICN) 1987-1747033		PROCESSED BY VENDOR 01/07/2020		SOCIAL SECURITY NUMBER	
INJURED NAME (LAST FIRST MI)			TPA CLAIM NUMBER 30154388066-0001		
INJURED ADDRESS			PATIENT ACCOUNT NUMBER		
			EMPLOYER CONTRACT NUMBER 1987		
IMAGE NUMBER (DCN) 6020191230032792			TPA TRANSACTION# (MBDCN) 5312020010304125		
EMPLOYER NAME Los Angeles Unified School District			CARRIER NAME Los Angeles Unified School District		
EMPLOYER ADDRESS 333 S. Beaudry Avenue Los Angeles, CA 90017			CARRIER ADDRESS 333 S. Beaudry Avenue Los Angeles, CA 90017		
PROVIDER NPI			ICD CODES T14.90		
			DATES OF SERVICE 03/13/2018 - 03/13/2018		
PROVIDER NAME AND ADDRESS JOYCE ALTMAN INTERPR PO BOX 4168 TUSTIN, CA 92781					
TREATING PROVIDER JOYCE ALTMAN INTERPRETERS JOYC					
PROVIDER TAX ID 330956713					



sedgwick®

Date of Service	Submitted Code	Mod(s)	Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance
03/13/2018	MDS10		1	MDS10	8,270.00	3,270.00	0.00	0.00	5,000.00
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 14623
Lexington, KY 40512-4623

Fax: 844-346-1385
Phone: 866-247-2287



EXPLANATION OF BILL REVIEW

PAYOR Sedgwick	DATE OF INJURY 07/14/2015	CARRIER NAME Los Angeles Unified School District
INJURED NAME (LAST FIRST MI) FRIAS, JOSE M.		TPA CLAIM NUMBER 30154388066-0001

Date of Service	Submitted Code	Mod(s)	Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance

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.

Totals:					8,270.00	3,270.00	0.00	0.00	5,000.00

* Date Received by Sedgwick: 12/30/2019	* Payment Method: Paper Check
* Date of Review: 01/07/2020	* Check Number: 2048312
* Payment Date: 01/08/2020	* Payment Status Code: 1
* Diagnostic Group Code: N/A	

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

*** INVOICE ***
Date NO#
01/28/20 72203

EAMS#(s) :

BILL TO:

SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: ARACELI URENO
PO BOX # 14421
LEXINGTON, KY 40512-4421

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30177237217-0001

Case: . vs ROSS
Date Of Injury: 1/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/17	INITIAL EXAM	-DR GALAL GOUBRAN @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/04/17	INITIAL ACUP	-W/ACUPUNCT MIN CHOI, INITIAL CHIRO & -PHYS TX	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/10/17	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/11/17	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:	ELISA LOPEZ MEDINA # 003693	0.00
09/01/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/14/17	INITIAL EXAM	-DR MICHAEL PRICE/MILES @ SIDHU* (TSFR OF CARE	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693 (AMENDED)	0.00
10/02/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/12/17	PR2/REEVAL	-DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/03/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	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
11/10/17	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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/28/20 72203

EAMS#(s)

BILL TO:

SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: ARACELI URENO
PO BOX # 14421
LEXINGTON, KY 40512-4421

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30177237217-0001

Case: vs ROSS
Date Of Injury: 1/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/01/17	FOLLOW-UP	-W/ ACUPUNCT WOO HEE CHOI @	180.00
/ /		SIDHU CHIRO*	
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/14/17	PR2/REEVAL	-DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/22/17	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/05/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/11/18	INITIAL EXAM	-DR ATEF RAFLA/MILES @ SIDHU*	230.00
/ /		(AMENDED)	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/26/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/08/18	PR2/REEVAL	DR FRIEDMAN/MATIN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/09/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/23/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/02/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/15/18	INITIAL EXAM	-DR JOHN XIAO JIANG QIAN/	230.00
/ /		ALIASGHAR MATIN @	
/ /	-	SIDHU CHIRO*	0.00
/ /		(AMENDED)	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/19/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ 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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/28/20 72203

EAMS#(s):

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: ARACELI URENO
PO BOX # 14421
LEXINGTON, KY 40512-4421

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30177237217-0001

Case: vs ROSS
Date Of Injury: 1/18/17

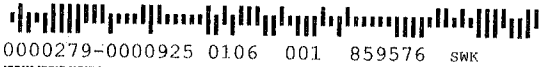
DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/18	P AND S	DR QIAN/FRANKE @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/16/19	LIEN FIL FEE	LIEN FILING FEE	150.00
06/26/19	PENALTIES	FOR DATE OF SERVICE 07/13/17	34.50
01/21/20	INTEREST	FOR DATE OF SERVICE 07/13/17	62.47
06/26/19	PENALTIES	FOR DATE OF SERVICE 08/04/17	34.50
01/21/20	INTEREST	FOR DATE OF SERVICE 08/04/17	62.47
06/26/19	PENALTIES	FOR DATE OF SERVICE 07/05/18	34.50
01/21/20	INTEREST	FOR DATE OF SERVICE 07/05/18	40.36
01/23/20	PMT BY CHECK	DOS 1/21/20* # 97465254	-650.00
02/11/20	BLCE OFF SET	BALANCE OFF SET	-4928.80

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 **

Sedgwick Claims Management Services, Inc
PO Box 14152
Lexington, KY 40512-4152



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

DATE	CHECK AMOUNT	CHECK NUMBER
01/23/2020	650.00	97465254
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
100 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name	Loss Date	Claim Number
	01/18/2017	30177237217-0001
Amt Paid: 650.00	Description: Miscellaneous Medical	
Amt Billed: 5,578.80	Invoice: 12345	ICN:243409497.339
Dates: 01/21/2020 - 01/22/2020	Comment: for all dates of service	

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

Ross Stores ARCH-WC
Arch Insurance Company

ORIGIN Wells Fargo Bank, N.A.
1001951

VOID AFTER 60 DAYS

DATE: 01/23/2020

97465254

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

62-22
311

PAY TO
THE
ORDER
OF

JOYCE ALTMAN INTERPRETERS

\$650.00

Bob Blankenship

JH

MEMO:

Retail Assurance Group, Principal
Sedgwick Claims Management Services, Inc., Agent By:

97465254 031100225 2079950059703

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

*** INVOICE ***
Date NO#
01/31/20 65354

BILL TO:

SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: GINA WEIMER
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

EAMS#(s)

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30142005498-0001; 3013086

Case: vs C.R. LAURENCE CO., INC.
Date Of Injury: 3/1/14; 7/13; 10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/16/14	INITIAL EXAM	-DR RANDY HIGASHI @ ADVANCE CARE* DOI: 3/1/14	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358 (AMENDED)	0.00
12/23/14	INITIAL EXAM	-DR HIGASHI @ ADVANCE CARE* DOI: 7/24/13	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/26/14	CHIRO TX	-CHIRO TREATMENT W/DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048 (INITIAL)	0.00
12/30/14	INITIAL EXAM	-DR HIGASHI @ ADVANCE CARE* DOI: CT 8/14/01	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/31/14	PR2/REEVAL	-DR T. BROWN @ ACS* DOI: 3/1/14	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/19/15	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL W/D CONNOLY @ ACS* INIT.	150.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358 DOI: 3/1/14	0.00
01/21/15	EMG TESTING	& NCV BY DR GROSS: U/E @ ACS*	150.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
01/27/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE* DOI: 3/1/14	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
01/28/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE* DOI: 3/1/14	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
02/04/15	PR2/REEVAL	-DR RAMESHNI @ ACS* DOI: 7/24/13	180.00

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

*** INVOICE ***
Date NO#
01/31/20 65354

EAMS#(s):

BILL TO:

SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: GINA WEIMER
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30142005498-0001; 3013086

Case: vs C.R. LAURENCE CO., INC.
Date Of Injury: 3/1/14; 7/13; 10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/11/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE* DOI: 8/01 - 10/14	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/10/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE* DOI: 7/24/13	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/12/15	INITIAL ACUP	-W/ACUPUNCT RHEE & -PR-2 W/DR BHARATWAL @ ACS*	230.00
/ /	INTERPRETER:	ELIZABETH VALENCIA 3 101087	0.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
03/24/15	PR2/REEVAL	-DR HIGASHI & -F/U ACUP RHEE* DOI: 8/01 - 10/14	180.00
/ /	INTERPRETER:	LUIS VALVERDE # 004204	0.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
03/31/15	FOLLOW-UP	-W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
04/03/15	INITIAL EXAM	-DR MASSIHI @ ADVANCE CARE* DOI: 3/1/14	230.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
04/07/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE* DOI: 7/24/13	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
04/15/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE* DOI: 3/1/14	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/01/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE* DOI: 3/1/14	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/19/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE* DOI: 8/01 - 10/14	180.00

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

*** INVOICE ***
Date NO#
01/31/20 65354

EAMS#(s) :

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: GINA WEIMER
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

SS # : XXX-XX-XXXX
DOB :
Terms: 60 days
Claim #(s):
30142005498-0001; 3013086

Case: vs C.R. LAURENCE CO., INC.
Date Of Injury: 3/1/14; 7/13; 10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
05/27/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
		DOI: 3/1/14	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/19/15	INITIAL EXAM	-DR YAGHOOBIAN @ADVANCE CARE*	230.00
		DOI: 7/24/13	
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
06/24/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
		DOI: 3/1/14	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/30/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
		DOI: 8/01 - 10/14	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/01/15	INITIAL EXAM	-DR MENDELSONH DOI: 3/1/14 &	230.00
		-PR-2 W/DR RAMESHNI	
/ /	-	DOI: 7/24/13 @ ACS*	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500049	0.00
07/08/15	PR2/REEVAL	-DR BHARATWAL @ ACS*	180.00
		DOI: 3/1/14	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/10/15	PR2/REEVAL	-DR MASSIHI @ ADVANCE CARE*	180.00
		DOI: 3/1/14	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/17/15	INITIAL EXAM	-DR YAGHOOBIAN @ADVANCE CARE*	230.00
		DOI: 3/1/14	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/30/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
		DOI: 3/1/14	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/07/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00

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

*** INVOICE ***
Date NO#
01/31/20 65354

EAMS#(s) :

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: GINA WEIMER
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30142005498-0001; 3013086

Case: vs C.R. LAURENCE CO., INC.
Date Of Injury: 3/1/14; 7/13; 10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	DOI: 8/7/15	
08/11/15	PR2/REEVAL	PAUL LAZCANO # 101143	0.00
		-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DOI: 7/24/13	
08/18/15	PR2/REEVAL	PAUL LAZCANO # 101143	0.00
		-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DOI: 3/1/14	
09/01/15	P AND S	GLADYS REYNA # 301721	0.00
		-DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	DOI: 3/1/14	
09/15/15	PR2/REEVAL	GLADYS REYNA # 301721	0.00
		-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DOI: 7/24/13	
09/29/15	PR2/REEVAL	GLADYS REYNA # 301721	0.00
		-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DOI: 8/01 - 10/14	
10/20/15	P AND S	JESUS ALEX CASTILLO # 500358	0.00
		-DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	DOI: 7/24/13	
11/03/15	P AND S	JESUS ALEX CASTILLO # 500358	0.00
		-DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	DOI: 8/04 - 10/14	
04/28/17	LIEN FIL FEE	JOSE GERRY LUGO # 500049	0.00
11/13/18	PENALTIES	LIEN FILING FEE	150.00
01/14/20	INTEREST	FOR DATE OF SERVICE 12/23/14	34.50
11/13/18	PENALTIES	FOR DATE OF SERVICE 12/23/14	110.08
01/14/20	INTEREST	FOR DATE OF SERVICE 12/26/14	13.50
11/13/18	PENALTIES	FOR DATE OF SERVICE 12/26/14	43.07
01/14/20	INTEREST	FOR DATE OF SERVICE 12/30/14	34.50
11/13/18	PENALTIES	FOR DATE OF SERVICE 12/30/14	110.08
		FOR DATE OF SERVICE 12/31/14	27.00

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

*** INVOICE ***
Date NO#
01/31/20 65354

EAMS#(s):

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: GINA WEIMER
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30142005498-0001; 3013086

Case: vs C.R. LAURENCE CO., INC.
Date Of Injury: 3/1/14; 7/13; 10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/20	INTEREST	FOR DATE OF SERVICE 12/31/14	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 01/19/15	22.50
01/14/20	INTEREST	FOR DATE OF SERVICE 01/19/15	71.79
11/13/18	PENALTIES	FOR DATE OF SERVICE 01/21/15	22.50
01/14/20	INTEREST	FOR DATE OF SERVICE 01/21/15	71.79
11/13/18	PENALTIES	FOR DATE OF SERVICE 01/27/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 01/27/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 01/28/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 01/28/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 02/04/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 02/04/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 02/11/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 02/11/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 03/10/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 03/10/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 03/12/15	34.50
01/14/20	INTEREST	FOR DATE OF SERVICE 03/12/15	110.84
11/13/18	PENALTIES	FOR DATE OF SERVICE 03/24/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 03/24/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 03/31/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 03/31/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 04/03/15	34.50
01/14/20	INTEREST	FOR DATE OF SERVICE 04/03/15	110.08
11/13/18	PENALTIES	FOR DATE OF SERVICE 04/07/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 04/07/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 04/15/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 04/15/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 05/01/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 05/01/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 05/19/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 05/19/15	86.15

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

*** INVOICE ***
Date NO#
01/31/20 65354

EAMS#(s):

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: GINA WEIMER
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30142005498-0001; 3013086

Case: : vs C.R. LAURENCE CO., INC.
Date Of Injury: 3/1/14; 7/13; 10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/18	PENALTIES	FOR DATE OF SERVICE 05/27/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 05/27/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 06/19/15	34.50
01/14/20	INTEREST	FOR DATE OF SERVICE 06/19/15	110.08
11/13/18	PENALTIES	FOR DATE OF SERVICE 06/24/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 06/24/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 06/30/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 06/30/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 07/01/15	34.50
01/14/20	INTEREST	FOR DATE OF SERVICE 07/01/15	110.08
11/13/18	PENALTIES	FOR DATE OF SERVICE 07/08/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 07/08/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 07/10/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 07/10/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 07/17/15	34.50
01/14/20	INTEREST	FOR DATE OF SERVICE 07/17/15	110.08
11/13/18	PENALTIES	FOR DATE OF SERVICE 07/30/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 07/30/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 08/07/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 08/07/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 08/11/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 08/11/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 08/18/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 08/18/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 09/01/15	34.50
01/14/20	INTEREST	FOR DATE OF SERVICE 09/01/15	110.08
11/13/18	PENALTIES	FOR DATE OF SERVICE 09/15/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 09/15/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 09/29/15	27.00
01/14/20	INTEREST	FOR DATE OF SERVICE 09/29/15	86.15
11/13/18	PENALTIES	FOR DATE OF SERVICE 10/20/15	34.50

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

*** INVOICE ***
Date NO#
01/31/20 65354

EAMS#(s)

BILL TO:

SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: GINA WEIMER
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30142005498-0001; 3013086

Case: vs C.R. LAURENCE CO., INC.
Date Of Injury: 3/1/14; 7/13; 10/14

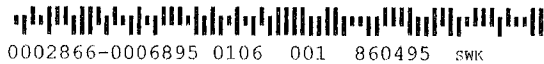
DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/20	INTEREST	FOR DATE OF SERVICE 10/20/15	110.08
11/13/18	PENALTIES	FOR DATE OF SERVICE 11/03/15	34.50
01/14/20	INTEREST	FOR DATE OF SERVICE 11/03/15	86.03
08/06/19	PENALTIES	FOR DATE OF SERVICE 12/16/14	34.50
01/14/20	INTEREST	FOR DATE OF SERVICE 12/16/14	110.08
01/28/20	PMT BY CHECK	DOS 1/14/20* # 106499569	-5000.00
01/31/20	BLCE OFF SET	BALANCE OFF SET	-6624.69

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



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

DATE	CHECK AMOUNT	CHECK NUMBER
01/28/2020	5,000.00	106499569
PAYEE	TAX ID	
JOYCE ALTMAN INTERPRETERS	*****6713	
SCMS UNIT	PAGE	
184 Sedgwick Claims Management Services, Inc	01 of 01	

Claimant Name	Loss Date	Claim Number
	10/27/2014	B418412125-0001-01
Amt Paid: 5,000.00	Description: Miscellaneous Medical	
Amt Billed: 7,160.00	Invoice:	ICN:243660341.339
Dates: 01/14/2020 - 01/14/2020	Comment: Full and Final	

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 on behalf of Chubb & Son,
a division of Federal Insurance Company
FEDERAL INSURANCE COMPANY

ORIGIN Wells Fargo Bank, N.A.
1846102

VOID AFTER 60 DAYS

DATE: 01/28/2020

106499569

62.22
311

PAY: *****FIVE THOUSAND AND 00/100 DOLLARS

PAY TO
THE
ORDER
OF

JOYCE ALTMAN INTERPRETERS

\$5,000.00

Bob Blankenship

MEMO:

Federal Insurance, Principal
Sedgwick Claims Management Services, Inc., Agent By:

106499569 031100225 2079950059703

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

*** INVOICE ***
Date NO#
02/03/20 69431

BILL TO:

SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: GABRIEL HSU
P.O. BOX # 14442
LEXINGTON, KY 40512

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30154766477-001

Case: vs SFFI CO INC DBA SIMPLY FRESH
Date Of Injury: CT 6/1/15 - 9/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/16	INITIAL EXAM	-DR NEGIN RAMESHNI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/04/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
05/06/16	INITIAL ACUP	-W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/02/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/08/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/14/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/30/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/05/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/26/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/02/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/09/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/16/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/17/16	PR2/REEVAL	-DR BHARTWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/25/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/30/16	INITIAL EXAM	-PHYSICAL THERAPY W/DR FARDA	90.00

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

*** INVOICE ***
Date NO#
02/03/20 69431

BILL TO:

SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: GABRIEL HSU
P.O. BOX # 14442
LEXINGTON, KY 40512

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30154766477-001

Case: vs SFFI CO INC DBA SIMPLY FRESH
Date Of Injury: CT 6/1/15 - 9/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			
		MOGHARABI @ EPC*	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/13/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/15/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/24/16	INJECTION	-DR BROWN/MALIN, P.A. @ EPC*	150.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/22/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/29/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/11/16	FOLLOW UP	-PHYSICAL TX W/DR MOGHARABI @ EPC*	90.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/12/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/13/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/18/16	FOLLOW UP	-PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/20/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/25/16	FOLLOW UP	-PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/01/16	FOLLOW UP	-PHYSICAL TX W/DR MOGHARABI @ EPC*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/10/16	FINAL ACUPT	-W/ ACUPUNCT RHEE @ EPC*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/15/16	F/U CHIRO TX	-CHIRO TREATMENT & F/U PHYS T	90.00

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

*** INVOICE ***
Date NO#
02/03/20 69431

BILL TO:

SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: GABRIEL HSU
P.O. BOX # 14442
LEXINGTON, KY 40512

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30154766477-001

Case: vs SFFI CO INC DBA SIMPLY FRESH
Date Of Injury: CT 6/1/15 - 9/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	W/DR MOGHARABI*	
11/21/16	PR2/REEVAL	LISBETH C. PARRENO # 101080	0.00
/ /	INTERPRETER:	-DR RAMESHNI @ EPC*	180.00
11/29/16	FOLLOW UP	JOSE GERRY LUGO # 500049	0.00
/ /	INTERPRETER:	-PHYSICAL TX W/DR MOGHARABI*	90.00
12/13/16	FOLLOW UP	JESUS CASTILLO # 500358	0.00
		-PHYS TX W/DR MOGHARABI @ EPC*	90.00
		AMENDED	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/20/16	FOLLOW UP	-PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/27/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/03/17	FOLLOW UP	-PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/09/17	INITIAL EXAM	PSYCH EVAL W/DR PARVIN SALKED @ EPC*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/10/17	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/17/17	FOLLOW UP	PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/25/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/31/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/07/17	FOLLOW UP	-PHYSICAL TX W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/07/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/20/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00

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

*** INVOICE ***
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02/03/20 69431

EAMS#(s):

BILL TO:

SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: GABRIEL HSU
P.O. BOX # 14442
LEXINGTON, KY 40512

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30154766477-001

Case: vs SFFI CO INC DBA SIMPLY FRESH
Date Of Injury: CT 6/1/15 - 9/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/29/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/03/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/10/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/13/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/17/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/11/17	EMG TESTING	& NCV BY DR GROSS: U/E @ EPC*	150.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/21/17	FINAL P.T.	-FINAL PHYS TX W/DR MENDOZA*	90.00
		AMENDED	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/20/17	PR2/REEVAL	-& INJECTION W/DR BROWN/MALIN PA @ SIDHU*	180.00
/ /	INTERPRETER:	LISBETH C. PARENO # 101080	0.00
04/24/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/26/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/18/17	P AND S	-DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/11/18	LIEN FIL FEE	LIEN FILING FEE	150.00
02/22/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
12/19/18	PENALTIES	FOR DATE OF SERVICE 04/28/16	34.50
01/22/20	INTEREST	FOR DATE OF SERVICE 04/28/16	93.34
12/19/18	PENALTIES	FOR DATE OF SERVICE 05/06/16	34.50

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

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02/03/20 69431

EAMS#(s):

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SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: GABRIEL HSU
P.O. BOX # 14442
LEXINGTON, KY 40512

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30154766477-001

Case: vs SFFI CO INC DBA SIMPLY FRESH
Date Of Injury: CT 6/1/15 - 9/11/15

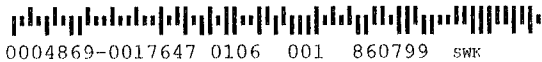
DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/20	INTEREST	FOR DATE OF SERVICE 05/06/16	93.34
12/19/18	PENALTIES	FOR DATE OF SERVICE 08/30/16	13.50
01/22/20	INTEREST	FOR DATE OF SERVICE 08/30/16	34.17
12/19/18	PENALTIES	FOR DATE OF SERVICE 01/09/17	34.50
01/22/20	INTEREST	FOR DATE OF SERVICE 01/09/17	79.21
12/19/18	PENALTIES	FOR DATE OF SERVICE 04/21/17	34.50
01/22/20	INTEREST	FOR DATE OF SERVICE 04/21/17	28.04
12/19/18	PENALTIES	FOR DATE OF SERVICE 05/18/17	34.50
01/22/20	INTEREST	FOR DATE OF SERVICE 05/18/17	70.07
06/10/19	PENALTIES	FOR DATE OF SERVICE 11/10/16	34.50
01/22/20	INTEREST	FOR DATE OF SERVICE 11/10/16	82.76
01/28/20	PMT BY CHECK	DOS 4/28/16* =# 102678630	-8850.00
02/03/20	BLCE OFF SET	BALANCE OFF SET	-831.43

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



JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
01/28/2020	8,850.00	102678630
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
	09/11/2015	30154766477-0001
Amt Paid: 8,850.00	Description: Interpreter	
Amt Billed: 8,980.00	Invoice:	ICN:5201-13459038
Dates: 04/28/2016 - 04/28/2016	Comment:	

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 - CA1
Everest National Insurance

ORIGIN Wells Fargo Bank, N.A.
6005201

VOID AFTER 60 DAYS

DATE: 01/28/2020

102678630

62-22
311

PAY: *****EIGHT THOUSAND EIGHT HUNDRED FIFTY AND 00/100 DOLLARS

\$8,850.00

PAY TO
THE
ORDER
OF

JOYCE ALTMAN INTERPR

Bob Blankenship

JFA

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

102678630 031100225 2079950059703

EXPLANATION OF BILL REVIEW

PAYOR Sedgwick	RECEIVED BY VENDOR 01/17/2020	DATE OF INJURY 09/11/2015
BILL ID(ICN) 5201-13459038	PROCESSED BY VENDOR 01/17/2020	SOCIAL SECURITY NUMBER
INJURED NAME (I LAST FIRST MI)	TPA CLAIM NUMBER 30154766477-0001	
INJURED ADDRESS	PATIENT ACCOUNT NUMBER	
	EMPLOYER CONTRACT NUMBER 5201	
IMAGE NUMBER (DCN)	TPA TRANSACTION# (MBDCN)	
EMPLOYER NAME SFFI COMPANY INC.	CARRIER NAME Everest National Insurance	
EMPLOYER ADDRESS 4383 EXCHANGE AVENUE VERNON, CA 90058 Everest National Insurance	CARRIER ADDRESS P.O. Box 830 Liberty Corner Liberty Corner, NJ 079380830	
PROVIDER NPI	ICD CODES T14.90	DATES OF SERVICE 04/28/2016 - 01/14/2020



PROVIDER NAME AND ADDRESS JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781
TREATING PROVIDER JOYCE ALTMAN INTERPRETERS INC
PROVIDER TAX ID 330956713

Date of Service	Submitted Code	Mod(s)	Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance
04/28/2016	MDS10		1	MDS10	8,980.00	130.00	0.00	0.00	8,850.00
LUM SUM/MUL BILL-THE AMNT OF REIM IN DISPUTE CLAIM					REASON CODES G4,5432				

Explanation of Reason Codes For Detail Lines

G4 THIS CHARGE WAS ADJUSTED TO COMPLY WITH THE RATE AND RULES OF THE CONTRACT INDICATED.

5432 PLEASE NOTE: THIS PAYMENT IS BEING MADE IN FULL AND FINAL SATISFACTION OF LIEN FOR ALL DATES OF SERVICE PER SIGNED AGREEMENT WITH THE SEDGWICK CMS LIEN RESOLUTION UNIT. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE LRU DIRECTLY AT 916-851-8097.

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

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



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

*** INVOICE ***
Date NO#
01/22/20 69829

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

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E5Z1761

Case: vs MODERN PARKING INC
Date Of Injury: CT 2/20/15 - 2/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/16	INITIAL EXAM	-DR MAYYA KRAVCHENKO @ GOFNUN CHIRO*	230.00
/ /	INTERPRETER:	GLADYS REYNA PINEDA # 301721	0.00
07/29/16	PR2/REEVAL	DR KRACHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/10/16	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/24/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/25/16	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/30/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/19/16	PR2/REEVAL	-DR KARAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/29/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/04/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/20/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/31/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/15/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/17/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/16/16	PR2/REEVAL	-DR KRAVCHENKO @ 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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/22/20 69829

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

EAMS#(s) :

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E5Z1761

Case: vs MODERN PARKING INC
Date Of Injury: CT 2/20/15 - 2/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/17	FINAL ACUPT	W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/30/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO 101143	0.00
04/03/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/17/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/08/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/22/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/12/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/26/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PUAL LAZCANO # 101143	0.00
09/28/18	PR2/REEVAL	DR KRACHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/17/19	LIEN FIL FEE	LIEN FILING FEE	150.00
11/14/19	PENALTIES	FOR DATE OF SERVICE 06/20/16	34.50
01/23/20	INTEREST	FOR DATE OF SERVICE 06/20/16	87.25
11/14/19	PENALTIES	FOR DATE OF SERVICE 08/10/16	34.50
01/23/20	INTEREST	FOR DATE OF SERVICE 08/10/16	87.25
11/14/19	PENALTIES	FOR DATE OF SERVICE 08/25/16	34.50
01/23/20	INTEREST	FOR DATE OF SERVICE 08/25/16	87.25
11/14/19	PENALTIES	FOR DATE OF SERVICE 01/10/17	34.50
01/23/20	INTEREST	FOR DATE OF SERVICE 01/10/17	79.21
01/17/20	PMT BY CHECK	DOS 1/7/20* # 896D 93509962	-4040.00
01/22/20	BLCE OFF SET	BALANCE OFF SET	-478.96

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

*** INVOICE ***
Date NO#
01/22/20 69829

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

EAMS#(s)

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E5Z1761

Case: vs MODERN PARKING INC
Date Of Injury: CT 2/20/15 - 2/20/16

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 TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SE00822

896D 93509962

TRAVELERS 

DATE: 01/17/20
LOSS DATE: 02/20/16
FILE NUMBER: 152 CB E5Z1761 H
REFERENCE #: 1024664205SW
EMPLOYFF

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

ACCOUNT NAME:
MODERN PARKING INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 01/07/20

TOTAL PAID: \$4040.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: JEANNETTE MENDEZ AT (909)612-3811

017017867
DETACH CHECK 

UNSUMM -1113'
OVRPUNS2-12129
DETACH CHECK 

EXPLANATION OF REIMBURSEMENT

THIS IS NOT A BILL

PAGE 1 OF 4
DATE 01/17/2020

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:
JEANNETTE MENDEZ

CLAIM PROFESSIONAL PHONE/FAX/EMAIL:
909-612-3811/877-801-9677/JAMENDEZ@TRAVELERS.COM

EMPLOYER:
MODERN PARKING INC
23000 PACIFIC COAST HWY
MALIBU, CA 90265-4936

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 E5Z1761 H

DATE OF INJURY:
02/20/2016

BILL CONTROL NUMBER:
1024664205

CHECK NUMBER:
896D 93509962

CHECK DATE:
01/17/2020

DATE EOR GENERATED:
01/17/2020

DATE OF BILL:
N/A

DATE BILL RECEIVED:
01/13/2020

NETWORK NAME:
N/A

SUMMARY INFORMATION

SERVICE DATES: 01/07/2020 - 01/07/2020

BILLED AMT	BILL REVIEW AMT	PPO AMT	OTHER AMT	PAID AMT
\$4,040.00	\$4,040.00	N/A	N/A	\$4,040.00

STATE REQUIRED INFORMATION

JURISDICTIONAL CASE NUMBER: N/A

SSN: XXX-XX-5295 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.

CLAIM NUMBER:
152 CB E5Z1761 H
DATE OF INJURY:
02/20/2016

BILL CONTROL NUMBER:
1024664205
PATIENT:

PAGE 3 OF 4
DATE 01/17/2020

RECONSIDERATION REQUEST SHOULD INCLUDE COPY OF EOR, BILL AND APPEAL EXPLANATION.

DETAIL INFORMATION

DIAGNOSIS CODES
01) T14.9

SERVICE DATE: 01/07/2020 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: \$4,040.00
REVIEW: \$4,040.00
PPO : N/A
OTHER : N/A
PAID : \$4,040.00

CARRIER CODES

END OF STATEMENT

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

*** INVOICE ***
Date NO#
02/04/20 70336

EAMS#(s) :

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E7D3399

Case: vs JORDAN MANUFACTURING COMPANY
Date Of Injury: 12/27/14 - 12/27/15

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
09/15/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/11/16	PR2/REEVAL	DR GOUBRAN/FRANKE, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/21/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/26/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/31/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/04/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/16	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/14/16	INITL CHIRO	-TREATMENT & PHYSICAL THERAPY W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/22/16	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL W/D RICHARD SOSA* INITL	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/30/16	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/ DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/02/16	F/U CHIRO TX	CHIRO TX & F/U PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/12/16	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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/04/20 70336

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

EAMS#(s)
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E7D3399

Case: vs JORDAN MANUFACTURING COMPANY
Date of Injury: 12/27/14 - 12/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	HA @ SIDHU*	
12/16/16	FOLLOW-UP	MARIA BARBOSA # 500267	0.00
/ /		W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
12/21/16		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
/ /		PHYS TX W/DR HA*	
01/06/17	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
/ /		PHYS TX W/DR HA*	
01/12/17	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/12/17	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
/ /		PHYS TX W/DR HA*	
02/22/17	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
/ /		PHYS TX W/DR HA*	
03/22/17	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
/ /		PHYS TX W/DR HA*	
03/30/17	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/30/17	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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

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

*** INVOICE ***
Date NO#
02/04/20 70336

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

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E7D3399

Case: vs JORDAN MANUFACTURING COMPANY
Date Of Injury: 12/27/14 - 12/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/08/17	PR2/REEVAL	-DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/13/17	PR2/REEVAL	-DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELIS L. MEDINA # 003693	0.00
07/27/17	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/31/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/25/19	LIEN FIL FEE	LIEN FILING FEE	150.00
12/08/16	PR2/REEVAL	DR GOUBRAN @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/09/19	PENALTIES	FOR DATE OF SERVICE 08/11/16	34.50
01/16/20	INTEREST	FOR DATE OF SERVICE 08/11/16	82.39
07/09/19	PENALTIES	FOR DATE OF SERVICE 10/21/16	34.50
01/16/20	INTEREST	FOR DATE OF SERVICE 10/21/16	82.39
07/09/19	PENALTIES	FOR DATE OF SERVICE 11/14/16	13.50
01/16/20	INTEREST	FOR DATE OF SERVICE 11/14/16	32.24
01/17/20	PMT BY CHECK	DOS 12/27/15-4/18/19* # 131148845 6 HARTFO	-869.00
01/24/20	PMT BY CHECK	DOS 1/17/20* # 891A 90896244 TRAVELERS	-3081.00
02/11/20	BLCE OFF SET	BALANCE OFF SET	-1769.52

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

*** INVOICE ***
Date NO#
02/04/20 70336

EAMS#(s)

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E7D3399

Case: vs JORDAN MANUFACTURING COMPANY
Date Of Injury: 12/27/14 - 12/27/15

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 **



Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2304177

MB 01 002795 68961 B 9 C



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

**Attention: This remittance incorporates
1 claim payments**

Special Handling 99

Explanation of Benefits

Page 1 of 2

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
12/27/2015	36WE BZ9031 Y67C 26590	JORDAN MANUFACTURING COMPANY INC.		\$869.00
Nature of Benefits: Doctor		Nature of Payment: Payment Reason - Doctor	Service Dates 12/27/2015 04/18/2019	\$869.00
Claim Handler: SHERI ANGELLO 8664019222 x2304177 Centralized Workers Compensation Claim Center PO Box 14267 Lexington, KY 40512-4267			Additional Comments:	

Issue Date	01/17/2020	Check Number	131148845 6	Total Check Amount	\$869.00

Please keep the above information for your records.

119516218

002795 1/1



THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SE00835

891A 90896244

TRAVELERS 

DATE: 01/24/20
LOSS DATE: 10/04/15
FILE NUMBER: 152 CB E7D3399 A
REFERENCE #: 1024717471SW
EMPLOYEE

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

ACCOUNT NAME:
JORDAN MANUFACTURING COMPANY

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 01/17/20

TOTAL PAID: \$3081.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: JEANNETTE MENDEZ AT (909)612-3811

024016802

DETACH CHECK 

UNSUMM -11131
OVRPUNS2-12129
DETACH CHECK 

EXPLANATION OF REIMBURSEMENT
THIS IS NOT A BILL

PAGE 1 OF 4
DATE 01/24/2020

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:
JEANNETTE MENDEZ

CLAIM PROFESSIONAL PHONE/FAX/EMAIL:
909-612-3811/877-801-9677/JAMENDEZ@TRAVELERS.COM

EMPLOYER:
JORDAN MANUFACTURING COMPANY INC
1200 S 6TH ST
MONTICELLO, IN 47960

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 E7D3399 A

DATE OF INJURY:
10/04/2015

BILL CONTROL NUMBER:
1024717471

CHECK NUMBER:
891A 90896244

CHECK DATE:
01/24/2020

DATE EOR GENERATED:
01/24/2020

DATE OF BILL:
N/A

DATE BILL RECEIVED:
01/20/2020

NETWORK NAME:
N/A

SUMMARY INFORMATION

SERVICE DATES: 01/17/2020 - 01/17/2020

BILLED AMT	BILL REVIEW AMT	PPO AMT	OTHER AMT	PAID AMT
\$3,081.00	\$3,081.00	N/A	N/A	\$3,081.00

STATE REQUIRED INFORMATION

JURISDICTIONAL CASE NUMBER: N/A

SSN: XXX-XX-5935 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.

CLAIM NUMBER:
152 CB E7D3399 A

BILL CONTROL NUMBER:
1024717471

PAGE 3 OF 4
DATE 01/24/2020

DATE OF INJURY:
10/04/2015

PATIENT:

RECONSIDERATION REQUEST SHOULD INCLUDE COPY OF EOR, BILL AND APPEAL EXPLANATION.

DETAIL INFORMATION

DIAGNOSIS CODES
01) T14.9

SERVICE DATE: 01/17/2020 POS: 99
RPT PROC-MOD: MDO10
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: \$3,081.00
REVIEW: \$3,081.00
PPO : N/A
OTHER : N/A
PAID : \$3,081.00

CARRIER CODES

END OF STATEMENT

CLAIM NUMBER:
152 CB E7D3399 A
DATE OF INJURY:
10/04/2015

BILL CONTROL NUMBER:
1024717471
PATIENT:

PAGE 4 OF 4
DATE 01/24/2020

RECONSIDERATION REQUEST SHOULD INCLUDE COPY OF EOR, BILL AND APPEAL EXPLANATION.

DETAIL INFORMATION

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

*** INVOICE ***
Date NO#
01/22/20 76223

EAMS#(s) :.

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FBA8383

Case:
Date Of Injury: 3/5/18

vs RSI HOME PRODUCTS

DOS	SERVICE	DESCRIPTION	AMOUNT
06/14/19	INITIAL EXAM	-DR MARINA RUSSMAN/ NEGIN RAMESHNI @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/18/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/19/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VIALLGOMEZ # 500341	0.00
06/20/19	PR2/REEVAL	DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSE CALDERON # 101193	0.00
06/26/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/27/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/29/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/02/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/06/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/09/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/02/19	LIEN FIL FEE	LIEN FILING FEE	150.00
01/14/20	PENALTIES	FOR DATE OF SERVICE 06/14/19	34.50
01/14/20	INTEREST	FOR DATE OF SERVICE 06/14/19	8.19
01/10/20	PMT BY CHECK	DOS 6/14/19-7/9/19* #6750403827 BROADSPI	-1500.00
01/15/20	PMT BY CHECK	DOS 1/9/20* # 896D 93498363 TRAVELERS	-80.00
01/22/20	BLCE OFF SET	BALANCE OFF SET	-192.69

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

*** INVOICE ***
Date NO#
01/22/20 76223

EAMS#(s) :

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
FBA8383

Case:
Date Of Injury: 3/5/18

vs RSI HOME PRODUCTS

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 **



A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

M

Check Date	:	01/10/2020
Check Amount	:	\$1500.00
Check Number	:	6750403827

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

Claim Number	Date of Loss	Adjuster Name	Adjuster Phone#
Claimant Name	Amount	Invoice#	Invoice Date
Contact Info: Adjusting Office	Transaction Amount	76223	Service Dates
Transaction Description			
Check Memo			
189077389-001	05/06/2019		
	\$1500.00		
BP WC Rancho Cord-Rt		Dorothy S. Brown	707-759-3554
Lump Sum Settlement, Medical	\$1500.00	FULL FINAL	
Full Final Satisfaction of Lien			06/14/2019-07/09/2019

Please Fold on Perforation Before Tearing



A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: THE HARTFORD FIRE & CASUALTY GROUP
INSURER: PROPERTY & CASUALTY INSURANCE COMPANY OF HARTFORD

Check Date : 01/10/2020

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
*** One Thousand Five Hundred and 00/100 Dollars *****

Claim Check Number

6750403827

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

64-1278

611

3299111676

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

Amount

***** \$1500.00*

Claim #: 189077389-001

By

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

⑈6750403827⑈ ⑆061112788⑆ 329 911 1676⑈

THE TRAVELERS - WORKERS' COMPENSATION UNIT
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SD00701

896D 93498363

TRAVELERS 

DATE: 01/15/20
LOSS DATE: 03/05/18
FILE NUMBER: 152 CB FBA8383 N

EMPLOYEE

ACCOUNT NAME:
RSI HOME PRODUCTS INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Lump sum settlement

SERVICE DATE: 1/9/2020

TOTAL PAID: \$80.00
TAX INFO: 330956713 Y C
PAY MISC: Per the parties agreement
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: LAURA OROZCO AT (909)612-3819

015011594
DETACH CHECK

UNSUMM -111311
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***
Date NO#
01/27/20 73530

BILL TO:
UEF/VINE PROPERTIES
W. C. DEPARTMENT
ATTN: BENNY PIRIAN
1666 N. VERMONT AVE.
LOS ANGELES, CA 90027

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
N/A

Case: vs VINE PROPERTIES LLC BENNY PIRI
Date Of Injury: 4/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/19/17	INITIAL EXAM	-DR ERIC GOFNUNG @ GOFNUNG	230.00
/ /	INTERPRETER:	CHIRO* GLADYS REYNA # 301721	0.00
05/22/17	F/U CHIRO TX	DOI: 4/28/17 -CHIRO TX W/DR GOFNUNG @	90.00
/ /	INTERPRETER:	GOFNUNG CHIRO* MARIA E. SALINAS # 100942	0.00
06/09/17	F/U CHIRO TX	DOI: 4/28/17 -CHIRO TREATMENT W/DR GOFNUNG	90.00
/ /	INTERPRETER:	DOI: CT 5/17 GLADYS P. REYNA # 301721	0.00
06/12/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	DOI: CT 5/17 MARIA SALINAS # 100942	0.00
06/16/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	DOI: CT 5/17 MARIA SALINAS # 100942	0.00
06/19/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	DOI: 4/28/17 MARIA E. SALINAS # 100942	0.00
06/23/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	DOI: CT 5/17 GLADYS P. REYNA # 301721	0.00
07/10/17	F/U CHIRO TX	-CHIRO TX DR GOFNUNG*	90.00
/ /	INTERPRETER:	DOI: 4/28/17 MARIA SALINAS # 100942	0.00
08/21/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	DOI: 4/28/17 MARIA E. SALINAS # 100942	0.00
08/25/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
		DOI: 5/17	

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

*** INVOICE ***
Date NO#
01/27/20 73530

BILL TO:
UEF/VINE PROPERTIES
W. C. DEPARTMENT
ATTN: BENNY PIRIAN
1666 N. VERMONT AVE.
LOS ANGELES, CA 90027

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
N/A

Case: vs VINE PROPERTIES LLC BENNY PIRI
Date Of Injury: 4/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/28/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG* DOI: 5/17	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/01/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG* DOI: 5/5/17	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/06/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO* DOI: 5/5/17	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
09/11/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO* DOI: 4/28/17	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
09/12/17	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG* DOI: 5/5/17	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
09/18/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO* DOI: 4/17	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/22/17	PR2/REEVAL	-DR GOFNUNG @ GOFNUNG CHIRO* DOI: 5/5/17	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/26/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG* DOI: 5/5/17	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/23/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO* DOI: 4/28/17	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/31/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG* DOI: 5/5/17	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00

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

*** INVOICE ***
Date NO#
01/27/20 73530

EAMS#(s) :

BILL TO:
UEF/VINE PROPERTIES
W. C. DEPARTMENT
ATTN: BENNY PIRIAN
1666 N. VERMONT AVE.
LOS ANGELES, CA 90027

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
N/A

Case: vs VINE PROPERTIES LLC BENNY PIRI
Date Of Injury: 4/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/17	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	DOI: 5/5/17	
12/13/17	FINAL CHIRO	GLADYS P. REYNA # 301721	0.00
/ /	INTERPRETER:	CHIRO TX W/DR KRAVCHENKO*	90.00
01/09/18	PR2/REEVAL	DOI: 5/5/17	
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
02/13/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	DOI: 5/5/17	
04/10/18	P AND S	GLADYS REYNA # 301721	0.00
/ /	INTERPRETER:	DR MASSIHI @ EPC*	180.00
06/13/19	LIEN FIL FEE	DOI: 5/5/17	
11/13/19	PENALTIES	GLADYS REYNA # 301721	0.00
01/15/20	INTEREST	LIEN FILING FEE	150.00
11/13/19	PENALTIES	FOR DATE OF SERVICE 05/19/17	34.50
01/15/20	INTEREST	FOR DATE OF SERVICE 05/19/17	48.12
11/13/19	PENALTIES	FOR DATE OF SERVICE 09/12/17	34.50
01/15/20	INTEREST	FOR DATE OF SERVICE 09/12/17	48.12
11/13/19	PENALTIES	FOR DATE OF SERVICE 09/12/17	48.12
01/15/20	INTEREST	FOR DATE OF SERVICE 12/13/17	13.50
11/13/19	PENALTIES	FOR DATE OF SERVICE 12/13/17	18.83
01/15/20	INTEREST	FOR DATE OF SERVICE 12/13/17	34.50
01/14/20	PMT BY CHECK	FOR DATE OF SERVICE 04/10/18	46.16
01/27/20	BLCE OFF SET	DOS 1/15/20 # 710000648	-1800.00
		VINE PORP	
		BALANCE OFF SET	-1838.23

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

*** INVOICE ***
Date NO#
01/27/20 73530

EAMS#(s):

BILL TO:
UEF/VINE PROPERTIES
W. C. DEPARTMENT
ATTN: BENNY PIRIAN
1666 N. VERMONT AVE.
LOS ANGELES, CA 90027

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
N/A

Case: vs VINE PROPERTIES LLC BENNY PIRI
Date Of Injury: 4/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Banking Together, Shaving Together
1000 Wilshire Blvd. - Ste 500
Los Angeles, California 90017

CASHIER'S CHECK

No. 710000648

REMITTER TEL AVIV APARTMENTS

DATE January 14, 2020

PAY TO
THE
ORDER
OF

JOYCE ALFMAN INTERPRETERS

\$1,800.00
ONE THOUSAND EIGHT HUNDRED ZERO ZERO PERIOD ZERO ZERO

**** One Thousand Eight Hundred and 00/100****

DOLLARS

MEMO

⑈ 710000648 ⑆ ⑆ 122043958 ⑆ 190001 ⑈



CASHIER'S CHECK

No. 710000648

REMITTER TEL AVIV APARTMENTS

DATE January 14, 2020

PAY TO
THE
ORDER
OF

JOYCE ALFMAN INTERPRETERS

\$1,800.00
ONE THOUSAND EIGHT HUNDRED ZERO ZERO PERIOD ZERO ZERO

**** One Thousand Eight Hundred and 00/100****

DOLLARS

MEMO

Customer Copy

NON-NEGOTIABLE

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

*** INVOICE ***
Date NO#
01/15/20 73063

EAMS#(s):

BILL TO:
YORK CLAIMS SVCS. (ROSE-619079)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 619079
ROSEVILLE, CA 95661

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
AXMY-1874

Case: vs BRUSH RESEARCH MFG CO INC
Date Of Injury: 11/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/13/17	INITL CHIRO	TX W/DR MAYYA KRAVCHENKO @	90.00
		GOFNUNG CHIRO*	
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/18/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
01/05/18	PR2/REEVAL	DR ERIC GOFNUNG @ GOFNUNG	180.00
		CHIRO*	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/10/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/12/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/17/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/19/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/22/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
01/24/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/29/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
02/02/18	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @	90.00
		GOFNUNG CHIRO*	
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
02/05/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/09/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/14/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00

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

*** INVOICE ***
Date NO#
01/15/20 73063

EAMS#(s) :

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 619079
ROSEVILLE, CA 95661

SS # : XXX-XX.
DOB :
Terms: 60 days
Claim #(s):
AXMY-1874

Case: vs BRUSH RESEARCH MFG CO INC
Date Of Injury: 11/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/21/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/14/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
04/23/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/21/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/18/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
07/16/18	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/10/18	POST-OP	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/08/19	LIEN FIL FEE	LIEN FILING FEE	150.00
01/08/20	PENALTIES	FOR DATE OF SERVICE 12/13/17	13.50
01/08/20	INTEREST	FOR DATE OF SERVICE 12/13/17	18.72
01/08/20	PENALTIES	FOR DATE OF SERVICE 07/16/18	34.50
01/08/20	INTEREST	FOR DATE OF SERVICE 07/16/18	38.55
01/13/20	PMT BY CHECK	DOS 12/13/17-9/10/18*	-2600.00
		# 2082102	
01/15/20	BLCE OFF SET	BALANCE OFF SET	-225.27

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

*** INVOICE ***
Date NO#
01/15/20 73063

EAMS#(s):

BILL TO:
YORK CLAIMS SVCS. (ROSE-619079)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 619079
ROSEVILLE, CA 95661

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
AXMY-1874

Case: vs BRUSH RESEARCH MFG CO INC
Date Of Injury: 11/20/17

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 **

Mailing Information:

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

Claim Number: AXMY-1874
Claimant:
Date of Loss: 11/20/2017
Check Number: 2082102
Check Date: 01/13/2020
Check Amount: \$2,600.00
Type of Payment:
MP 418 - SNGL MEDBILL LUMP STLMNT

Location: 1675 BRUSH RESEARCH MANUFACTURING CO INC 4642 Floral Dr of Barney & Barney, Pmis
For Period: 12/13/2017 to 09/10/2018
IRS #: 33-0956713
Handling Office: 701-Inland Empire I, Roseville, CA
Detail: FULL& FINAL SATISFACTION FOR ALL DATES OF SERVICES

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 AIX Metal Workers B & B (5138)
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
AXMY-1874

PAY TWO THOUSAND SIX HUNDRED AND 0/100

DATE
1/13/2020

CHECK NO
2082102

AMOUNT
***\$2,600.00

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

Not Negotiable After 180 Days

⑈2082102⑈ ⑆121000248⑆ 2000013486965⑈

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

*** INVOICE ***
Date NO#
01/29/20 72931

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080341913-001

Case: vs PENGUIN NATURAL FOODS
Date Of Injury: 8/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/17	INITIAL EXAM	DR SHERRY ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/09/17	INITIAL ACUP	W/ ACUPUNCT YIRYE KANG @ EPC*	230.00
/ /	INTERPRETER:	JOSUE J. CALDERON # 101193	0.00
11/10/17	PT INITIAL	PHYSICAL THERAPY W/DR CHRIS MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/15/17	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/14/17	FOLLOW-UP	W/ ACUPUNCT YIRYE KANG @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/13/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500341	0.00
12/19/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/14/19	LIEN FIL FEE	LIEN FILING FEE	150.00
08/08/19	PMT BY CHECK	DOS 11/2/17-6/14/19* # 1102066756	-90.00
01/02/20	PENALTIES	FOR DATE OF SERVICE 11/02/17	21.00
01/02/20	INTEREST	FOR DATE OF SERVICE 11/02/17	31.58
01/02/20	PENALTIES	FOR DATE OF SERVICE 11/09/17	34.50
01/02/20	INTEREST	FOR DATE OF SERVICE 11/09/17	51.89
01/02/20	PENALTIES	FOR DATE OF SERVICE 11/10/17	13.50
01/02/20	INTEREST	FOR DATE OF SERVICE 11/10/17	20.30
01/02/20	PENALTIES	FOR DATE OF SERVICE 11/15/17	34.50
01/02/20	INTEREST	FOR DATE OF SERVICE 11/15/17	51.89
01/24/20	PMT BY CHECK	DOS 8/5/16-1/22/20* # 1102219050	-1819.00

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

*** INVOICE ***
Date NO#
01/29/20 72931

EAMS#(s) :

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080341913-001

Case: vs PENGUIN NATURAL FOODS
Date Of Injury: 8/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/20	BLCE OFF SET	BALANCE OFF SET	-0.16

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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PO BOX 968005
SCHAMBURG
818 227-1700

IL 60196 8005

Zurich American Ins. Co. of IL

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165

TUSTIN

CA 92781 4165

01114

AUG 12 2019

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.

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0341913 001 LA	WC 0199686	72931		08/03/16	11/02/17-06/14/19
Check Number	1102066756	Date Issued	08/08/19	Amount	\$****90.00
Insured	PENGUIN NATURAL FOODS, INC.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sumit Tandon				
File Supervisor	Lusine Arzumanian	Phone Number	818 227-1700		
Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID		
WC MEDICAL	90.00				
TOTAL		\$90.00			

