Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 5/1/20 and 5/29/20

	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	73821	4/5/18-12/19/18	5/5/2020	**Medical services**	**Initial acup ($230), 6 PR-2s ($180 each), 11 f/u acup ($180 each)**	**$ 3,290.00**	PYMTS RCVD	DA83235535	4/30/2020	$ 3,290.00	Total Amt Paid for medical treatment ($3290) / Total Amt Billed for medical treatment ($3290)	N/A	ACE/ESIS-Chubb
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 3,440.00**		**TOTAL AMT PAID =>**		**$ 3,290.00**	**100%**		
2	72955	11/9/17-12/6/18	5/6/2020	**Medical services**	**Initial ($230 for 2 hrs - billed at $373.75 for 3 hrs 5 mins), 9 PR2's ($180 each), 1 Initial acu ($230), 1 f/u acu ($180),** initial chiro	**$ 2,493.75**	PYMTS RCVD	15795	9/4/2018	$ 765.00	Total Amt Paid for medical treatment ($2493.75)/ Total Amt Billed for medical treatment ($2493.75)	N/A	American Claims
								15976	9/17/2018	$ 90.00			
								16305	10/4/2018	$ 90.00			
								16590	10/22/2018	$ 90.00			
								17278	12/4/2018	$ 90.00			
				Additional items billed	Lien filing fee	$ 150.00		17945	1/14/2019	$ 90.00			
								25188	5/4/2020	$ 1,278.75			
				TOTAL AMT BILLED =>		**$ 2,643.75**		**TOTAL AMT PAID =>**		**$ 2,493.75**	**100%**		
3	73294	1/30/18-7/16/18	5/21/2020	**Medical services**	**Initial ($230), 3 PR-2s ($180 each), f/u acup ($180), P&S ($230),** f/u physical therapy	**$ 1,270.00**	PYMTS RCVD	03340531	5/18/2020	$ 1,270.00	Total Amt Paid for medical treatment ($1270) / Total Amt Billed for medical treatment ($1270)	N/A	Amtrust- ANA UBI Claims
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,420.00**		**TOTAL AMT PAID =>**		**$ 1,270.00**	**100%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 5/1/20 and 5/29/20

	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
4	75899	5/7/19-10/31/19	5/27/2020	**Medical services**	**5 PR-2s ($180 each), 16 f/u acup ($180 each),** 5 f/u physio therapy	**$ 4,230.00**	PYMTS RCVD	04432466	5/19/2020	$ 4,230.00	Total Amt Paid for medical treatment ($4230) / Total Amt Billed for medical treatment ($4230)	N/A	Amtrust- Technology Ins Co
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 4,380.00**		**TOTAL AMT PAID =>**		**$ 4,230.00**	**100%**		
5	76041	5/22/19-12/13/19	5/12/2020	**Medical services**	**Initial ($230), Initial acup ($230), 5 PR2's ($180 each), 23 f/u acup ($180 each),** 7 physio tx	**$ 6,130.00**	PYMTS RCVD	02972095	5/6/2020	$ 6,280.00	Total Amt Paid for medical treatment ($6130)/ Total Amt Billed for medical treatment ($6130)	N/A	Amtrust- WESCO Ins Co
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 6,280.00**		**TOTAL AMT PAID =>**		**$ 6,280.00**	**100%**		
6	76167	5/22/19-7/6/19	5/4/2020	**Medical services**	**Initial ($230), Initial acup ($230) PR2 ($180), 5 f/u acup ($180 each)**, initial physical therapy	**$ 1,630.00**	PYMTS RCVD	03320865	4/30/2020	$ 1,700.00	Total Amt Paid for medical treatment ($1630) / Total Amt Billed for medical treatment ($1630)	N/A	Amtrust- ANA UBI Claims
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,780.00**		**TOTAL AMT PAID =>**		**$ 1,700.00**	**100%**		
7	70318	8/8/16-11/14/19	5/5/2020	**Medical services**	**2 Initials ($230 each), Initial acup ($230), Initial psyche eval ($230), 15 f/u acup ($180 each), 20 PR-2s ($180 each), Diag study (EMG/ NCV) ($150),** Initial physical therapy, **P&S ($230)**	**$ 7,690.00**	PYMTS RCVD	5664497526	4/27/2020	$ 5,800.00	Total Amt Paid for medical treatment ($5800) / Total Amt Billed for medical treatment ($7690)	N/A	Broadspire
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 582.10							
				TOTAL AMT BILLED =>		**$ 8,422.10**		**TOTAL AMT PAID =>**		**$ 5,800.00**	**75%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 5/1/20 and 5/29/20

	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
8	70512	9/19/16-7/13/17	5/7/2020	**Medical services**	**3 Initials ($230 each), Initial acup ($230), Initial psyche eval ($230), 21 f/u acup ($180 each), 20 PR-2s ($180 each), Diag study (EMG/ NCV) ($150), Final acup ($230) , P&S ($230)**	**$ 9,140.00**	PYMTS RCVD	5664519684	4/29/2020	$ 2,000.00	Total Amt Paid for medical treatment ($2000) / Total Amt Billed for medical treatment ($9140)	N/A	Broadspire
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 3,992.78							
				TOTAL AMT BILLED =>		**$ 13,282.78**		**TOTAL AMT PAID =>**		**$ 2,000.00**	**22%**		
9	75197	1/2/19-12/18/19	5/4/2020	**Medical services**	**Initial acup ($230), 13 f/u acup ($180 each),** Initial chiro tx, 11 f/u chiro	**$ 3,650.00**	PYMTS RCVD	3200670 (Corvel)	5/20/2019	$ 180.00	Total Amt Paid for medical treatment ($2780) / Total Amt Billed for medical treatment ($3650)	N/A	Broadspire
				Additional items billed	Lien filing fee	$ 150.00		5664460788 (Broadspire)	4/24/2020	$ 2,600.00			
				TOTAL AMT BILLED =>		**$ 3,800.00**		**TOTAL AMT PAID =>**		**$ 2,780.00**	**76%**		
10	72986	11/30/2017	5/12/2020	**Medical services**	**Initial ($230)**	**$ 230.00**	PYMTS RCVD	101411167	5/6/2020	$ 230.00	Total Amt Paid for medical treatment ($230) / Total Amt Billed for medical treatment ($230)	N/A	CompWest
				TOTAL AMT BILLED =>		**$ 230.00**		**TOTAL AMT PAID =>**		**$ 230.00**	**100%**		
11	73651	3/23/18-10/11/18	5/27/2020	**Medical services**	**2 Initials ($230 each), 4 PR-2s ($180 each),** Initial chiro tx, 14 f/u chiro tx	**$ 2,530.00**	PYMTS RCVD	13325465	7/30/2018	$ 1,440.00	Total Amt Paid for medical treatment ($2510 / Total Amt Billed for medical treatment ($2530)	N/A	Employers
				Additional items billed	Lien filing fee	$ 150.00		13663730	8/17/2018	$ 180.00			
								14165660	9/14/2018	$ 90.00			
								26238245	5/22/2020	$ 800.00			
				TOTAL AMT BILLED =>		**$ 2,680.00**		**TOTAL AMT PAID =>**		**$ 2,510.00**	**99%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 5/1/20 and 5/29/20

	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
12	58918	5/16/13-11/12/14	5/4/2020	**Medical services**	**Initial ($230), Initial acup ($230), 12 f/u acup ($180 each), 2 F.C.E. ($150 each)**	**$ 2,920.00**	PYMTS RCVD	500043095	4/28/2020	$ 2,920.00	Total Amt Paid for medical treatment ($2920) / Total Amt Billed for medical treatment ($2920)	N/A	Enstar- Seabright
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 211.82							
				TOTAL AMT BILLED =>		**$ 3,281.82**		**TOTAL AMT PAID =>**		**$ 2,920.00**	**100%**		
13	73375	2/9/18-6/26/18	5/4/2020	**Medical services**	**Initial ($230),** Initial chiro tx, 15 f/u chiro tx, **1 PR-2 ($180), 1 Med-Legal Eval ($180)**	**$ 2,030.00**	PYMTS RCVD	8817498515	4/28/2020	$ 1,850.00	Total Amt Paid for medical treatment ($1850) / Total Amt Billed for medical treatment ($2030)	N/A	Farmers
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 2,180.00**		**TOTAL AMT PAID =>**		**$ 1,850.00**	**91%**		
14	75370	2/1/19-12/4/19	5/27/2020	**Medical services**	**Initial ($230), 6 PR-2s ($180 each)**	**$ 1,310.00**	PYMTS RCVD	0163288394	5/20/2020	$ 1,310.00	Total Amt Paid for medical treatment ($1310) / Total Amt Billed for medical treatment ($1310)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,460.00**		**TOTAL AMT PAID =>**		**$ 1,310.00**	**100%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 5/1/20 and 5/29/20

	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
15	77472	12/11/19-1/24/20	5/15/2020	**Medical services**	**Initial ($230), Initial acu ($180) PR2 ($180), 2 f/u acu ($180 each), intial physio therapy ($180), f/u physio therapy ($180)**	**$ 1,310.00**	**PYMTS RCVD**	0163093934	5/11/2020	$ 1,310.00	Total Amt Paid for medical treatment ($1310) / Total Amt Billed for medical treatment ($1310)	N/A	Gallagher Bassett
				TOTAL AMT BILLED =>		**$ 1,310.00**		**TOTAL AMT PAID =>**		**$ 1,310.00**	**100%**		
16	69765	6/7/16-7/14/16	5/20/2020	**Medical services**	**Initial ($230), initial acu ($230), PR2 ($180), 3 f/u acu ($180 each)**	**$ 1,180.00**	**PYMTS RCVD**	131561176 7	5/14/2020	$ 540.00	Total Amt Paid for medical treatment ($540) / Total Amt Billed for medical treatment ($1180)	N/A	The Hartford
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 254.80							
				TOTAL AMT BILLED =>		**$ 1,584.80**		**TOTAL AMT PAID =>**		**$ 540.00**	**46%**		
17	22962	9/11/06-5/8/07	5/6/2020	**Medical services**	**1 Re-Eval ($180), 1 NCV ($125), EMG ($125), 5 f/u's ($180 each) 2 MRI's ($150 each)**	**$ 1,630.00**	**PYMTS RCVD**	0063910505	4/30/2020	$ 1,300.00	Total Amt Paid for medical treatment ($1300) / Total Amt Billed for medical treatment ($1630)	N/A	Hermanos Fruitifresca (Employer)
				Additional items billed	Lien activation fee	$ 100.00							
					P&I for medical services	$ 185.36							
				TOTAL AMT BILLED =>		**$ 1,915.36**		**TOTAL AMT PAID =>**		**$ 1,300.00**	**80%**		
18	72346	7/27/17-2/6/19	5/22/2020	**Medical services**	**4 Initial ($230 each), 2 initial acu ($230 each), 4 L.I.N.T ($150 each), 35 PR2's ($180 each), 42 f/u acu ($180 each), final acu ($230) 6 shockwave ($150 each),** 17 f/u phys tx, 2 final phys tx	**$ 18,680.00**	**PYMTS RCVD**	3112480	5/14/2020	$ 2,000.00	Total Amt Paid for medical treatment ($2000) / Total Amt Billed for medical treatment ($18,680)	N/A	Ins. Co. of the West
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 810.27							
				TOTAL AMT BILLED =>		**$ 19,640.27**		**TOTAL AMT PAID =>**		**$ 2,000.00**	**11%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 5/1/20 and 5/29/20

	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
19	75371	2/1/2019	5/15/2020	**Medical services**	**Initial ($230)**	**$ 230.00**	PYMTS RCVD	0083578807	5/11/2019	**$ 230.00**	Total Amt Paid for medical treatment ($230) / Total Amt Billed for medical treatment ($230)	N/A	Liberty Mutual
				TOTAL AMT BILLED =>		**$ 230.00**		**TOTAL AMT PAID =>**		**$ 230.00**	**100%**		
20	67009	7/13/06-7/31/19	5/4/2020	**Medical services**	**Initial ($230), polysomnography ($150), psychometric testing ($150 for 2 hrs - billed at $300 for 4 hrs)**	**$ 680.00**	PYMTS RCVD	1074	4/30/2020	$ 3,902.00	Total Amt Paid for medical treatment ($0) / Total Amt Billed for medical treatment ($680)	N/A	Robert Robin & Associates (Employer)
				Legal services	3 Board Appear. (WCAB LBO) ($147 each), board appear-full day (WCAB LBO) ($294), 15 board appear (WCAB LBO) ($156.50 each), board appear-full day (WCAB LBO) ($313), depo prep ($156.50), depo review ($250)	$ 3,802.00							
				Additional items billed	Lien activation fee	$ 100.00							
					Penalties & Interest	$ 1,401.20							
				TOTAL AMT BILLED =>		**$ 5,983.20**		**TOTAL AMT PAID =>**		**$ 3,902.00**	**0.00%**		
21	76413	7/10/19-9/13/19	5/27/2020	**Medical services**	**Initial acup ($230), 9 f/u acup ($180 each),** Initial chiro tx, f/u chiro tx	**$ 2,030.00**	PYMTS RCVD	49110191	10/7/2019	$ 990.00	Total Amt Paid for medical treatment ($2030 / Total Amt Billed for medical treatment ($2030)	N/A	Sentry
				Additional items billed	Lien filing fee	$ 150.00		49125134	10/14/2019	$ 90.00			
								49649992	5/21/2020	$ 950.00			
				TOTAL AMT BILLED =>		**$ 2,180.00**		**TOTAL AMT PAID =>**		**$ 2,030.00**	**100%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 5/1/20 and 5/29/20

	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
22	73791	4/11/18-3/13/19	5/6/2020	**Medical services**	**Initial ($230), 6 PR2's ($180 each), f/u acu ($180), P&S ($230)**	**$ 1,720.00**	PYMTS RCVD	CU-466615	5/4/2020	**$ 1,720.00**	Total Amt Paid for medical treatment ($1720) / Total Amt Billed for medical treatment ($1720)	N/A	SCIF
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 141.40							
				TOTAL AMT BILLED =>		**$ 1,870.00**		**TOTAL AMT PAID =>**		**$ 1,720.00**	**100%**		
23	73774	4/16/18-5/3/18	5/8/2020	**Medical services**	**Initial acup ($230), 3 f/u acu**	**$ 770.00**	PYMTS RCVD	1994655	5/5/2020	$ 770.00	Total Amt Paid for medical treatment ($770) / Total Amt Billed for medical treatment ($770)	N/A	Star Insurance-Meadowbrook
				Additional items billed	Lien filing fee	$ 150.00							
					P&I for medical services	$ 80.23							
				TOTAL AMT BILLED =>		**$ 1,000.23**		**TOTAL AMT PAID =>**		**$ 770.00**	**100%**		
24	40952	12/15/10-1/21/20	5/5/2020	**Medical treatment**	**Diag study (MRI) ($150)**	**$ 150.00**	PYMTS RCVD	891A 86241140	5/21/2015	$ 463.00	Total Amt Paid for medical treatment ($150) / Total Amt Billed for medical treatment ($150)	N/A	Travelers
				Legal services	Board appear. (WCAB LBO) ($195), 13 Board appear. (WCAB LBO) ($156.50 each)	$ 2,229.50		891A 91133374	5/1/2020	$ 4,100.00			
				Additional services billed/ collected	Lien activation fee	$ 100.00							
					P&I for legal services	$ 589.92							
					Additional costs collected	$ 1,493.58							
				TOTAL AMT BILLED =>		**$ 4,563.00**		**TOTAL AMT PAID =>**		**$ 4,563.00**	**100%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 5/1/20 and 5/29/20

	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
25	71550	3/27/17-12/4/19	5/14/2020	**Medical services**	**Initial ($230 for 2 hrs - billed at $258.75 for 2.25 hrs), 10 PR-2s ($180 each), F.C.E. ($150), P&S ($230),** Initial chiro tx, 10 f/u chiro tx	**$ 3,428.75**	PYMTS RCVD	891A91147920	5/8/2020	$ 3,578.75	Total Amt Paid for medical treatment ($3428.75) / Total Amt Billed for medical treatment ($3428.75)	N/A	Travelers
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 3,578.75**		**TOTAL AMT PAID =>**		**$ 3,578.75**	**100%**		
26	77438	12/16/19-1/13/20	5/28/2020	**Medical services**	**Initial acu ($180), 2 f/u acu ($180 each), f/u chiro tx ($180),** initial chiro, 5 f/u chiro tx	**$ 1,260.00**	PYMTS RCVD	903A 67401622	5/22/2020	$ 1,260.00	Total Amt Paid for medical treatment ($1260)/ Total Amt Billed for medical treatment ($1260)	N/A	Travelers
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,410.00**		**TOTAL AMT PAID =>**		**$ 1,260.00**	**100%**		
27	71427	3/2/17-1/21/19	5/27/2020	**Medical services**	**Initial ($230), Initial acup ($230), 19 PR-2s ($180 each), 39 f/u acup ($180 each),** f/u chiro tx	**$ 10,990.00**	PYMTS RCVD	1102302974	5/20/2020	$ 8,000.00	Total Amt Paid for medical treatment ($8000) / Total Amt Billed for medical treatment ($10990)	N/A	Zurich
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 11,140.00**		**TOTAL AMT PAID =>**		**$ 8,000.00**	**73%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 5/1/20 and 5/29/20

	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
28	73049	12/7/17-11/15/18	5/27/2020	**Medical services**	**Initial ($230), 5 PR-2s ($180 each), P&S ($230)**	**$ 1,360.00**	PYMTS RCVD	1102303100	5/20/2020	$ 1,000.00	Total Amt Paid for medical treatment ($1000) / Total Amt Billed for medical treatment ($1360)	N/A	Zurich
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 1,510.00**		**TOTAL AMT PAID =>**		**$ 1,000.00**	**74%**		
29	74145	6/18/18-10/5/18	5/18/2020	**Medical services**	**Initial ($230), 2 PR2's ($180 each), 1 Med Legal Eval ($180),** 16 f/u chiro tx, lien filing fee	**$ 2,210.00**	PYMTS RCVD	1102299194	5/13/2020	**$ 2,700.00**	Total Amt Paid for medical treatment ($2210) / Total Amt Billed for medical treatment ($2210)	N/A	Zurich
				Additional items billed	Lien filing fee	$ 150.00							
					Additional monies received	$ 340.00							
				TOTAL AMT BILLED =>		**$ 2,360.00**		**TOTAL AMT PAID =>**		**$ 2,700.00**	**100%**		
30	74206	6/20/18-7/10/19	5/27/2020	**Medical services**	**Initial ($230),** 13 f/u chiro tx, **4 PR-2s ($180 each), P&S ($230), med-legal eval ($180)**	**$ 2,530.00**	PYMTS RCVD	1102303294	5/21/2020	$ 2,200.00	Total Amt Paid for medical treatment ($2,200) / Total Amt Billed for medical treatment ($2,530)	N/A	Zurich
				TOTAL AMT BILLED =>		**$ 2,530.00**		**TOTAL AMT PAID =>**		**$ 2,200.00**	**87%**		

Market Rate Summary Graph

Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 5/1/20 and 5/29/20

	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
31	74727	9/24/18-8/19/19	5/27/2020	**Medical services**	**Initial acup ($230), 1 PR-2 ($180), 75 f/u acup ($180 each),** f/u chiro tx	**$ 14,000.00**	PYMTS RCVD	1102303176	5/20/2020	$ 9,700.00	Total Amt Paid for medical treatment ($9700) / Total Amt Billed for medical treatment ($14,000)	N/A	Zurich
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 14,150.00**		**TOTAL AMT PAID =>**		**$ 9,700.00**	**69%**		
32	76956	9/27/19-2/25/20	5/27/2020	**Medical services**	**Initial ($230), Initial acup ($230), Initial psyche eval ($230), 3 PR-2s ($180 each), 18 f/u acup ($180 each),** f/u physical tx	**$ 4,650.00**	PYMTS RCVD	1102302899	5/20/2020	$ 3,200.00	Total Amt Paid for medical treatment ($3200) / Total Amt Billed for medical treatment ($4650)	N/A	Zurich
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 4,800.00**		**TOTAL AMT PAID =>**		**$ 3,200.00**	**69%**		

Average % of Market Rate paid without P&I	**83%**

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

*** INVOICE ***
Date NO#
05/05/20 73821

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
C877C7761314;6D9234563187

BILL TO:
ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: JOSHUA GAGNE
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs MEADOWBROOK MEAT COMPANY
Date Of Injury: 5/2/14; 1/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/19/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/13/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/11/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/19/18	FOLLOW-UP	W/ ACUPUNCT DR CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
10/22/18	FOLLOW-UP	W/ ACUPUNCT DR CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/17/18	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/26/18	FOLLOW-UP	W/ ACUPUNCT DR CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/02/18	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/08/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/16/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
11/26/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

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

*** INVOICE ***
Date NO#
05/05/20 73821

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
C877C7761314;6D9234563187

BILL TO:
ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: JOSHUA GAGNE
P.O. BOX # 6569
SCRANTON, PA 18505

Case: . vs MEADOWBROOK MEAT COMPANY
Date Of Injury: 5/2/14; 1/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI@ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/13/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/09/20	LIEN FIL FEE	LIEN FILING FEE	150.00
04/30/20	PMI BY CHECK	DOS 4/9/20* =# DA83235535	-3290.00
05/06/20	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 **

P7092028004

ACE PROPERTY AND CASUALTY INSURANCE COMPANY
PO BOX 6569
SCRANTON, PA 18505-6569

2020042939Z0

Electronic Service Requested

DATE: 04/30/20
CHECK NO: **DA83235535**

SINGLE PIECE
17 2.9687 SP 0.800

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

STATEMENT

CHUBB

CHUBB
ACE Property and Casualty Insurance Company

FILE ID	DOLLARS
877C7761314	$ 3,290.00

* **NOT NEGOTIABLE** *
INVOICE # XXXXX5632
AGENCY CLAIM # 201807181654374647531Z

FOR
SERVICES FROM 04/09/20 THRU 04/09/20 PAT.#XXXXX5632

CLAIMANT

DATE OF EVENT
01/01/17

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PAID
[illegible] 2020

EM-BOA18B

DETACH THIS PORTION BEFORE CASHING

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

CHUBB

CHUBB
ACE Property and Casualty Insurance Company

64-1278/611 GA

DATE: 04/30/20 **DA83235535**

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

FILE ID
877C7761314

Bank of America

Pay Three Thousand Two Hundred Ninety Dollars

$ *****$3,290.00*

9020158

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

FOR
SERVICES FROM 04/09/20 THRU 04/09/20
POLICY HOLDER
MCLANE COMPANY, INC.

CLAIM OFFICE
WOODLAND HILLS WC
CLAIMANT
RAMIREZ VEGA;RUBEN

SPECIAL HANDLING
00

CHUBB

AUTHORIZED SIGNATURE

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

⑈6183235535⑈ ⑆061112788⑆ 00329978640 2⑈

1 OF 14 F
ENV 17

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

*** INVOICE ***
Date NO#
05/06/20 72955

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
48000918; 48001017; 1018

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: KRISTINA GARIBOVA
P.O. BOX # 85251
SAN DIEGO, CA 92186

Case: vs KUMAR INDUSTRIES
Date Of Injury: 7/1/16;4/17;CT 4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/17	INITIAL EXAM	DR MICHAEL PRICE/DAVE FRANKE, PA @ SIDHU CHIRO	373.75
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693 (3 HRS 5MIN)	0.00
12/14/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/11/18	PR2/REEVAL	DR ATEF RAFLA/ANDREW MILES @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/08/18	PR2/REEVAL	DR FRIEDMAN/MATIN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/14/18	INITL CHIRO	& PHYSICAL THERAPY @ SIDHU W/DR CHRISTINE HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/15/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/26/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/31/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/10/18	INITIAL ACUP	W/ ACUPUNCT CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/04/18	PMT BY CHECK	DOS 11/9/17-7/31/18* =# 15795	-765.00
08/31/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/17/18	PMT BY CHECK	DOS 8/10/18* =# 15976	-90.00
09/13/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/04/18	PMT BY CHECK	DOS 8/31/18* =# 16305	-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#
05/06/20 72955

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
48000918; 48001017; 1018

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: KRISTINA GARIBOVA
P.O. BOX # 85251
SAN DIEGO, CA 92186

Case: vs KUMAR INDUSTRIES
Date Of Injury: 7/1/16;4/17;CT 4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/18	PMT BY CHECK	DOS 9/13/18* =# 16590	-90.00
11/01/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/04/18	PMT BY CHECK	DOS 11/1/18* =# 17278	-90.00
12/06/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/14/19	PMT BY CHECK	DOS 12/6/18* =# 17945	-90.00
03/18/20	LIEN FIL FEE	LIEN FILING FEE	150.00
05/04/20	PMT BY CHECK	DOS 11/9/17-12/6/18* =# 25188	-1278.75
05/06/20	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 **

American Family Home Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID VOID VOID

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 15795

DATE
09/04/2018

$**********765.00

California Workers' Compensation Payment

Pay Seven Hundred Sixty Five Dollars And 00/100

TO THE ORDER OF VOID VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈0000015795⑈ ⑆122235821⑆ 153499282694⑈

EXPLANATION OF REVIEW

Payer: American Family Home Insurance Company
P.O. Box 85251
San Diego, CA 92186
FEIN: 31-0711074

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID:

72955

Pmt Method: CK# 15795
Pmt Date: 09/04/2018
Pay Sts Code: 1

SEP 07 2018

REORDER 90* - U.S. PATENT NO. 5539290, 5575508, 5641183, 5785353, 5984364, 6030000

THIS CHECK IS VOID WITHOUT A GREEN & BLUE BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Review Date: 08/29/2018
NPI/License #: #Error
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA100280
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 72955
Employer Name: Kumar Industries, Inc
Rend. Provider: JOYCE ALTMAN INTERPRETERS INC

Claim #: 48000918
Rec. Date: 08/13/2018
Accident Date: 04/07/2017
Bill Type: RB
DRG Code:
Employer ID: 2EA5WC000022901
Rendering NPI:

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
11/9/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	373.75	238.75	0.00	135.00	863 G1 P12
12/14/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	180.00	90.00	0.00	90.00	P12 G1 863
1/11/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	180.00	90.00	0.00	90.00	863 G1 P12
2/8/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	180.00	90.00	0.00	90.00	P12 G1 863
2/14/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	90.00	0.00	0.00	90.00	
3/15/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	180.00	90.00	0.00	90.00	863 G1 P12
7/26/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	180.00	90.00	0.00	90.00	P12 G1 863
7/31/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	180.00	90.00	0.00	90.00	863 G1 P12
				Totals:			1,543.75	778.75	0.00	765.00	

Reason Code Description

863 REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.

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

P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

REORDER 901 - U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

American Family Home Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 15976

DATE
09/17/2018

California Workers' Compensation Payment

$**********90.00

Pay Ninety Dollars And 00/100

TO THE ORDER OF

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈00001597⑥⑈ ⑆122235821⑆ 153499282694⑈

EXPLANATION OF REVIEW

Payer: American Family Home Insurance Company
P.O. Box 85251
San Diego, CA 92186
FEIN: 31-0711074

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 15976
Pmt Date: 09/17/2018
Pay Sts Code: 1

72955

SEP 2018

THIS CHECK IS VOID WITHOUT A GREEN & BLUE BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

VOID VOID VOID

Review Date: 09/12/2018
NPI/License #: #Error
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA108628
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 72955
Employer Name: Kumar Industries, Inc
Rend. Provider: JOYCE ALTMAN INTERPRETERS INC

Claim #: 48000918
Rec. Date: 08/31/2018
Accident Date: 04/07/2017
Bill Type: RB
DRG Code:
Employer ID: 2EA5WC000022901
Rendering NPI:

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
11/9/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	373.75	373.75	0.00	0.00	18 P12 4207 G1 247 G56
12/14/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	G56 247 G1 4207 P12 18
1/11/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	18 P12 4207 G1 247 G56
2/8/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	G56 247 G1 4207 P12 18
2/14/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	90.00	90.00	0.00	0.00	18 P12 4207 G1 247 G56
3/15/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	G56 247 G1 4207 P12 18
7/26/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	18 P12 4207 G1 247 G56
7/31/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	G56 247 G1 4207 P12 18
8/10/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	230.00	140.00	0.00	90.00	P12 863 G1
				Totals:			1,773.75	1,683.75	0.00	90.00	

Reason Code	Description
18	EXACT DUPLICATE CLAIM/SERVICE.
247	A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.
4207	THE 90-DAY PERIOD TO SUBMIT A REQUEST FOR SECOND REVIEW BEGAN WITH THE DATE OF THE FIRST REVIEW OF THIS SERVICE.
863	REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.
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
P12	WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

REORDER 901 - U.S. PATENT NO. 5538290, 5575508, 5641193, 5785363, 5984364, 6030000

American Family Home Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID VOID VOID

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 16305

DATE
10/04/2018

California Workers' Compensation Payment

$**********90.00

Pay Ninety Dollars And 00/100

TO THE ORDER OF

VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈00000 16305⑈ ⑆122235821⑆ 153499 28 2694⑈

EXPLANATION OF REVIEW

Payer: American Family Home Insurance Company
P.O. Box 85251
San Diego, CA 92186
FEIN: 31-0711074

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 16305
Pmt Date: 10/04/2018
Pay Sts Code: 1

72955

PAID
OCT 09 2018

...PATENT NO. 5518290, 5575508, 5641183, 5795353, 5984364, 6030000

THIS CHECK IS VOID WITHOUT A GREEN & BLUE BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK. HOLD AT ANGLE TO VIEW

Review Date: 10/01/2018
NPI/License #: #Error
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA116887
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 72955
Employer Name: Kumar Industries, Inc
Rend. Provider: JOYCE ALTMAN INTERPRETERS INC

Claim #: 48000918
Rec. Date: 09/21/2018
Accident Date: 04/07/2017
Bill Type: RB
DRG Code:
Employer ID: 2EA5WC000022901
Rendering NPI:

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
11/9/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	373.75	373.75	0.00	0.00	18 P12 4207 G1 G56 247
12/14/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	247 G56 G1 4207 P12 18
1/11/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	18 P12 4207 G1 G56 247
2/8/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	247 G56 G1 4207 P12 18
2/14/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	90.00	90.00	0.00	0.00	18 P12 4207 G1 G56 247
3/15/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	247 G56 G1 4207 P12 18
7/26/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	18 P12 4207 G1 G56 247
7/31/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	247 G56 G1 4207 P12 18
8/10/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	230.00	230.00	0.00	0.00	18 P12 4207 G1 G56 247
8/31/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	180.00	90.00	0.00	90.00	863 G1 P12
				Totals:			1,953.75	1,863.75	0.00	90.00	

Reason Code Description

18 DUPLICATE CLAIM/SERVICE.

247 A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.

4207 THE 90-DAY PERIOD TO SUBMIT A REQUEST FOR SECOND REVIEW BEGAN WITH THE DATE OF THE FIRST REVIEW OF THIS SERVICE.

863 REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.

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

P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

REORDER 901 - U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984354, 6030000

American Family Home Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 16590

DATE
10/22/2018

California Workers' Compensation Payment

$*********************90.00

Pay Ninety Dollars And 00/100

TO THE ORDER OF

VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈0000016590⑈ ⑆122235821⑆ 153499282694⑈

EXPLANATION OF REVIEW

Payer: American Family Home Insurance Company
P.O. Box 85251
San Diego, CA 92186
FEIN: 31-0711074

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 16590
Pmt Date: 10/22/2018
Pay Sts Code: 1

72955

PAID
OCT 25 2018

ORDER 201 — U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984594, 6030000

THIS CHECK IS VOID WITHOUT A GREEN & BLUE BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Review Date: 10/18/2018 **Document #:** SWA127353 **Claim #:** 48000918

NPI/License #: #Error **Patent Name:** **Rec. Date:** 10/17/2018

Jurisdiction: California **Patient SSN:** **Accident Date:** 04/07/2017

PPO Name: **Patient DOB:** **Bill Type:** RB

PPO ID #: **Patient Acct #:** 72955 **DRG Code:**

ICD9 Codes: T14.90 **Employer Name:** Kumar Industries, Inc **Employer ID:** 2EA5WC000022901

Rend. Provider: JOYCE ALTMAN INTERPRETERS INC **Rendering NPI:**

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
11/9/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	373.75	373.75	0.00	0.00	G56 247 G1 4207 18 P12
12/14/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	P12 18 4207 G1 247 G56
1/11/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	G56 247 G1 4207 18 P12
2/8/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	P12 18 4207 G1 247 G56
2/14/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	90.00	90.00	0.00	0.00	G56 247 G1 4207 18 P12
3/15/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	P12 18 4207 G1 247 G56
7/26/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	G56 247 G1 4207 18 P12
7/31/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	P12 18 4207 G1 247 G56
8/10/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	230.00	230.00	0.00	0.00	G56 247 G1 4207 18 P12
8/31/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	P12 18 4207 G1 247 G56
9/13/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	180.00	90.00	0.00	90.00	G1 863 P12
				Totals:			2,133.75	2,043.75	0.00	90.00	

Reason Code Description

18 DUPLICATE CLAIM/SERVICE.

247 A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.

4207 THE 90-DAY PERIOD TO SUBMIT A REQUEST FOR SECOND REVIEW BEGAN WITH THE DATE OF THE FIRST REVIEW OF THIS SERVICE.

863 REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.

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

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P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

REORDER 901 - U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

American Family Home Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 17278

DATE
12/04/2018

California Workers' Compensation Payment

$**********90.00

Pay Ninety Dollars And 00/100

TO THE ORDER OF

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈000017278⑈ ⑆122235821⑆ 153499282694⑈

EXPLANATION OF REVIEW

72955

Payer: American Family Home Insurance Company
P.O. Box 85251
San Diego, CA 92186
FEIN: 31-0711074

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 17278
Pmt Date: 12/04/2018
Pay Sts Code: 1

DEC 10 2018

THIS CHECK IS VOID WITHOUT A GREEN & BLUE BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Review Date: 11/30/2018 **Document #:** SWA141067 **Claim #:** 48000918

NPI/License #: #Error **Patent Name:** **Rec. Date:** 11/20/2018

Jurisdiction: California **Patient SSN:** **Accident Date:** 04/07/2017

PPO Name: **Patient DOB:** **Bill Type:** RB

PPO ID #: **Patient Acct #:** 72955 **DRG Code:**

ICD9 Codes: T14.90 **Employer Name:** Kumar Industries, Inc **Employer ID:** 2EA5WC000022901

Rend. Provider: JOYCE ALTMAN INTERPRETERS INC **Rendering NPI:**

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
11/9/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	373.75	373.75	0.00	0.00	
12/14/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	
1/11/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	
2/8/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	
2/14/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	90.00	90.00	0.00	0.00	
3/15/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	
7/26/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	
7/31/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	
8/10/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	230.00	230.00	0.00	0.00	
8/31/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	
9/13/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	
11/1/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	180.00	90.00	0.00	90.00	
				Totals:			2,313.75	2,223.75	0.00	90.00	

REORDER 901 • U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

American Family Home Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 17945

DATE
01/14/2019

California Workers' Compensation Payment

$**********90.00

Pay Ninety Dollars And 00/100

TO THE ORDER OF

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈00001794 5⑈ ⑆122235821⑆ 153499282694⑈

EXPLANATION OF REVIEW

Payer: American Family Home Insurance Company
P.O. Box 85251
San Diego, CA 92186
FEIN: 31-0711074

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

72955

Pmt Method: CK# 17945
Pmt Date: 01/14/2019
Pay Sts Code: 1

JAN 18 2019

REORDER 901 - U.S. PATENT NO. 5530290, 5575508, 5641183, 5785353, 5984364, 6030000

THIS CHECK IS VOID WITHOUT A GREEN & BLUE BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Review Date: 01/09/2019
NPI/License #: #Error
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: T14.90

Document #: SWA155763
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 72955
Employer Name: Kumar Industries, Inc
Rend. Provider: JOYCE ALTMAN INTERPRETERS INC

Claim #: 48000918
Rec. Date: 12/21/2018
Accident Date: 04/07/2017
Bill Type: RB
DRG Code:
Employer ID: 2EA5WC000022901
Rendering NPI:

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
11/9/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	373.75	373.75	0.00	0.00	G56 18 P12 4207 G1 247
12/14/2017		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	G1 4207 P12 18 G56 247
1/11/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	247 G56 18 P12 4207 G1
2/8/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	90.00	90.00	0.00	0.00	G1 4207 P12 18 G56 247
3/15/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	247 G56 18 P12 4207 G1
7/26/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	G1 4207 P12 18 G56 247
7/31/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	247 G56 18 P12 4207 G1
8/10/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	230.00	230.00	0.00	0.00	G1 4207 P12 18 G56 247
8/31/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	247 G56 18 P12 4207 G1
9/13/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	G1 4207 P12 18 G56 247
11/1/2018		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	1.00	180.00	180.00	0.00	0.00	247 G56 18 P12 4207 G1
12/6/2018 •		T1013		SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN	1.000	0.00	180.00	90.00	0.00	90.00 •	P12 G1 863
				Totals:			2,313.75	2,223.75	0.00	90.00	

Reason Code Description

18 DUPLICATE CLAIM/SERVICE.

247 A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.

4207 THE 90-DAY PERIOD TO SUBMIT A REQUEST FOR SECOND REVIEW BEGAN WITH THE DATE OF THE FIRST REVIEW OF THIS SERVICE.

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P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

REORDER 901 • U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

American Family Home Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 25188

DATE
05/04/2020

California Workers' Compensation Payment

$*****************1,278.75

Pay One Thousand Two Hundred Seventy Eight Dollars And 75/100

TO THE ORDER OF

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

⑈0000025188⑈ ⑆122235821⑆ 153499282694⑈

EXPLANATION OF REVIEW

Payer: American Family Home Insurance Company
P.O. Box 85251
San Diego, CA 92186
FEIN: 31-0711074

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 25188
Pmt Date: 05/04/2020
Pay Sts Code: 1

Review Date: 05/01/2020
NPI/License #: #Error
Jurisdiction: California
PPO Name: NRU
PPO ID #: 2486
ICD9 Codes: T14.90

Document #: SWA323890
Patent Name:
Patient SSN:
Patient DOB:
Patient Acct #: 72955
Employer Name: Kumar Industries, Inc
Rend. Provider: Altman, Joyce

Claim #: 48000918
Rec. Date: 03/13/2020
Accident Date: 04/07/2017
Bill Type:
DRG Code:
Employer ID: 2EA5WC000022901
Rendering NPI:

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
11/9/2017		MDS11		LUM SUM/MUL BILI-LIABILITY FOR CLAIM DENIED BUT AC	1.000	0.00	1,246.87	607.50	0.00	639.37	197 G67 5000 NRU002 G4 131
12/6/2018		MDS11		LUM SUM/MUL BILI-LIABILITY FOR CLAIM DENIED BUT AC	1.000	0.00	1,246.88	607.50	0.00	639.38	131 G4 NRU002 5000 G67 197
				Totals:			2,493.75	1,215.00	0.00	1,278.75	

Reason Code	Description
131	CLAIM SPECIFIC NEGOTIATED DISCOUNT.
197	RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
5000	NRU BR Fee
G4	THIS CHARGE WAS ADJUSTED TO COMPLY WITH THE RATE AND RULES OF THE CONTRACT INDICATED.
G67	PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. (ProCare)
NRU002	Special Negotiation rate

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

*** INVOICE ***
Date NO#
05/21/20 73294

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2845929

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

Case: vs ALL AMERICAN FRAME & BEDDING
Date Of Injury: 01/31/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/18	INITIAL EXAM	-DR HUMBERTO RODRIGUEZ @ AMER I CHIRO*	230.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
03/13/18	PR2/REEVAL	-DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
04/23/18	PR2/REEVAL	-DR BARRY MARKS @ AMERI CHIRO *	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/02/18	FOLLOW-UP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/04/18	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/27/18	FOLLOW UP	PHYSICAL TX W/DR KHAN @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/16/18	P AND S	-DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/09/20	LIEN FIL FEE	LIEN FILING FEE	150.00
05/18/20	PMT BY CHECK	DOS 5/12/20* # 03340531	-1270.00
		BALANCE	150.00

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

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03340531
2845929-1
SWC1180184

DATE	AMOUNT
5/18/2020	$1,270.00

One Thousand Two Hundred Seventy and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈03340531⑈ ⑆021309379⑆ 79026246 3⑈

Check Number	03340531
Claim Number:	2845929-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1180184/All American Frame and Bedding Corp. A Corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	1/31/2018
Location:	
Examiner Code:	24032

Amount:	$1,270.00	ANA UBI Claims
Dates of Service:	5/12/2020-5/12/2020	AmTrust North America
Explanation:	Full final lien settlement per agreement	P. O. Box 89404
Category:	M22 - Settlement/multi bills/amt in dispute	Cleveland, OH 44101
Placement:	2 - Medical	626-915-1951
Transaction Type:		

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

*** INVOICE ***
Date NO#
05/27/20 75899

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2842647

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

Case: vs TRANSOCEAN RESOURCES MGMT.
Date Of Injury: 1/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/14/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/21/19	FOLLOW-UP	W/ ACUPUNCT IL JU LEE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/28/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/30/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/04/19	FOLLOW-UP	W/ ACUPUNCT HUGH MORRISON @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE @ 011036	0.00
06/12/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/17/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/19/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/24/19	FOLLOW-UP	W/ ACUPUNCT MORISON @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/26/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/02/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/10/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 0011036	0.00
07/15/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/17/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	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#
05/27/20 75899

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2842647

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

Case: vs TRANSOCEAN RESOURCES MGMT.
Date Of Injury: 1/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/22/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/29/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/30/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/15/19	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/16/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
09/18/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	DIANA RODRIGUEZ # 009611	0.00
09/19/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/23/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/25/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 10124	0.00
10/21/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/31/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/01/20	LIEN FIL FEE	LIEN FILING FEE	150.00
05/19/20	PMT BY CHECK	DOS 5/12/20* =# 04432466	-4230.00
05/27/20	BLCE OFF SET	BALANCE OFF SET	-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#
05/27/20	75899

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2842647

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

Case: vs TRANSOCEAN RESOURCES MGMT.
Date Of Injury: 1/12/18

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 **

THIS CHECK IS VOID WITHOUT A BLUE BACKGROUND AND AN ARTIFICIAL WATERMARK

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
04432466
2842647-1
TWC3609286

DATE	**AMOUNT**
5/19/2020	$4,230.00

Four Thousand Two Hundred Thirty and 0/100s Dollars***

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

M

VOID AFTER 180 DAYS

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

⑈04432466⑈ ⑆021309379⑆ 601877533⑈

MAY 27 2020

Explanation Of Bill Review

Check Number	04432466	TECHNOLOGY INSURANCE CO (Claims Funding) 1085
Claim Number:	2842647-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	15515938	Cleveland, OH 44101
Invoice Number:	FP1-MJCA-1054391	844-601-7760
Policy / Insured:	TWC3609286/Transocean Resources Management Inc.	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	1/12/2018 FP1-MJCA-1054391	
Location:		
Examiner Code:	seberwein	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
5/12/2020	MDS10	SETTLEMENT FOR DISPUTE	1.00	4230.00	0.00	0.00	4230.00	
				4230.00	0.00	0.00	4230.00	

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

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

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

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

*** INVOICE ***
Date NO#
05/12/20 76041

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
3064235

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

Case: vs TIERRA MANAGEMENT INC
Date Of Injury: 1/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/19	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	ALEJANDRO MENDEZ # 011850	0.00
06/03/19	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/05/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/02/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/15/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/16/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/22/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/23/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/29/19	FOLLOW-UP	W/ ACUPUNCT PREIBE @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/30/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/15/19	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLGOMEZ # 500341	0.00
08/20/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/22/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/29/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/27/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN @ 100048	0.00
09/03/19	FOLLOW-UP	W/ ACUPUNCT SOONHO PARK @	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#
05/12/20 76041

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
3064235

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

Case: vs TIERRA MANAGEMENT INC
Date Of Injury: 1/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		FMR*	
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/05/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA	0.00
09/09/19	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/11/19	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
09/16/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
09/23/19	F/U PHYSIO	THERAPY W/DR PEZESKHIAN*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/25/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
09/26/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/08/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/15/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/16/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/21/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/24/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
11/07/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/06/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER M. RAMOS # 101254	0.00
11/12/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	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#
05/12/20 76041

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
3064235

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

Case: vs TIERRA MANAGEMENT INC
Date Of Injury: 1/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/19/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/22/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/26/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/06/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
12/10/19	FOLLOW-UP	W/ ACUPUNCT SUNG SOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/13/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/20/20	LIEN FIL FEE	LIEN FILING FEE	150.00
05/06/20	PMT BY CHECK	DOS 10/24/19-12/13/19* # 02972095	-6280.00

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 **

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02972095
3064235-1
WWC3366589

DATE	AMOUNT
5/6/2020	$6,280.00

Six Thousand Two Hundred Eighty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈02972095⑈ ⑆021309379⑆ 601894744⑈

Check Number	02972095
Claim Number:	3064235-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3366589/Tierra Management Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	1/15/2019
Location:	
Examiner Code:	30350

Amount:	$6,280.00
Dates of Service:	10/24/2019-12/13/2019
Explanation:	Lien Payment Full and Final
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

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

*** INVOICE ***
Date NO#
05/04/20 76167

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
3101203

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

Case: vs NEWPORT APPAREL CORP
Date Of Injury: 2/26/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/19	INITIAL EXAM	-DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358]	0.00
06/03/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/07/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/10/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/14/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/17/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/21/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/26/19	PR2/REEVAL	-DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/06/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/16/20	LIEN FIL FEE	LIEN FILING FEE	150.00
04/30/20	PMT BY CHECK	DOS 5/22/19-7/6/19* # 03320865	-1700.00
05/04/20	BLCE OFF SET	BALANCE OFF SET	-80.00

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

*** INVOICE ***

Date	NO#
05/04/20	76167

EAMS#(s):

SS # : ;
DOB : 12/12/55
Terms: 60 days
Claim #(s):
3101203

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

Case: vs NEWPORT APPAREL CORP
Date Of Injury: 2/26/19

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 **

M

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03320865
3101203-1
SWC1193715

DATE	AMOUNT
4/30/2020	$1,700.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈03320865⑈ ⑆021309379⑆ 790262463⑈

Check Number	03320865
Claim Number:	3101203-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1193715/NEWPORT APPAREL CORP. A CORP
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	2/26/2019
Location:	
Examiner Code.	31356

Amount:	$1,700.00
Dates of Service:	5/22/2019-7/6/2019
Explanation:	Lien Payment
Category:	M22 - Settlement/multi bills/amt in dispute
Placement:	2 - Medical
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101

844-601-7760

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

*** INVOICE ***
Date NO#
05/05/20 70318

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-16-0000404

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

Case: vs REAL TIME STAFFING/SELECT STAF
Date Of Injury: 3/23/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/16	INITIAL EXAM	-DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
08/15/16	INITIAL EXAM	-DR TOSHA BROWN @ ENHANCED PRECISION CARE*	230.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
08/17/16	INITIAL ACUP	-W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	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
09/07/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/12/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/09/16	FOLLOW-UP	-W/ ACUPUNCT RHEE/BROWN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/15/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/16/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/19/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/21/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
10/05/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/07/16	FOLLOW-UP	-W/ ACUPUNCT RHEE/BROWN @	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#
05/05/20 70318

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-16-0000404

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

Case: vs REAL TIME STAFFING/SELECT STAF
Date Of Injury: 3/23/16

DOS	SERVICE	DESCRIPTION	AMOUNT
		EPC*	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/20/16	PR2/REEVAL	-DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/28/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/07/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/14/16	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/05/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/15/16	PR2/REEVAL	-DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/04/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/06/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/12/17	PR2/REEVAL	-DR BROWN/MALIN,PA @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/13/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/25/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/26/17	PR2/REEVAL	-DR BROWN/MALIN,PA @ EPC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/30/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/01/17	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 ***
Date NO#
05/05/20 70318

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-16-0000404

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

Case: vs REAL TIME STAFFING/SELECT STAF
Date Of Injury: 3/23/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/03/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/20/17	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/22/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/28/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/20/17	PR2/REEVAL	-& INJECTION W/DR BROWN/MALIN PA @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/26/17	INITIAL EXAM	-PYSCH EVAL W/DR PARVIN SALKELD @ EPC*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/08/17	PMT BY CHECK	DOS 3/28/17* =# 3040897	-180.00
05/09/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/19/17	PT INITIAL	-PHYS TX W/DR CHRISTIAN MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/31/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/02/17	EMG TESTING	-& NCV BY DR GROSS: U/E @ EPC	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/13/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/28/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/20/17	P AND S	-DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00

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

*** INVOICE ***
Date NO#
05/05/20 70318

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-16-0000404

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

Case: vs REAL TIME STAFFING/SELECT STAF
Date Of Injury: 3/23/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/18	LIEN FIL FEE	LIEN FILING FEE	150.00
05/21/19	PENALTIES	FOR DATE OF SERVICE 08/08/16	34.50
11/14/19	INTEREST	FOR DATE OF SERVICE 08/08/16	81.16
05/21/19	PENALTIES	FOR DATE OF SERVICE 08/15/16	34.50
11/14/19	INTEREST	FOR DATE OF SERVICE 08/15/16	81.16
05/21/19	PENALTIES	FOR DATE OF SERVICE 08/17/16	34.50
11/14/19	INTEREST	FOR DATE OF SERVICE 08/17/16	81.16
05/21/19	PENALTIES	FOR DATE OF SERVICE 04/26/17	34.50
11/14/19	INTEREST	FOR DATE OF SERVICE 04/26/17	66.60
05/21/19	PENALTIES	FOR DATE OF SERVICE 05/19/17	13.50
11/14/19	INTEREST	FOR DATE OF SERVICE 05/19/17	25.44
05/21/19	PENALTIES	FOR DATE OF SERVICE 07/20/17	34.50
11/14/19	INTEREST	FOR DATE OF SERVICE 07/20/17	60.58
04/27/20	PMT BY CHECK	DOS 4/27/20* # 5664497526	-5800.00
05/05/20	BLCE OFF SET	BALANCE OFF SET	-2442.10

BALANCE 0.00

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

VOID VOID VOID

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

CORVEL

Bank Code= EMPLO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
3040897	05/08/17

Claim#: 0545-WC-16-0000404

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

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0003040897⑈ ⑆121000248⑆ 4178 5234116⑈

ETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: CUS0215387-80081-Hayward Pool
3820 State St
Santa Barbara, CA 93105

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3664190 - 1
Reprice: CA, 92781
Billed Date: 04/11/2017
Business Rcvd: 04/19/2017
MBR Rcvd: 04/19/2017
MBR Date: 05/08/2017
Date Approved: 05/08/2017
DOS From - To: 08/08/2016 - 03/28/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Stucka, Rosalie

Treating Provider:
Referring Physician: SHERRY ROSTAMI
Patient Control #: 70318
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0545-WC-16-0000404
Processor Initials: RS
DOI: 03/23/2016
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/08/16	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [3357237.48]								
08/15/16	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [3357237.48]								
08/17/16	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [3357237.48]								

MAY 12 2017

08/29/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56, RX3		1 11		1			
	Original bill [3357237,48]							
09/02/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56, RX3		1 11		1			
	Original bill [3357237,48]							
09/07/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56, RX3		1 11		1			
	Original bill [3288095,48]							
09/09/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56, RX3		1 11		1			
	Original bill [3357237,48]							
09/12/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56, RX3		1 11		1			
	Original bill [3357237,48]							
09/15/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56, RX3		1 11		1			
	Original bill [3357237,48]							
09/16/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56, RX3		1 11		1			
	Original bill [3357237,48]							
09/19/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56, RX3		1 11		1			
	Original bill [3357237,48]							
09/21/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56, RX3		1 11		1			
	Original bill [3357237,48]							
10/05/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56, RX3		1 11		1			
	Original bill [3357237,48]							
10/07/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56, RX3		1 11		1			
	Original bill [3357237,48]							
10/12/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56, RX3		1 11		1			
	Original bill [3378671,48]							
10/20/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$180.00	$0.00
	R1 , G56, RX3		1 11		1			
	Original bill [3417540,48]							

10/28/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [3417540,48]							
11/07/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [3444895,48]							
11/14/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [3444895,48]							
12/05/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [3503460,48]							
12/15/16	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [3503460,48]							
01/04/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [3581971,48]							
01/06/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [3581971,48]							
01/12/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [3581971,48]							
01/13/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [3581971,48]							
01/25/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [3581971,48]							
01/26/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [3581971,48]							
01/30/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [3581971,48]							
02/01/17	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56, RX3		1	11		1		
	Original bill [3581971,48]							

CORVEL

02/03/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [3581971.48]							
02/20/17	T1013 R1 , G56, RX3	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	Original bill [3581971.48]							
02/22/17	T1013 G69	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00	$0.00
	The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.							
03/28/17	T1013 507, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00	$180.00
Sub-Totals for Bill: 3664190					**$6090.00**		**$5910.00**	**$180.00**

Totals for Bill:3664190 **$180.00**

Line Item Reason Codes and Descriptions

507 Priced According to Contract Agreement

R1 Duplicate Billing

RX3 Per BU/provider agreement amount may be negotiated

Line Item Reason Codes and Descriptions

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

G67 Payment based on individual pre-negotiated agreement for this specific service

G69 Payment was denied as the service was provided outside the designated network

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

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

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

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

ICD Diagnosis Code

T14.90 INJURY UNSPECIFIED

Questions regarding this bill may be sent to:

CorVel Corporation - MedCheck
PO Box 279350
Sacramento, CA 95827

Toll free: 800-758-5866
Phone: 916-605-3800
FAX: 866-449-0449

California DWC

Employer Address -

Payer Identification Number - 756017952

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	04/27/2020
Check Amount	:	$5800.00
Check Number	:	5664497526

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
195163016-001 BP WC Brea Other Medical Providers Full & Final Agreement of Lien	03/23/2016 $5800.00 $5800.00	FINAL ALL DOS	916-850-8244 04/27/2020-04/27/2020

PAID
APR 05 2020

Please Fold on Perforation Before Tearing

VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: XL INSURANCE COMPANY
INSURER: XL INSURANCE AMERICA INC

Claim Check Number
5664497526
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
******* **$5800.00***

Check Date : 04/27/2020

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
***** Five Thousand Eight Hundred and 00/100 Dollars **********

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

By

Claim #: 195163016-001

⑈5664497526⑈ ⑆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#
05/07/20	70512

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
195163943

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

Case: vs SELECT STAFFING
Date Of Injury: CT 8/15/15 - 8/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/19/16	INITIAL EXAM	-DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/26/16	INITIAL EXAM	-DR TOSHA BROWN @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/28/16	INITIAL ACUP	-W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/07/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/17/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/19/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/21/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
10/26/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/27/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/02/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/04/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/09/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/16/16	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/18/16	INITIAL EXAM	-DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/23/16	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 ***
Date NO#
05/07/20 70512

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
195163943

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

Case: vs SELECT STAFFING
Date Of Injury: CT 8/15/15 - 8/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/28/16	PR2/REEVAL	-DR BROWN @ EPC* (AMENDED)	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	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
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/16/16	PR2/REEVAL	-DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/20/16	INITIAL EXAM	PSYCH EVAL @ EPC W/DR PARVIN SALKELD*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/21/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/23/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/22/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	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
01/05/17	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC* (MEDS)	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/18/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/27/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 10180	0.00
01/26/17	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ 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#
05/07/20	70512

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
195163943

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

Case: , vs SELECT STAFFING
Date Of Injury: CT 8/15/15 - 8/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
02/09/17	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/15/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/24/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/02/17	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 5000049	0.00
03/06/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/20/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/23/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/30/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/31/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/04/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/11/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/17/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/25/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/01/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/08/17	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#
05/07/20 70512

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
195163943

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

Case: vs SELECT STAFFING
Date Of Injury: CT 8/15/15 - 8/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/14/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/22/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/26/17	EMG TESTING	& NCV BY DR GROSS: U/E @ EPC*	150.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/29/17	FINAL ACUPT	-W/ ACUPUNCT RHEE @ EPC*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/13/17	P AND S	-SHERRY ROSTAMI @ EPC* (AMENDED)	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/21/17	LIEN FIL FEE	LIEN FILING FEE	150.00
04/09/18	PENALTIES	FOR DATE OF SERVICE 09/19/16	34.50
04/20/20	INTEREST	FOR DATE OF SERVICE 09/19/16	89.50
04/09/18	PENALTIES	FOR DATE OF SERVICE 09/26/16	34.50
04/20/20	INTEREST	FOR DATE OF SERVICE 09/26/16	89.50
04/09/18	PENALTIES	FOR DATE OF SERVICE 09/28/16	34.50
04/20/20	INTEREST	FOR DATE OF SERVICE 09/28/16	89.50
04/09/18	PENALTIES	FOR DATE OF SERVICE 10/07/16	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 10/07/16	70.04
04/09/18	PENALTIES	FOR DATE OF SERVICE 10/17/16	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 10/17/16	70.04
04/09/18	PENALTIES	FOR DATE OF SERVICE 10/19/16	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 10/19/16	70.04
04/09/18	PENALTIES	FOR DATE OF SERVICE 10/21/16	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 10/21/16	70.04
04/09/18	PENALTIES	FOR DATE OF SERVICE 10/26/16	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 10/26/16	70.04
04/09/18	PENALTIES	FOR DATE OF SERVICE 10/27/16	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 10/27/16	70.04
04/09/18	PENALTIES	FOR DATE OF SERVICE 11/02/16	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#
05/07/20 70512

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
195163943

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

Case: vs SELECT STAFFING
Date Of Injury: CT 8/15/15 - 8/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/20/20	INTEREST	FOR DATE OF SERVICE 11/02/16	70.04
04/09/18	PENALTIES	FOR DATE OF SERVICE 11/04/16	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 11/04/16	70.04
04/09/18	PENALTIES	FOR DATE OF SERVICE 11/09/16	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 11/09/16	70.04
04/09/18	PENALTIES	FOR DATE OF SERVICE 11/16/16	13.50
04/20/20	INTEREST	FOR DATE OF SERVICE 11/16/16	34.85
04/09/18	PENALTIES	FOR DATE OF SERVICE 11/18/16	21.00
04/20/20	INTEREST	FOR DATE OF SERVICE 11/18/16	54.03
04/09/18	PENALTIES	FOR DATE OF SERVICE 11/23/16	13.50
04/20/20	INTEREST	FOR DATE OF SERVICE 11/23/16	34.68
04/09/18	PENALTIES	FOR DATE OF SERVICE 11/28/16	13.50
04/20/20	INTEREST	FOR DATE OF SERVICE 11/28/16	34.54
04/09/18	PENALTIES	FOR DATE OF SERVICE 12/06/16	13.50
04/20/20	INTEREST	FOR DATE OF SERVICE 12/06/16	34.31
04/09/18	PENALTIES	FOR DATE OF SERVICE 12/14/16	13.50
04/20/20	INTEREST	FOR DATE OF SERVICE 12/14/16	34.03
04/09/18	PENALTIES	FOR DATE OF SERVICE 12/16/16	13.50
04/20/20	INTEREST	FOR DATE OF SERVICE 12/16/16	33.91
04/09/18	PENALTIES	FOR DATE OF SERVICE 12/20/16	21.00
04/20/20	INTEREST	FOR DATE OF SERVICE 12/20/16	52.67
04/09/18	PENALTIES	FOR DATE OF SERVICE 12/21/16	13.50
04/20/20	INTEREST	FOR DATE OF SERVICE 12/21/16	33.83
04/09/18	PENALTIES	FOR DATE OF SERVICE 12/23/16	13.50
04/20/20	INTEREST	FOR DATE OF SERVICE 12/23/16	33.72
04/09/18	PENALTIES	FOR DATE OF SERVICE 12/22/16	13.50
04/20/20	INTEREST	FOR DATE OF SERVICE 12/22/16	33.72
04/09/18	PENALTIES	FOR DATE OF SERVICE 12/28/16	13.50
04/20/20	INTEREST	FOR DATE OF SERVICE 12/28/16	33.72
04/09/18	PENALTIES	FOR DATE OF SERVICE 12/30/16	13.50
04/20/20	INTEREST	FOR DATE OF SERVICE 12/30/16	33.66

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

*** INVOICE ***
Date NO#
05/07/20 70512

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
195163943

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

Case: vs SELECT STAFFING
Date Of Injury: CT 8/15/15 - 8/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/18	PENALTIES	FOR DATE OF SERVICE 01/05/17	13.50
04/20/20	INTEREST	FOR DATE OF SERVICE 01/05/17	33.52
04/09/18	PENALTIES	FOR DATE OF SERVICE 01/18/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 01/18/17	66.47
04/09/18	PENALTIES	FOR DATE OF SERVICE 01/27/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 01/27/17	65.90
04/09/18	PENALTIES	FOR DATE OF SERVICE 01/26/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 01/26/17	65.90
04/09/18	PENALTIES	FOR DATE OF SERVICE 02/09/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 02/09/17	65.33
04/09/18	PENALTIES	FOR DATE OF SERVICE 02/15/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 02/15/17	65.05
04/09/18	PENALTIES	FOR DATE OF SERVICE 02/24/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 02/24/17	64.54
04/09/18	PENALTIES	FOR DATE OF SERVICE 03/02/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 03/02/17	64.20
04/09/18	PENALTIES	FOR DATE OF SERVICE 03/06/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 03/06/17	64.08
04/09/18	PENALTIES	FOR DATE OF SERVICE 03/20/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 03/20/17	63.12
04/09/18	PENALTIES	FOR DATE OF SERVICE 03/23/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 03/23/17	63.01
04/09/18	PENALTIES	FOR DATE OF SERVICE 03/30/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 03/30/17	62.61
04/09/18	PENALTIES	FOR DATE OF SERVICE 03/31/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 03/31/17	62.55
04/09/18	PENALTIES	FOR DATE OF SERVICE 05/04/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 05/04/17	60.63
04/09/18	PENALTIES	FOR DATE OF SERVICE 05/11/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 05/11/17	60.23
04/09/18	PENALTIES	FOR DATE OF SERVICE 05/17/17	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#
05/07/20	70512

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
195163943

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

Case: vs SELECT STAFFING
Date Of Injury: CT 8/15/15 - 8/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/20/20	INTEREST	FOR DATE OF SERVICE 05/17/17	60.12
04/09/18	PENALTIES	FOR DATE OF SERVICE 05/25/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 05/25/17	59.55
04/09/18	PENALTIES	FOR DATE OF SERVICE 06/01/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 06/01/17	59.38
04/09/18	PENALTIES	FOR DATE OF SERVICE 06/08/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 06/08/17	58.53
04/09/18	PENALTIES	FOR DATE OF SERVICE 06/14/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 06/14/17	58.19
04/09/18	PENALTIES	FOR DATE OF SERVICE 06/22/17	27.00
04/20/20	INTEREST	FOR DATE OF SERVICE 06/22/17	57.51
04/09/18	PENALTIES	FOR DATE OF SERVICE 06/26/17	22.50
04/20/20	INTEREST	FOR DATE OF SERVICE 06/26/17	47.87
04/09/18	PENALTIES	FOR DATE OF SERVICE 06/29/17	34.50
04/20/20	INTEREST	FOR DATE OF SERVICE 06/29/17	73.26
04/09/18	PENALTIES	FOR DATE OF SERVICE 07/13/17	34.50
04/20/20	INTEREST	FOR DATE OF SERVICE 07/13/17	28.70
02/21/19	PMT BY CHECK	DOS 11/16/16-1/5/17* # 3182977	-1260.00
04/29/20	PMT BY CHECK	DOS 9/19/16-7/13/17* # 5664519684	-2000.00
05/07/20	BLCE OFF SET	BALANCE OFF SET	-10022.78

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

*** INVOICE ***
Date NO#
05/07/20 70512

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
195163943

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

Case: vs SELECT STAFFING
Date Of Injury: CT 8/15/15 - 8/15/16

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 **

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

CORVEL

bankcode=EMPLO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
3182977	02/21/19

******$1,260.00

One thousand two hundred sixty and 00/100 Dollars

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC.
P.O. Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0003182977⑈ ⑆121000248⑆ 4178 523411⑈

DETACH HERE

DETACH HERE

CORVEL

Claim No.	D/A	Claimant	From	Thru	Remittance
0545-WC-16-0001344	08/15/2016		11/16/2016	01/05/2017	******$1,260.00

Invoice Reference/Comments
full & final satifaction of lien/all d/o/s=waive p&I

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	04/29/2020
Check Amount	:	$2000.00
Check Number	:	5664519684

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
195163943-001 BP WC Brea Lump Sum Settlement, Medical	08/15/2016 $2000.00 $2000.00	Bonnie E. Oraiqat Full and Final	559-451-3882 04/27/2020 09/19/2016-07/13/2017

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: XL INSURANCE COMPANY
INSURER: XL INSURANCE AMERICA INC.

Check Date : 04/29/2020

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS, INC

Amount: *** Two Thousand and 00/100 Dollars **********

Claim #: 195163943-001

Claim Check Number
5664519684
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
******* $2000.00*

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

By

⑈5664519684⑈ ⑆061100790⑆ 8800600242⑈

VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

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

*** INVOICE ***
Date NO#
05/04/20 75197

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
195170091; 195170117-001

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

Case: vs SELECT STAFFING
Date Of Injury: 10/3/18; 10/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/02/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/04/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/15/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/06/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/13/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/22/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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#
05/04/20 75197

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
195170091; 195170117-001

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

Case: vs SELECT STAFFING
Date Of Injury: 10/3/18; 10/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/27/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/29/19	F/U CHIRO TX	& PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/03/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/05/19	F/U CHIRO TX	CHIRO TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/10/19	F/U CHIRO TX	CHIRO TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/26/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/03/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/20/19	PMT BY CHECK	DOS 4/17/19* =# 3200670	-180.00
10/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/09/20	LIEN FIL FEE	LIEN FILING FEE	150.00
04/24/20	PMT BY CHECK	DOS 4/22/20* # 5664460788	-2600.00
05/04/20	BLCE OFF SET	BALANCE OFF SET	-1020.00

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

*** INVOICE ***
Date NO#
05/04/20 75197

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
195170091; 195170117-001

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

Case: vs SELECT STAFFING
Date Of Injury: 10/3/18; 10/25/18

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 **

VOID VOID VOID

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

CORVEL

Bank Code= EMPLO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
3200670	05/20/19

Claim#: 0545-WC-18-0002806

One hundred eighty and 00/100 Dollars

********$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO JOYCE ALTMAN INTERPRETERS
THE ORDER PO Box 4165
OF Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0003200670⑈ ⑆121000248⑆ 4178 523411⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: 505689-00021-IDS USA Inc.
5 River Park Pl E
Suite 102
Fresno, CA 93720

Employer
Patient:

RECD
MAY 24 2019
BY: .....

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5077658 - 1
Reprice: CA, 92781
Billed Date: 04/23/2019
Business Rcvd: 05/06/2019
MBR Rcvd: 05/06/2019
MBR Date: 05/17/2019
Date Approved: 05/17/2019
DOS From - To: 01/02/2019 - 04/17/2019

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

Treating Provider:
Referring Physician: CHRISTINE
Patient Control #: 75197
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0545-WC-18-0002806
Processor Initials: JL
DOI: 10/03/2018
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/02/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		A	$90.00	$0.00
	These services have been previously objected to. Original bill [4984844,48]								
01/04/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$230.00	$0.00
	These services have been previously objected to. Original bill [4984844,48]								
01/09/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	These services have been previously objected to. Original bill [4984844,48]								

01/11/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	These services have been previously objected to. Original bill [4984844,48]						
01/18/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	These services have been previously objected to. Original bill [4984844,48]						
01/25/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	These services have been previously objected to. Original bill [4984844,48]						
01/30/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	These services have been previously objected to. Original bill [4984844,48]						
02/06/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	These services have been previously objected to. Original bill [4984844,48]						
02/13/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	These services have been previously objected to. Original bill [4984844,48]						
02/15/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00		$90.00	$0.00
	R1 , G56	1	11		A		
	These services have been previously objected to. Original bill [4984844,48]						
03/01/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00		$180.00	$0.00
	R1 , G56	1	11		A		
	These services have been previously objected to. Original bill [4984844,48]						
03/06/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00		$90.00	$0.00
	R1 , G56	1	11		A		
	These services have been previously objected to. Original bill [4984844,48]						
03/13/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00		$90.00	$0.00
	R1 , G56	1	11		A		
	These services have been previously objected to. Original bill [5045273,48]						

03/22/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00			$90.00	$0.00
	R1 , G56		1	11		A		
	These services have been previously objected to. Original bill [5045273.48]							
03/27/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00			$90.00	$0.00
	R1 , G56		1	11		A		
	These services have been previously objected to. Original bill [5045273.48]							
03/29/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00			$90.00	$0.00
	R1 , G56		1	11		A		
	These services have been previously objected to. Original bill [5045273.48]							
04/03/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00			$90.00	$0.00
	R1 , G56		1	11		A		
	These services have been previously objected to. Original bill [5045273.48]							
04/05/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00			$90.00	$0.00
	R1 , G56		1	11		A		
	These services have been previously objected to. Original bill [5058955.48]							
04/10/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$90.00			$90.00	$0.00
	R1 , G56		1	11		A		
	These services have been previously objected to. Original bill [5065245.48]							
04/17/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1		$180.00			$0.00	$180.00
	G67, MVO		1	11		A		

Sub-Totals for Bill: 5077658	**$2750.00**	**$2570.00**	**$180.00**

Totals for Bill:5077658 **$180.00**

Line Item Reason Codes and Descriptions

MVO Market Value

R1 Duplicate Billing

Line Item Reason Codes and Descriptions

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

G67 Payment based on individual pre-negotiated agreement for this specific service

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	04/24/2020
Check Amount	:	$2600.00
Check Number	:	5664460788

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
195170091-001	10/25/2018 $2600.00		
BP WC Brea Lump Sum Settlement, Medical	$2600.00	Bonnie E. Oraigat Full and Final	559-451-3882 04/22/2020 04/22/2020-04/22/2020

Please Fold on Perforation Before Tearing

VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: XL INSURANCE COMPANY
INSURER: XL INSURANCE AMERICA INC.

Check Date : 04/24/2020

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS, INC.

Amount: *** Two Thousand Six Hundred and 00/100 Dollars **********

Claim #: 195170091-001

Claim Check Number
5664460788
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
******* $2600.00*

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

By

⑈5664460788⑈ ⑆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#
05/12/20 72986

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
CWC230001229

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: SANDRA SNEED
P.O. BOX 40790
LANSING, MI 48901

Case: vs HORIZON ASO FBO RIALTO HEALTHC
Date Of Injury: 6/8/17; 7/20/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/30/17	INITIAL EXAM	DR MICHAEL PRICE/JOE TRUJILLO PA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/06/20	PMT BY CHECK	DOS 11/30/17* # 101411167	-230.00

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 **

Security features included. Details on back.

AF Group | PO Box 40790 Lansing, MI 48901-7990

on behalf of
Accident Fund Insurance Company of America

VOID AFTER 180 DAYS

Check Number 101411167

JPMorgan Chase Bank, N.A.
Columbus, OH
56-1544/441

Pay the Sum of *Two hundred thirty and 00/100 Dollars*

Check Date 05/06/2020

Pay This Amount **$230.00**

Pay To The Order Of:

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

⑈101411167⑈ ⑆044115443⑆ 268937353⑈

CompWest
Part of the AF Group

PO Box 40790
Lansing, MI 48901-7990
CompWestInsurance.com

CHECK DATE : 05/06/2020
CHECK NUMBER : 101411167

Payable To: **Joyce Altman Interpreters, Inc.**
P.O. Box 4165
Tustin, CA 92781-4165

EMPLOYEE NAME / CLAIM NO.	FROM DATE / COMMENT	THRU DATE	MBR NUMBER	INVOICE NUMBER	AMOUNT
CWC230001229	11/30/2017 Claim CWC230001229	11/30/2017			$230.00
				TOTAL	$230.00

Questions may be directed to us at : 888-266-7937
Check Number : 101411167

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

*** INVOICE ***
Date NO#
05/27/20 73651

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017346517

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

Case: vs JOYA MIA
Date Of Injury: 12/10/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/27/18	INITL CHIRO	TREATMENT W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/03/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/06/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/10/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	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
04/20/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/24/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/27/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/08/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/25/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/08/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/14/18	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/15/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/29/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	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#
05/27/20 73651

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017346517

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

Case: ; vs JOYA MIA
Date Of Injury: 12/10/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/03/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
07/10/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/12/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/30/18	PMT BY CHECK	DOS 3/23/18-7/3/18* =# 13325465	-1440.00
08/03/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/17/18	PMT BY CHECK	DOS 7/10/18-7/12/18* =# 13663730	-180.00
08/16/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/14/18	PMT BY CHECK	DOS 8/16/18* =# 14165660	-90.00
10/11/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
02/25/20	LIEN FIL FEE	LIEN FILING FEE	150.00
05/22/20	PMT BY CHECK	DOS 3/23/18-10/11/18* # 26238245	-800.00
05/27/20	BLCE OFF SET	BALANCE OFF SET	-170.00

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

*** INVOICE ***

Date	NO#
05/27/20	73651

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017346517

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

Case: vs JOYA MIA
Date Of Injury: 12/10/17

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 **

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000129-0000408 0106 001 724318 EIG

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

EMPLOYERS

America's small business insurance specialist®

73651

AUG 02 2018

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	Client Reference ID	VP Trans ID	Date	Amount	Check Number
2017346517	250738742	405651962 EIG0001002	07/30/2018	$1440.00	13325465

EIG.OT

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

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

73651

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

AUG 21 2018

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	Client Reference ID	VP Trans ID	Date	Amount	Check Number
Multiple Claims	250745643	416101029 EIG0001002	08/17/2018	$1263.17	13663730

EIG.OT

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

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

EMPLOYERS
America's small business insurance specialist®

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

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

13663730

08/17/2018

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$1263.17

ONE THOUSAND TWO HUNDRED SIXTY THREE DOLLARS AND 17/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

416101029

⑈13663730⑈ ⑆273970116⑆ 17000129911⑈

0000007-0000067

Employers Assurance Company 506

Process Date: 08/14/2018
Control Number: 305195677
EOR Page 1 of 2
Rev/Aud: SS/SW*

Payment Number: 250745643 **Payment Date: 08/17/2018**

Claim Number: 2017346517
Claimant:
Provider Tax ID: 330956713 Vendor: 9941672#5628181 PPO/OSR ID:
Provider Ref: 73651 Geo Zip: 90001 NPI Number:
Provider License: CA99999 Claimant SSN: XXX-X
Date Of Injury: 12/10/2017
Claims Received Date: 08/06/2018

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other Red	Allowance	Reasons
03/23/18	11	99919		INTERPRETER SE	120.000	230.00	230.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
03/27/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
04/03/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
04/06/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
04/10/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
04/17/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
04/20/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
04/24/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
04/27/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
05/08/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
05/25/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
06/08/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
06/14/18	11	99919		INTERPRETER SE	120.000	230.00	230.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
06/15/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
06/29/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
07/03/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
07/10/18	11	99919		INTERPRETER SE	120.000	90.00	0.00	0.00	0.00	90.00	6541
07/12/18	11	99919		INTERPRETER SE	120.000	180.00	90.00	0.00	0.00	90.00	G1,601,6541
			TOTALS:			1,990.00	1,810.00	0.00	0.00	180.00	
			TOTAL RECOMMENDED ALLOWANCE:							180.00	

44821651

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

2111-H-911697-0

DWC CODE DESCRIPTION

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

416101029

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000034-0000315 0716 001 734912 EIG

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

EMPLOYERS®

America's small business insurance specialist®

73651

SEP 18 2018

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	Client Reference ID	VP Trans ID	Date	Amount	Check Number
Multiple Claims	250755421	430983897 EIG0001002	09/14/2018	$180.00	14165660

EIG.OT

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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

[redacted]

Employers Assurance Company 506

Process Date: 09/12/2018
Control Number: 305244068
EOR Page 1 of 3
Rev/Aud: SS/SW

Payment Number: 250755421 **Payment Date: 09/14/2018**

Claim Number: 2017346517
Claimant:
Provider Tax ID: 330956713
Provider Ref: 73651
Provider License: 99999999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX-
Date Of Injury: 12/10/2017
Claims Received Date: 09/07/2018

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 02

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
03/23/18	11	99919		INTERPRETER SE	120.000	230.00	230.00	0.00	0.00	0.00	G1,G56,247, 4207,6541, D1
03/27/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
04/03/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
04/06/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
04/10/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
04/17/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
04/20/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
04/24/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
04/27/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
05/08/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
05/25/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
06/08/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
06/14/18	11	99919		INTERPRETER SE	120.000	230.00	230.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
06/15/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
06/29/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
07/03/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D1
07/10/18	11	99919		INTERPRETER SE	120.000	90.00	90.00	0.00	0.00	0.00	G1,G56,247, 4207,D2
07/12/18	11	99919		INTERPRETER SE	120.000	180.00	180.00	0.00	0.00	0.00	G1,G56,247, 4207,D2
08/03/18	11	99919		INTERPRETER SE	120.000	180.00	180.00	0.00	0.00	0.00	G1,G56,247, 4207,D3
08/16/18	11	99919		INTERPRETER SE	120.000	180.00	90.00	0.00	0.00	90.00	G1,601
				TOTALS:		2,350.00	2,260.00	0.00	0.00	90.00	
				TOTAL RECOMMENDED ALLOWANCE:						90.00	

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

4495283 1

2111-H-919869-0

430983897

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000008-0000139 D0716 001 890665 EIG

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

EMPLOYERS®

America's small business insurance specialist®

RECD
MAY 27 2020
BY:

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

Claim ID:	2017346517
Client Reference ID:	250971149
VP Trans ID:	800313509
	EIG0001002
Date:	05/22/2020
Amount:	$800.00
Check Number:	26238245

Get Paid Faster

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

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

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

EIG.RM.STD.OT

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

EMPLOYERS
America's small business insurance specialist®

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

VPay
1-855-523-9634

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

26238245

05/22/2020

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$800.00**

EIGHT HUNDRED DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

800313509

⑈26238245⑈ ⑆273970116⑆ 17000129916⑈

800313509

0000008-0000141

EMPLOYERS®

America's small business insurance specialist®

PO BOX 32036
Lakeland FL, 33802-2036

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 927814165

Insurer Name:	Employers Assurance Company
Payee/Provider:	JOYCE ALTMAN INTERPRETERS INC
Client Reference ID:	250971149
Amount:	$800.0

Injured Employee	Claim Number	Payment Id	Invoice Number	Account Number	Payment From	Payment Through	Billed Amount	Allowed Amount	Comment
	2017346517	250971149			03/23/2018	10/11/2018	800.00	800.00	MD In Full and Final Satisfaction of Lien

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

*** INVOICE ***
Date NO#
05/04/20 58918

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
LB001088259; LB001044607

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

Case: vs AMERICAN INT'L INDUSTRIES
Date Of Injury: 2/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/16/13	INITIAL EXAM	DR MENDOZA @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/31/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/10/13	PR2-RE/EVAL	W/ACUPUNCTURIST JAE PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/17/13	INITIAL EXAM	W/ ACUPUCNTURIST J PARK @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/24/13	PR2-RE/EVAL	W/ACUPUNCTURIST J PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/01/13	PR2-RE/EVAL	W/ACUPUNCTURIST J PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/08/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/22/13	PR2-RE/EVAL	W/ACUPUNCTURIST MCLEAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/05/13	PR2-RE/EVAL	W/ACUPUNCTURIST MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/12/13	PR2-RE/EVAL	W/ACUPUNCTURIST MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/09/13	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
10/14/13	PR2-RE/EVAL	W/ACUPUNCTURIST MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

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

*** INVOICE ***
Date NO#
05/04/20 58918

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
LB001088259; LB001044607

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

Case: vs AMERICAN INT'L INDUSTRIES
Date Of Injury: 2/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/21/13	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
10/28/13	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/04/13	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/12/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CONNOLY @ ACS* FINAL	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/04/16	LIEN FIL FEE	LIEN FILING FEE	150.00
04/07/20	PENALTIES	FOR DATE OF SERVICE 05/16/13	34.50
04/07/20	INTEREST	FOR DATE OF SERVICE 05/16/13	177.32
04/28/20	PMT BY CHECK	DOS 4/20/20* # 500043095	-2920.00
05/04/20	BLCE OFF SET	BALANCE OFF SET	-361.82

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 **

000 0000795 00000000 001 002 00589 INS: 0 0

CHECK NO : 500043095

PAYEE: JOYCE ALTMAN INTERPRETERS INC.

DATE: 04/28/2020

AMOUNT: 2,920.00

PAGE: 1 of 3

Item #: 1 | Invoice No: PAL-09CA-413460 | Insured: American International Industries

Acct: | Service Dates: 04/20/2020 - 04/20/2020 | Description: Master FIle CT- 7/1/12-2/18/13--Repetitive movements while perforning

Date of Loss: 02/18/2013 | Ref No: cc:13258730 | Memo:

Claimant: | Claim: LB001088259 | Amount: 2,920.00

TOTAL: 2,920.00

WARNING: THIS DOCUMENT CONTAINS SEVERAL DOCUMENT SECURITY FEATURES - DO NOT CASH IF THE WORD VOID IS VISIBLE - SEE REVERSE SIDE FOR LIST OF SECURITY FEATURES

Clarendon National Insurance Company
Enstar (US) Inc.
475 Kilvert St., Suite 330
Warwick, RI 02886

63-4 / 630 FL
Bank of America

Check No
500043095

04/28/2020

PAY Two Thousand Nine Hundred Twenty And 0/100 Dollars $2,920.00

VOID AFTER SIX MONTHS

PAY TO THE ORDER OF:

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

CHECKS REQUIRE TWO SIGNATURES

SIGNATURE HAS A BLUE-GREEN BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈500043095⑈ ⑆063000047⑆ 8980524748 4⑈

PALADIN
Managed Care Services
Part of the Enstar Group

Explanation of Review
PALADIN MANAGED CARE SERVICES, INC.

Carrier

SEABRIGHT INSURANCE COMPANY
Carrier No:
Carrier: SEABRIGHT INSURANCE COMPANY
SEABRIGHT INS. CO / 1501 4TH AVE, SUITE 2600
SEATTLE, WA 98101

Bill: PAL-09CA-413460

Provider

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

Claimant

Rendering NPI:

Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider:
External ID: 664143

Invoice Date: 04-24-2020

Region: 26 **Payment Status Code:** 1

Claim Number: LB001088259
DOI/DOL: 02-18-2013
CR Date / BR Date: 04-24-2020 / 04-24-2020
External Claim Number: LB001088259
Social Security Number:

Employer/Insured: American International Indu...
Employer/Insured Address: 2220 Gasper Avenue
Los Angeles, CA 90040-0000

Branch ID: SB09

Bill Details

Dates of Service: 04-20-2020
Post Date: 04-27-2020

Reviewer: JL/b©
Pay Auth: 01
Client Type of Bill: 1621
Adjuster: 26536

Bill ICD Version: 10
Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description			Explanation Code(s)
				Charges	BR	PPO	OTHER	PREV ALW	Allow.
1	04-20-2020	99	MDS10	A	1	SETTLEMENT FOR DISPUTE			G67, 961, G57, U00
				3,281.32	361.32				2,920.00

Totals

Total Charges:	3,281.32
BILL REVIEW Reductions:	361.32
Recommended Allowance:	**2,920.00**

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.
U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

Paladin Managed Care Services, Inc., an Enstar Company.

SEND INQUIRIES TO:
ENSTAR (US) INC.
P.O. BOX 100239
COLUMBIA, SC 29202-3239
PHONE: 800-559-5556

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

*** INVOICE ***

Date	NO#
05/04/20	73375

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC10145972

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: AMY BABEL
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs S&H AUTOBODY
Date Of Injury: 1/23/17 - 1/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/18	INITIAL EXAM	-DR MAYYA KRAVCHENKO @ GOFNUN CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/16/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/20/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/23/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/27/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/13/18	INITL CHIRO	-TREATMENT 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
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/09/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/13/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
03/20/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/23/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/27/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/03/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/24/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	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#
05/04/20 73375

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC10145972

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: AMY BABEL
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs S&H AUTOBODY
Date Of Injury: 1/23/17 - 1/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/22/18	MED-LEGAL	-EVAL W/DR KRAVCHENKO*	180.00
/ /	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:	PAUL LAZCANO # 101143	0.00
12/20/19	LIEN FIL FEE	LIEN FILING FEE	150.00
04/28/20	PMT BY CHECK	DOS 4/28/20* # 8817498515	-1850.00
05/04/20	BLCE OFF SET	BALANCE OFF SET	-330.00

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: 8817498515
Date: 04/28/2020

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $1,850.00****

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

Claimant/Patient:	
Insured:	S&h Auto Body
Date of Loss:	01/23/2018
Claim Number:	WC10145972-2
Check Number:	8817498515
Payment Under Insured's:	Workers Comp Medical
Correspondence Reference:	N2R86GTSW
Print Date	04/28/2020 08:36 AM
Requested By	Amy V Babel

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS HIDDEN TEXT THAT WILL APPEAR WHEN COPIED

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10145972

Check No. 8817498515
Date: 04/28/2020

PAY One Thousand Eight Hundred Fifty Dollars And No Cents $1,850.00****

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Toh

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

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

⑈8817498515⑈ ⑆031100209⑆ 3872438 9⑈

01 01 000106 N2R86GTSW1 CE0428P2 04 [ ] 000163

Explanation of Review

FARMERS INSURANCE

Carrier

FARMERS - WC-CA -
Carrier No:
Carrier: Mid-Century Insurance Company
6301 Owensmouth Ave
Woodland Hills, CA 91367

Bill: FRM-FWCA-83943

Provider

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

Claimant

NPI: 1477186625 **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: NA
Invoice Date: 04-23-2020
Patient Account: NA

Claim Number: WC10145972
DOI/DOL: 01-23-2018
CR Date / BR Date: 04-24-2020 / 04-24-2020
External Claim Number: WC10145972
Social Security Number:
Policy Number: A0947431717
Employer/Insured: S&H Auto Body

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0947431717

Bill Details

Dates of Service: 04-23-2020
Post Date: 04-28-2020

Reviewer: HL/b©
Pay Auth: L
Client Type of Bill: 370
Adjuster: AMY.BABEL

Bill ICD Version: 10
Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description				Explanation Code(s)	
				Charges	BRV	CBR	PPO	ONR	OTH	ADJ	Allow.
1	04-23-2020	11	MDS10	A	1	SETTLEMENT FOR DISPUTE				G67, B14, G1, B92, 961, G57, U00	
				1,850.00							1,850.00

Totals

Total Charges: 1,850.00
Recommended Allowance: **1,850.00**

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.
G57 THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.
U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

"All date of service from 02/09/2018 to 06/26/2018"

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

CPT Copyright 1995-2019 American Medical Association. All rights reserved.

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

*** INVOICE ***
Date NO#
05/27/20 75370

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
003924000613;003924001520

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

Case: vs MONTAGE HOTELS & RESORTS, LLC
Date Of Injury: 3/7/17; CT 3/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/19	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SERVICES*	230.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/13/19	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/08/19	PR2/REEVAL	DR CHRISTINE ABGARYAN @ PHYS REHAB SVCS*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/19/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALEJANDRO MENDEZ # 011850	0.00
08/07/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/30/19	PR2/REEVAL	DR ABGARAYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/04/19	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/23/20	LIEN FIL FEE	LIEN FILING FEE	150.00
05/20/20	PMT BY CHECK	DOS 2/1/19-12/4/19* # 0163288394	-1310.00
05/27/20	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 **

GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

m

0101729 01 RE 0.436 **AUTO T4 0 1599 92781-416565 -P01730 C01

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

PAID
MAY 27 2020
BY.

DIRECT INQUIRIES TO:

PHONE: 1-800-297-0866
GALLAGHER BASSETT-LA/ORAN
PO BOX 2934
CLINTON IA 52733-2934

GALLAGHER BASSETT SERVICES INC FOR EVEREST NATION

CLAIM NO. 003924 001520 WC 01 BRANCH NO. 138 CHECK NO. 0163288394

CLAIMANT: ACC. DATE 07-Mar-2017 VN. 0000051515

DESCRIPTION: FULL AND FINAL SATIFACTION OF LIEN ALL DOS DATE: 20-May-2020

DATE OF SERVICE: 01-Feb-2019 TO 04-Dec-2019 PAYMENT AMOUNT: $1,310.00

RE0101729-0001_of_0001 1599-0001889 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0163288394 ATTACHED BELOW

GALLAGHER BASSETT SERVICES INC FOR EVEREST NATIONAL INSURANCE

CHECK NO. 0163288394
VN. 0000051515
DATE: 05/20/2020

CLAIM NO. 003924 001520 WC 01 (06-HOUSEKE) BRANCH NO.: 138

One Thousand Three Hundred Ten and 00/100 Dollars

62-20
311

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

$$$$$$$$$$1,310.00

NOT VALID AFTER 90 DAYS

Donna M. Karte
AUTHORIZED SIGNATURE

Or Payable at
Citibank, FSB California

Citibank

⑈0163288394⑈ ⑆031100209⑆ 4007490 1⑈

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

*** INVOICE ***
Date NO#
05/15/20 77472

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
004742015093-WC-01

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

Case: vs INTERSTATE MANAGEMENT CO
Date Of Injury: 8/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/19	INITIAL EXAM	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/07/20	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/08/20	INIT PHYSIO	THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/09/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/16/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/24/20	PR2/REEVAL	W/DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
05/11/20	PMT BY CHECK	DOS 12/11/19-1/24/20* # 0163093934	-1310.00

BALANCE 0.00

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

GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

0101695 01 RE 0.436 **AUTO T4 0 1592 92781-416565 -P01696 C01

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

DIRECT INQUIRIES TO:

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 2934
CLINTON IA 52733-2934

GALAGHER BASSETT SERVICES INC FOR STARR INDEMNIT

CLAIM NO. 004742 015093 WC 01

CLAIMANT:

DESCRIPTION: FULL & FINAL SETTLEMENT OF LIEN

DATE OF SERVICE: 11-Dec-2019 TO 24-Jan-2020

BRANCH NO. 164

ACC. DATE 20-Aug-2019

PAYMENT AMOUNT: $1,310.00

CHECK NO. 0163093934

VN. 0000239249

DATE: 11-May-2020

RE0101695-0001_of_0001 1592-0001827 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0163093934 ATTACHED BELOW

GALLAGHER BASSETT SERVICES INC FOR STARR INDEMNITY & LIAB CO

CLAIM NO. 004742 015093 WC 01 (1109) BRANCH NO.: 164

CHECK NO. 0163093934

VN. 0000239249

DATE: 05/11/2020

One Thousand Three Hundred Ten and 00/100 Dollars

62-20
311

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

$$$$$$$$$$1,310.00

NOT VALID AFTER 90 DAYS

Donna M. Karte
AUTHORIZED SIGNATURE

Or Payable at
Citibank, FSB Calif. nia

Citibank

⑈0163093934⑈ ⑆031100209⑆ 4007490 1⑈

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

*** INVOICE ***

Date	NO#
05/20/20	69765

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y67C22465

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

Case: vs BEN CLYMERS THE BODY SHOP PERR
Date Of Injury: CT 11/1/99 - 11/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/16	INITIAL EXAM	-DR EDWIN MIRZABEIGI/FRANKE, P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/22/16	INITIAL ACUP	-W/ACUPUNCT MIN CHOI, INITIAL CHIRO TX & -PHYS TX	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/27/16	FOLLOW-UP	-W/ ACUPUNCT CHOI, F/U CHIRO & -PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/29/16	FOLLOW-UP	-W/ ACUPUNCT CHOI, F/U CHIRO & -PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/08/16	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/14/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/27/17	LIEN FIL FEE	LIEN FILING FEE	150.00
10/10/18	PENALTIES	FOR DATE OF SERVICE 06/07/16	34.50
03/12/20	INTEREST	FOR DATE OF SERVICE 06/07/16	92.90
10/10/18	PENALTIES	FOR DATE OF SERVICE 06/22/16	34.50
03/12/20	INTEREST	FOR DATE OF SERVICE 06/22/16	92.90
05/14/20	PMT BY CHECK	DOS 5/5/20* # 131561176 7	-540.00
05/20/20	BLCE OFF SET	BALANCE OFF SET	-1044.80

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

*** INVOICE ***
Date NO#
05/20/20 69765

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y67C22465

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

Case: vs BEN CLYMERS THE BODY SHOP PERR
Date Of Injury: CT 11/1/99 - 11/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

MB 01 002027 68204 B 7 A

002027 1/1

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
11/01/2015	57WE GC4061 Y67C 22465	BEN CLYMERS THE BODY SHOP PERRIS INC		$540.00
Nature of Benefits: Doctor		Nature of Payment: Payment Reason - Doctor	Service Dates 05/05/2020 05/05/2020	$540.00

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

Additional Comments:
full and final settlement of lien based on F&A

Issue Date	05/14/2020	Check Number	131561176 7	Total Check Amount	$540.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

123404110

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

*** INVOICE ***
Date NO#
05/06/20 22962

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
N/A

BILL TO:
UEF/HERMANOS FRUITIFRESCA 2ADR

ATTN: GONZALO AMBROSIO (SSH)
11660 ERWIN STREET
NORTH HOLLYWOOD, CA 91606

Case: vs HERMANOS FRUTI FRESCA
Date Of Injury: 7/29/06

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/06	RE-EVAL	DR ANEL*	180.00
09/13/06	MRI	REF BY DR ANEL: L/S*	150.00
02/01/07	FOLLOW-UP	DR ROSE*	180.00
02/15/07	EMG TESTING	BY DR HERIC: U/L/E*	125.00
02/15/07	NCV	DIAGNOSTIC STUDY INTERP:U/L/E *	125.00
03/08/07	FOLLOW-UP	DR ROSE*	180.00
02/14/07	MRI	REF BY DR ROSE: LT ELBOW*	150.00
04/07/07	FOLLOW-UP	DR HERIC*	180.00
04/12/07	FOLLOW-UP	DR ROSE*	180.00
05/08/07	FOLLOW-UP	DR ROSE*	180.00
07/30/08	PENALTIES	FOR DATE OF SERVICE 9/13/06	22.50
07/30/08	INTEREST	FOR DATE OF SERVICE 9/13/06	33.37
07/30/08	PENALTIES	FOR DATE OF SERVICE 2/15/07	37.50
07/30/08	INTEREST	FOR DATE OF SERVICE 2/15/07	43.40
07/30/08	PENALTIES	FOR DATE OF SERVICE 2/14/07	22.50
07/30/08	INTEREST	FOR DATE OF SERVICE 2/14/07	26.09
12/09/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
04/30/20	PMT BY CHECK	DOS 4/30/20 CASHIER CHECK # 0063910505 JACOB BOR	-1300.00
05/06/20	BLCE OFF SET	BALANCE OFF SET	-615.36

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

*** INVOICE ***
Date NO#
05/06/20 22962

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
N/A

BILL TO:
UEF/HERMANOS FRUITIFRESCA 2ADR

ATTN: GONZALO AMBROSIO (SSH)
11660 ERWIN STREET
NORTH HOLLYWOOD, CA 91606

Case: vs HERMANOS FRUTI FRESCA
Date Of Injury: 7/29/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PRINTED ON LINEMARK PAPER - HOLD TO LIGHT TO VIEW. FOR ADDITIONAL SECURITY FEATURES SEE BACK.

0000639 Office AU # | 11-24 1210(8)

CASHIER'S CHECK

0063910505

Remitter: HERMANOS FRUITFRESCA INC.
Operator I.D.: u667684

PAY TO THE ORDER OF ***JOYCE ALTMAN INTERPRETING***

April 30, 2020

One thousand three hundred dollars and no cents

$1,300.00

Payee Address:
Memo: JOYCE ALTMAN INTERPRETING

WELLS FARGO BANK, N.A.
12160 VICTORY BLVD
NORTH HOLLYWOOD, CA 91606
FOR INQUIRIES CALL (480) 394-3122

VOID IF OVER US $ 1,300.00

Richard Levy
CONTROLLER

Security Features Included

⑈0063910505⑈ ⑆121000248⑆4861 511459⑈

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

*** INVOICE ***
Date NO#
05/22/20 72346

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017013680; 2017022777

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KAREN DEEDS
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs DR J INDUSTRIES dba MOLLYMAIDS
Date Of Injury: 6/16-6/17; 2/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/17	INITIAL EXAM	-DR SHERRY ROSTAMI @ ENHNACED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/01/17	INITIAL EXAM	-DR SHERRY ROSTAMI @ EPC* DOI: 2/5/17	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/07/17	INITIAL ACUP	-W/ ACUPUNCT RHEE @ EPC* DOI: CT 6/16	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/10/17	INITIAL ACUP	-W/ ACUPUNCT YOUN ME RHEE* DOI: 2/5/17	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/17/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: 6/16 - 6/17	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/24/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: 2/5/17	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/28/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: 6/16 - 6/17	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/30/17	INITIAL EXAM	-DR BIPIN BHARATWAL @ EPC* DOI: CT 6/17	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/31/17	PR2/REEVAL	-DR ROSTAMI @ EPC* DOI: CT 6/16	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/05/17	PR2/REEVAL	-DR ROSTAMI @ EPC* DOI: 2/5/17	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/08/17	INITIAL EXAM	-DR ALLEN MASSIHI @ EPC*	230.00

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2017013680; 2017022777

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ATTN: KAREN DEEDS
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs DR J INDUSTRIES dba MOLLYMAIDS
Date Of Injury: 6/16-6/17; 2/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: CT 6/16	
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/11/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 6/17	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/14/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 6/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/21/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/26/17	FOLLOW UP	-PHYSICAL TX W/DR MENDOZA*	90.00
		DOI: CT 6/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/28/17	FOLLOW-UP	-W/ ACUPUNCT YIRYE KANG @ EPC	180.00
		DOI: 6/19/16	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/27/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
		DOI: 2/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/02/17	FOLLOW-UP	-W/ ACUPUNCT YIRYE KANG @ EPC	180.00
		DOI: CT 6/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/05/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: CT 6/19/17	
/ /	INTERPRETER:	ALBERTO VILAGOMEZ # 500341	0.00
10/06/17	PR2/REEVAL	-DR MASSIHI @ EPC*	180.00
		DOI: CT 6/16	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/09/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: 2/17	

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Case: vs DR J INDUSTRIES dba MOLLYMAIDS
Date Of Injury: 6/16-6/17; 2/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/10/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/16/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/23/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: CT 6/19/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/30/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/03/17	PR2/REEVAL	-DR ALLEN MASSIHI @ EPC*	180.00
		(AMENDED)	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/06/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: CT 6/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/08/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
		DOI: CT 6/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ #500341	0.00
11/09/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: CT 6/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/13/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/16/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

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Date Of Injury: 6/16-6/17; 2/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/27/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: CT 6/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/06/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
		DOI: CT 6/17	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/07/17	FOLLOW-UP	-W/ ACUPUNCT KANG @ EPC*	180.00
		DOI: CT 6/17	
/ /	INTERPRETER:	ENRIQUE VALENCIA # 008091	0.00
12/15/17	FOLLOW UP	-PHYSICAL TX W/MENDOZA @ EPC*	90.00
		DOI: 2/5/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/19/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/26/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/04/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
01/11/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/25/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/30/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/31/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00

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P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs DR J INDUSTRIES dba MOLLYMAIDS
Date Of Injury: 6/16-6/17; 2/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: CT 6/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/15/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/22/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/27/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/01/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/02/18	FOLLOW UP	-PHYSICAL TX W/DR MENDOZA*	90.00
		DOI: 2/5/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/06/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: CT 6/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/08/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/12/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 6/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/15/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 2/5/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/19/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 7/17	

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SAN DIEGO, CA 92150

Case: vs DR J INDUSTRIES dba MOLLYMAIDS
Date Of Injury: 6/16-6/17; 2/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/22/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: SP 3/6/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/26/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 7/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/02/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 3/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/09/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 3/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/10/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: CT 7/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/16/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 7/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/19/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 7/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/26/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 7/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/01/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 3/6/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/03/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 3/6/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

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Date Of Injury: 6/16-6/17; 2/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/18	PR2/REEVAL	-DR ROSTAMI @ EPC* DOI: CT 7/17	180.00
/ /	INTERPRETER:	ALBERTO VILAGOMEZ # 500341	0.00
05/10/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: 7/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/29/18	PR2/REEVAL	-DR ROSTAMI @ EPC* DOI: 2/6/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/05/18	PR2/REEVAL	-DR ROSTAMI @ EPC* DOI: CT 7/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/07/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: CT 7/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/21/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: CT 7/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/26/18	PR2/REEVAL	-DR ROSTAMI @ EPC* DOI: 3/17	180.00
/ /	INTERPRETER:	DIANA RODRIGUEZ # 009611	0.00
06/28/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: 3/17	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/12/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: 3/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/18	PR2/REEVAL	-DR ROSTAMI @ EPC* DOI: 3/17	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/19/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00

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DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: 3/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/26/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 7/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/02/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 7/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/07/18	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 3/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/09/18	FINAL ACUPT	-W/ ACUPUNCT RHEE @ EPC*	230.00
		DOI: 3/6/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/13/18	SHOCK WAVE	-THERAPY W/DR MINA LAHIJANI @	150.00
		EPC* DOI: 7/27/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/14/18	FOLLOW UP	-PHYSICAL TX W.DR LAHIJANI @	90.00
		EPC* DOI: CT 7/17	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/21/18	FOLLOW UP	-PHYSICAL TX W/DR LAHIJANI*	90.00
		DOI: 3/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/23/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 7/27/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/27/18	SHOCK WAVE	-THERAPY W/DR LAHIJANI @ EPC*	150.00
		DOI: CT 7/27/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/28/18	FOLLOW UP	-PHYSICAL TX W/DR LAHIJANI*	90.00
		BOTH DOI'S AMENDED	

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DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ #3 100727	0.00
08/30/18	PR2/REEVAL	-DR ROSTAMI @ EPC* DOI: CT 7/27/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/04/18	SHOCK WAVE	-THERAPY W/DR LAHIJANI @EPC* DOI: CT 7/27/17	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/05/18	FINAL P.T.	-FINAL PHYS TX EVAL W/LAHIJAN @EPC* DOI:CT 7/27/17	90.00
/ /	INTERPRETER:	ALBERTO BILLAGOMEZ # 500341	0.00
09/11/18	SHOCK WAVE	-THERAPY W/DR LAHIJANI @ EPC* DOI:CT 7/27/17	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/19/18	PR2/REEVAL	-DR ROSTAMI @EPC* DOI: 3/6/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ #500341	0.00
09/20/18	PR2/REEVAL	-DR ROSTAMI @ EPC* DOI: CT 7/27/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/24/18	FOLLOW UP	-PHYSICAL TX W/DR LAHIJANI* DOI: CT 7/17	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/10/18	FOLLOW UP	-PHYSICAL TX W/DR LAHIJANI* DOI: CT 7/17	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/05/18	FOLLOW UP	-PHYSICAL TX W/DR LAHIJANI* DOI: CT 7/27/17	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/08/18	FINAL P.T.	-FINAL PHYS TX EVAL LAHIJANI* RT WRIST	90.00
/ /	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#
05/22/20 72346

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017013680; 2017022777

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KAREN DEEDS
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs DR J INDUSTRIES dba MOLLYMAIDS
Date Of Injury: 6/16-6/17; 2/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/18	FOLLOW UP	-PHYSICAL TX W/DR LAHIJANI* DOI: CT 7/27/17	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/25/18	PR2/REEVAL	-DR ROSTAMI @ EPC* DOI: CT 7/27/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/30/18	FOLLOW UP	-PHYSICAL TX W/DR LAHIJANI* DOI: CT 7/27/17	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/07/18	FOLLOW UP	-PHYSICAL TX W/DR LAHIJANI* DOI: CT 7/27/17	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/15/18	PR2/REEVAL	DR RON MARINARO @ EPC* TRANSFER OF CARE	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/26/18	FOLLOW UP	PHYSICAL TXY W/DR LAHIJAMI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/27/18	PR2/REEVAL	DR RON MARINARO @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/03/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/05/18	L.I.N.T.	-LOCALIZED INTENSE NEURO-STIMULATION @ EPC	150.00
/ /	-	W/DR LAHIJANI*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/17/18	FOLLOW UP	-PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/20/18	PR2/REEVAL	DR MARINARO @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/19/18	L.I.N.T.	-LOCALIZED INTENSE NEURO-STIMULATION @ EPC	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#
05/22/20 72346

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017013680; 2017022777

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KAREN DEEDS
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs DR J INDUSTRIES dba MOLLYMAIDS
Date Of Injury: 6/16-6/17; 2/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	-	W/DR LAHIJANI*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/02/19	L.I.N.T.	-LOCALIZED INTENSE NEURO-STIMULATION @ ACS	150.00
/ /	-	W/DR LAHIJANI @ EPC*	0.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/03/19	PR2/REEVAL	-W/DR MARINARO @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/07/19	SHOCK WAVE	-THERAPY W/DR LAHIJANI @ EPC*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/16/19	FOLLOW UP	-PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/23/19	L.I.N.T.	-LOCALIZED INTENSE NEURO STIMULATION @ EPC	150.00
/ /	-	W/DR LAHIJANI*	0.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/24/19	PR2/REEVAL	DR MARINARO @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/04/19	SHOCK WAVE	-THERAPY W/DR LAHIJANI @ EPC* RT HAND	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/06/19	FOLLOW UP	-PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/09/19	LIEN FIL FEE	LIEN FILING FEE	150.00
08/22/19	PENALTIES	FOR DATE OF SERVICE 07/27/17	34.50
07/15/20	INTEREST	FOR DATE OF SERVICE 07/27/17	76.02
08/22/19	PENALTIES	FOR DATE OF SERVICE 08/01/17	34.50
07/15/20	INTEREST	FOR DATE OF SERVICE 08/01/17	76.02
08/22/19	PENALTIES	FOR DATE OF SERVICE 08/07/17	34.50
07/15/20	INTEREST	FOR DATE OF SERVICE 08/07/17	76.02
08/22/19	PENALTIES	FOR DATE OF SERVICE 08/10/17	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#
05/22/20 72346

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2017013680; 2017022777

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KAREN DEEDS
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs DR J INDUSTRIES dba MOLLYMAIDS
Date Of Injury: 6/16-6/17; 2/5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/20	INTEREST	FOR DATE OF SERVICE 08/10/17	76.02
08/22/19	PENALTIES	FOR DATE OF SERVICE 08/30/17	34.50
07/15/20	INTEREST	FOR DATE OF SERVICE 08/30/17	75.44
08/22/19	PENALTIES	FOR DATE OF SERVICE 09/08/17	34.50
07/15/20	INTEREST	FOR DATE OF SERVICE 09/08/17	75.07
08/22/19	PENALTIES	FOR DATE OF SERVICE 08/09/18	34.50
07/15/20	INTEREST	FOR DATE OF SERVICE 08/09/18	50.65
08/22/19	PENALTIES	FOR DATE OF SERVICE 09/05/18	13.50
07/15/20	INTEREST	FOR DATE OF SERVICE 09/05/18	18.72
08/22/19	PENALTIES	FOR DATE OF SERVICE 10/08/18	13.50
07/15/20	INTEREST	FOR DATE OF SERVICE 10/08/18	17.81
05/14/20	PMT BY CHECK	DOS 7/27/17-6/4/19* # 3112480	-2000.00
05/22/20	BLCE OFF SET	BALANCE OFF SET	-17640.27

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: 05/14/2020
Check Number: 3112480
Check Amount: $2,000.00

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,YNH1HP

YNH1HP

11/9/18 3:44 PM 3 0000465 20200515 PE4AH101 JOP-FEC 1 oz DOM PE4AH10000* 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
2017013680		07/27/2017		180	07/27/2017	06/04/2019	$2,000.00

Category	Stub Notes	Stub Amount
180	Full & Final satisfaction for all dates of services including all penalties & interests.	$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#
05/15/20 75371

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC6058-D73475

BILL TO:
LIBERTY/HELMSMAN (ROCKLIN)
W. C. DEPARTMENT
ATTN: DAVID MINAMI
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs CLINCA DE LOS ANGELES MED GRP
Date Of Injury: 6/20/01 - 10/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/19	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SVCS*	230.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
05/11/20	PMT BY CHECK	DOS 2/1/19* =# 0083578807	-230.00

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

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman
Management Services LLC

B. CODE
298

CHECK REFERENCE	CHECK DATE
0083578807	05/11/20
CHECK AMOUNT	BLOCK NUMBER
****$230.00	002337

OSN: MM0801051102-002337
BANK: 298
CHECK REF: 0083578807 DATE: 05/11/20 AMT: 230.0
INTERNAL BILL NO: 126274508 MSR: N0077377
CUST/EXTERNAL BILL NO: 2000691117
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-D73475 HOD
CONTRACT NO: WP8-65B-290306-296
DOCUMENT NO: 5429443

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 75371
SSN:
DOI: 03/01/17
PATIENT:

PROVIDER: DR ARBI MIRZAIANS PHYSICAL REH

EMPLOYER: ADP TOTALSOURCE FL XVI, INC.
ADDRESS: 4301 S. FIGUEROA ST
SUITE F
LOS ANGELES, CA 90037
LOCATION CODE: 95ENCTS

AGENCY CLAIM #(BOARD COMM #): 201810031210348342888
DIAG CODES: T14.90

DATES OF SERVICE: 02/01/19-02/01/19
AUDIT DATE: 05/08/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
02/01/19	T1013		SIGN LANG/ORAL INTERPRETE							
02/01/19	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	230.00	230.00	N/A	0.00	230.00 G1	4917

TOTAL CHARGES:	230.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	230.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	230.00

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 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)

CAREFULLY DETACH CHECK BEFORE DEPOSITING

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

*** INVOICE ***
Date NO#
05/04/20 67009

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
08/24/2015

BILL TO:
UEF/EL CAMINO BAR
W. C. DEPARTMENT
ATTN: MANAGER/OWNER
7701 SANTA FE AVE.
HUNTINGTON PARK, CA 90255

Case: vs EL CAMINO BAR
Date Of Injury: 9/13/04; 2/26/05

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/06	WCAB LB	EXPEDITED HEARING	147.00
09/14/06	WCAB LB	FULL DAY TRIAL	294.00
05/14/07	INITIAL EXAM	DR HERIC*	230.00
05/21/07	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC*	150.00
06/11/07	WCAB LB	MSC	147.00
08/09/07	WCAB LB	MSC	147.00
02/14/08	PSYCH TEST	PSYCHOMETRIC TESTING (4 HRS) BY UNIV PSYCH MED	300.00
07/24/08	WCAB LB	MSC	156.50
04/26/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/08/10	WCAB LB	STATUS CONFERENCE CARMEN GUZMAN 100585	156.50
09/28/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
08/22/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/20/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
07/20/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
07/22/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/21/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/01/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/19/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/18/17	PENALTIES	FOR DATE OF SERVICE 7/13/06	22.05
01/17/18	INTEREST	FOR DATE OF SERVICE 7/13/06	44.22
10/18/17	PENALTIES	FOR DATE OF SERVICE 9/14/06	44.10
01/17/18	INTEREST	FOR DATE OF SERVICE 9/14/06	82.44
10/18/17	PENALTIES	FOR DATE OF SERVICE 6/11/07	22.05

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

*** INVOICE ***
Date NO#
05/04/20 67009

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
08/24/2015

BILL TO:
UEF/EL CAMINO BAR
W. C. DEPARTMENT
ATTN: MANAGER/OWNER
7701 SANTA FE AVE.
HUNTINGTON PARK, CA 90255

Case: vs EL CAMINO BAR
Date Of Injury: 9/13/04; 2/26/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/17/18	INTEREST	FOR DATE OF SERVICE 6/11/07	41.22
10/18/17	PENALTIES	FOR DATE OF SERVICE 8/9/07	22.05
01/17/18	INTEREST	FOR DATE OF SERVICE 8/9/07	41.22
10/18/17	PENALTIES	FOR DATE OF SERVICE 7/24/08	23.48
01/17/18	INTEREST	FOR DATE OF SERVICE 7/24/08	43.88
10/18/17	PENALTIES	FOR DATE OF SERVICE 4/26/10	23.48
01/17/18	INTEREST	FOR DATE OF SERVICE 4/26/10	43.88
10/18/17	PENALTIES	FOR DATE OF SERVICE 9/8/10	23.48
01/17/18	INTEREST	FOR DATE OF SERVICE 9/8/10	43.88
10/18/17	PENALTIES	FOR DATE OF SERVICE 9/28/11	23.48
01/17/18	INTEREST	FOR DATE OF SERVICE 9/28/11	43.88
10/18/17	PENALTIES	FOR DATE OF SERVICE 8/22/12	23.48
01/17/18	INTEREST	FOR DATE OF SERVICE 8/22/12	43.88
10/18/17	PENALTIES	FOR DATE OF SERVICE 2/20/13	23.48
01/17/18	INTEREST	FOR DATE OF SERVICE 2/20/13	43.88
10/18/17	PENALTIES	FOR DATE OF SERVICE 7/22/15	23.48
01/17/18	INTEREST	FOR DATE OF SERVICE 7/22/15	43.88
10/18/17	PENALTIES	FOR DATE OF SERVICE 10/21/15	23.48
01/17/18	INTEREST	FOR DATE OF SERVICE 10/21/15	41.12
10/18/17	PENALTIES	FOR DATE OF SERVICE 6/1/16	23.48
01/17/18	INTEREST	FOR DATE OF SERVICE 6/1/16	29.98
10/18/17	PENALTIES	FOR DATE OF SERVICE 7/19/17	23.48
01/17/18	INTEREST	FOR DATE OF SERVICE 7/19/17	9.62
10/18/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/17/18	PENALTIES	FOR DATE OF SERVICE 10/18/17	23.48
01/17/18	INTEREST	FOR DATE OF SERVICE 10/18/17	4.83
01/24/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
02/26/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	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#
05/04/20 67009

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
08/24/2015

BILL TO:
UEF/EL CAMINO BAR
W. C. DEPARTMENT
ATTN: MANAGER/OWNER
7701 SANTA FE AVE.
HUNTINGTON PARK, CA 90255

Case: vs EL CAMINO BAR
Date Of Injury: 9/13/04; 2/26/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
08/29/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/06/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/17/19	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
07/31/19	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/13/19	PENALTIES	FOR DATE OF SERVICE 05/14/07	34.50
11/13/19	INTEREST	FOR DATE OF SERVICE 05/14/07	111.23
11/13/19	PENALTIES	FOR DATE OF SERVICE 05/21/07	22.50
11/13/19	INTEREST	FOR DATE OF SERVICE 05/21/07	72.54
11/13/19	PENALTIES	FOR DATE OF SERVICE 02/14/08	45.00
11/13/19	INTEREST	FOR DATE OF SERVICE 02/14/08	145.09
04/30/20	PMT BY CHECK	DOS 4/30/20 # 1074 ROBERT ROBIN & ASS	-3902.00
05/04/20	BLCE OFF SET	BALANCE OFF SET	-2081.20

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 **

ROBERT ROBIN & ASSOCIATES
CLIENT TRUST ACCOUNT
131 N EL MOLINO AVE STE 120
PASADENA, CA 91101-1878

1074
16-24/1220 4392
9041162265

DATE 4.30.20

PAY TO THE ORDER OF Joyce Altman/Interpreter $ 3,902.00

Three Thousand Nine Hundred Two 00/100 DOLLARS

Security Features Details on Back

WELLS FARGO Wells Fargo Bank, N.A.
California
wellsfargo.com

FOR Settlement of Lien vs Camino Club

⑈000001074⑈ ⑆122000247⑆ 9041162265⑈

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

*** INVOICE ***
Date NO#
05/27/20 76413

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55C500826

BILL TO:
SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: NATHAN MATULEWICZ
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs FLEXSTEEL INDUSTRIES INC
Date Of Injury: 4/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/12/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA 003693	0.00
07/17/19	INITIAL ACUP	W/ACUPUNCT MIN CHOI, F/U CHIRO & PT W/DR HA*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MAWRIA BARBOSA # 500267	0.00
08/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/23/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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#
05/27/20 76413

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55C500826

BILL TO:
SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: NATHAN MATULEWICZ
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs FLEXSTEEL INDUSTRIES INC
Date Of Injury: 4/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/07/19	PMT BY CHECK	DOS 7/10/19-8/23/19* =# 49110191	-990.00
10/14/19	PMT BY CHECK	DOS 9/13/19* =# 49125134	-90.00
04/22/20	LIEN FIL FEE	LIEN FILING FEE	150.00
05/21/20	PMT BY CHECK	DOS 7/10/19-9/13/19* # 49649992	-950.00
05/27/20	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 **

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49110191

0000059

Sentry

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

ICN: 01CA-450490
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
071019 THRU 071019
ACCT#76413

PAID
OCT 16 2019
BY:.....

REFERENCE NO.: 112438095
EMPLOYEE/PATIENT:

CL NO. 55C500826
NOT NEGOTIABLE
$******990.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76413

1 00001 0000059 19280 N AC 0 191007104120.9400 00270200443523918706927814165 65 55C500826

656B ▼ Detach Here ▼ (10/1

Sentry CLAIM ACCOUNT No. 49110191

56-382 412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C500826	04/25/19	FLEXSTEEL INDUSTRIES, INC	10/07/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76413	$******990.00

NINE HUNDRED NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Void if not cashed

⑈49110191⑈ ⑆041203824⑆ 9600031681⑈

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 49125134

0000023

Sentry

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

ICN: 01CA-453258
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
091319 THRU 091319
ACCT#76413

OCT 2 2 2019

REFERENCE NO.: 112456926
EMPLOYEE/PATIENT:

CL NO. 55C500826
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#76413

1 00001 0000023 19287 N AC 0 191014103837.9400 00270200443525025841927814165 65 55C500826

20-656B ▼ Detach Here ▼ (10/13)

Sentry CLAIM ACCOUNT

No. 49125134

56-382 / 412 WELLS FARGO BANK, N.A.

VOID VOID VOID VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C500826	04/25/19	FLEXSTEEL INDUSTRIES, INC	10/14/19

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#76413	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bkassie

⑈49125134⑈ ⑆041203824⑆ 9600031681⑈

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No.49649992

0000984

Sentry

M

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

MAY 2020

PAYMENT PER STIPULATION TO PAY LIEN CLAIMANT

76413

REFERENCE NO.: 113032258
EMPLOYEE/PATIENT:

CL NO. 55C500826
NOT NEGOTIABLE
$******950.00

THIS PAYMENT COVERS -- 071019 THRU 091319 ACCT#

1 00001 0000984 20142 N A 0 200521105459.9400 00270200443560801465927814165 65 55C500826

20-656B

▼ Detach Here ▼ (10/1

Sentry

CLAIM ACCOUNT

No.49649992

56-382
412

WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C500826	04/25/19	FLEXSTEEL INDUSTRIES, INC	05/21/20

PAYMENT COVERS	AMOUNT
071019 THRU 091319 ACCT#	$******950.00

NINE HUNDRED FIFTY AND NO/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE A MUTUAL COMPANY

Dale Bukowski

⑈4964999 2⑈ ⑆041203824⑆ 9600031684⑈

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

*** INVOICE ***
Date NO#
05/06/20 73791

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06331018

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: AZAT ASCHIAN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs BAYSIDE CONSTRUCTION
Date Of Injury: 11/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/18	INITIAL EXAM	DR BARRY LEROY MARKS @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/09/18	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/18/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/20/18	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/05/18	FOLLOW-UP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/17/18	PR2/REEVAL	DR KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/28/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/09/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/13/19	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/15/19	LIEN FIL FEE	LIEN FILING FEE	150.00
12/10/19	PENALTIES	FOR DATE OF SERVICE 04/11/18	34.50
04/14/20	INTEREST	FOR DATE OF SERVICE 04/11/18	43.70
12/10/19	PENALTIES	FOR DATE OF SERVICE 03/13/19	34.50
04/14/20	INTEREST	FOR DATE OF SERVICE 03/13/19	28.70
05/04/20	PMT BY CHECK	DOS 10/15/19* # CU-466615	-1720.00
05/06/20	BLCE OFF SET	BALANCE OFF SET	-291.40

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

*** INVOICE ***

Date	NO#
05/06/20	73791

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
06331018

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: AZAT ASCHIAN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs BAYSIDE CONSTRUCTION
Date Of Injury: 11/16/17

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)

M

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

Provider Number: XXXXX6713

Check #: **CU-466615**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/04/20
Doc #: 035384157

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06331018		**Date of Injury:** 11/16/17		
SSN:	Employer name: BAYSIDE CONSTRUCTION				Employer ID: 0000009021304170				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-20802689	10/15/19	MDS10	Settlement For Dispu	1	1,870.00	150.00	G5 375	1,720.00
					Total Allowances:				**$1,720.00**

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"

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

*** INVOICE ***
Date NO#
05/08/20 73774

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WCCW17005264

BILL TO:
MEADOWBROOK INS (KANSAS CITY)
W. C. DEPARTMENT
ATTN: JASON CARSON
P.O. BOX 219559
KANSAS CITY, MO 64121

Case: vs 4 LEAF LABOR CONTRACTOR
Date Of Injury: 5/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/18	INITIAL ACUP	-W/ ACUPUNCT YOUN ME RHEE @ ENHANCED PRECISION*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/19/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/26/18	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/03/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/21/19	PENALTIES	FOR DATE OF SERVICE 4/16/18	34.50
03/11/20	INTEREST	FOR DATE OF SERVICE 4/16/18	45.73
10/23/19	LIEN FIL FEE	LIEN FILING FEE	150.00
05/05/20	PMT BY CHECK	DOS 4/16/18-5/3/20* CK# 1994655	-770.00
05/08/20	BLCE OFF SET	BALANCE OFF SET	-230.23

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 **

Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Date Issued	Check No.	1994655
5/5/2020	Bank of America	70-2328 / 719 IL

Payee: JOYCE ALTMAN INTERPRETERS INC

Insured / Memo	Claimant Name / Service Date(s)	Claim Number / Loss Date	AMOUNT
RAMOS, JESUS (AN INDIVIDUAL)			
LIEN RESOLUTION. FULL AND FINAL.	4/16/2018-5/3/2020	WCCW17005264 / 5/18/2017	770.00

CHECK TOTAL: ********$770.00

THIS DOCUMENT CONTAINS VARIOUS SECURITY FEATURES INCLUDING HEAT SENSITIVE INK, MICROPRINTING AND A TRUE PAPER MACHINE WATERMARK

Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Bank of America 70-2328 / 719 IL

VOID AFTER SIX MONTHS

CHECK DATE	CHECK NO.
05/05/2020	1994655

CHECK AMOUNT
********$770.00

PAY TO THE ORDER OF:
JOYCE ALTMAN INTERPRETERS INC

Seven hundred seventy and xx / 100 Dollars

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

HEAT SENSITIVE RUB AREA TO VERIFY

VOID OVER $ 770.00

⑈01994655⑈ ⑆071923284⑆ 876551706 6⑈

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

*** INVOICE ***
Date NO#
05/05/20 40952

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1520BCHP8854-F

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: ELIZABETH SMITH X4293
P.O. BOX 660055
DALLAS, TX 75266

Case: vs WESTERN TRUCK & TRAILER
Date Of Injury: 3/2/06

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/10	MRI	REF BY DR SUUTARI: C/S @ CALIFORNIA IMAGING*	150.00
/ /	INTERPRETER:	ALFREDO LANDEROS # 100753	0.00
07/02/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/14/15	LEGAL_WCAB	MSC RATING @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/21/15	PMT BY CHECK	DOS 12/15/10-4/14/15* # 891A 86241140	-463.00
11/03/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
12/29/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
01/11/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/14/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/19/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/22/17	LEGAL_WCAB	STATUS CONF @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/05/17	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/02/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/08/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
06/01/18	PENALTIES	FOR DATE OF SERVICE 07/02/13	23.48
06/01/18	INTEREST	FOR DATE OF SERVICE 07/02/13	88.02
06/01/18	PENALTIES	FOR DATE OF SERVICE 04/14/15	23.48
06/01/18	INTEREST	FOR DATE OF SERVICE 04/14/15	54.93
06/01/18	PENALTIES	FOR DATE OF SERVICE 11/03/15	23.48

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

*** INVOICE ***
Date NO#
05/05/20 40952

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1520BCHP8854-F

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: ELIZABETH SMITH X4293
P.O. BOX 660055
DALLAS, TX 75266

Case: vs WESTERN TRUCK & TRAILER
Date Of Injury: 3/2/06

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/18	INTEREST	FOR DATE OF SERVICE 11/03/15	46.05
06/01/18	PENALTIES	FOR DATE OF SERVICE 01/11/16	23.48
06/01/18	INTEREST	FOR DATE OF SERVICE 01/11/16	42.60
06/01/18	PENALTIES	FOR DATE OF SERVICE 03/14/16	23.48
06/01/18	INTEREST	FOR DATE OF SERVICE 03/14/16	39.55
06/01/18	PENALTIES	FOR DATE OF SERVICE 09/19/16	23.48
06/01/18	INTEREST	FOR DATE OF SERVICE 09/19/16	30.13
06/01/18	PENALTIES	FOR DATE OF SERVICE 02/22/17	23.48
06/01/18	INTEREST	FOR DATE OF SERVICE 02/22/17	22.53
06/01/18	PENALTIES	FOR DATE OF SERVICE 04/05/17	23.48
06/01/18	INTEREST	FOR DATE OF SERVICE 04/05/17	20.41
06/01/18	PENALTIES	FOR DATE OF SERVICE 01/02/18	23.48
06/01/18	INTEREST	FOR DATE OF SERVICE 01/02/18	7.10
06/01/18	PENALTIES	FOR DATE OF SERVICE 03/08/18	23.48
06/01/18	INTEREST	FOR DATE OF SERVICE 03/08/18	3.80
09/20/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/06/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/17/19	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/21/20	LEGAL_WCAB	TRIAL @ WCAB LBO	195.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/05/20	COSTS	ADD'L COSTS AWARDED	1493.58
05/01/20	PMT BY CHECK	DOS 4/24/20* # 891A 91133374	-4100.00

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

*** INVOICE ***
Date NO#
05/05/20 40952

EAMS#(s)

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1520BCHP8854-F

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: ELIZABETH SMITH X4293
P.O. BOX 660055
DALLAS, TX 75266

Case: vs WESTERN TRUCK & TRAILER
Date Of Injury: 3/2/06

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 **

018681

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SA09276

891A 86241140

TRAVELERS

DATE: 05/21/15
LOSS DATE: 03/02/06
FILE NUMBER: 158 CB CHP8854 F

EMPLOYEE

ACCOUNT NAME:
UNIGROUP INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 12/15/2010 TO: 04/14/2015

TOTAL PAID: $463.00
TAX INFO: 330956713331748 1Y
PAY MISC: 40952
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

RECEIVED MAY 27 2015

FOR ADDITIONAL INFORMATION, CONTACT: ELIZABETH Y SMITH AT (925)945-4293

141009405
DETACH CHECK

UNSUMM 111311
OVRPONS2 121295
DETACH CHECK

000179

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SE00038

891A 91133374

TRAVELERS

DATE: 05/01/20
LOSS DATE: 03/02/06
FILE NUMBER: 152 CB CHP8854 F
REFERENCE #: 1025557755SW
EMPLOYEE

ACCOUNT NAME:
UNIGROUP INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 04/24/20

TOTAL PAID: $4100.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
MAY 05 2020

FOR ADDITIONAL INFORMATION, CONTACT: JEANNETTE MENDEZ AT (909)612-3811

122014011
DETACH CHECK

UNSUMM -1113
OVRPUNS2-1212
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#
05/14/20 71550

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E9H0756

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

Case: vs ACTIVE USA
Date Of Injury: 3/11/17*

DOS	SERVICE	DESCRIPTION	AMOUNT
03/27/17	INITL CHIRO	TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942 DOI: BOTH	0.00
03/29/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO* DOI: BOTH	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
04/03/17	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG* DOI: BOTH	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/05/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO* DOI: BOTH	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/10/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG* DOI: BOTH	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/17/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG* DOI: CT 4/16-3/17	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
04/21/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG* DOI: 3/11/17	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/28/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG* DOI: CT 4/16 - 3/17	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
05/01/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG* DOI: CT 4/16 - 3/17	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
05/05/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG* DOI: BOTH	90.00
/ /	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#
05/14/20	71550

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E9H0756

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

Case: vs ACTIVE USA
Date Of Injury: 3/11/17*

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG* DOI: BOTH	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/21/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG* DOI: BOTH	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/26/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG* DOI: BOTH	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
02/12/18	INITIAL EXAM	-DR ARBI MIRZAIANS @ PHSYICAL REHAB SERVICES	258.75
/ /	-	(2HRS 20MINS) BOTH DOI'S	0.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/14/18	PR2/REEVAL	-DR MIRZAIANS @ PHYSICAL REHAB SVCS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/17/18	PR2/REEVAL	-DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/22/18	PR2/REEVAL	-DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/26/18	PR2/REEVAL	-DR MIRZAIANS @ PHYS REHAB* BOTH DOI'S	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/24/18	PR2/REEVAL	-DR MIRZAIANS @ PHYS REHAB* CT	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/29/18	PR2/REEVAL	-DR MIRZAIANS @ PHYS REHAB* DOI: 3/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/10/18	PR2/REEVAL	-DR MIRZAIANS @ PHYS REHAB* BOTH DOI'S	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#
05/14/20 71550

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E9H0756

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

Case: /s ACTIVE USA
Date Of Injury: 3/11/17*

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/14/18	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL W/D ABGARYAN* FINAL - CT	150.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/19/18	PR2/REEVAL	-DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/09/19	P AND S	W/DR MIRZAIANS @ PHYS REHAB*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/04/19	LIEN FIL FEE	LIEN FILING FEE	150.00
05/08/20	PMT BY CHECK	DOS 4/30/20* # 891A 91147920	-3578.75

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

SD04413

891A 91147920 M

TRAVELERS

DATE: 05/08/20
LOSS DATE: 03/11/17
FILE NUMBER: 152 CB E9H4762 H
REFERENCE #: 1025596448SW
EMPLOYEE

ACCOUNT NAME:
ACTIVE USA INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 04/30/20

TOTAL PAID: $3578.75
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: JESSECA N SOLORZANO AT (909)612-3074

129014223
DETACH CHECK

UNSUMM -11131
OVRPUNS2-12129
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#
05/28/20 77438

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
FND1672

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

Case: vs LAZY BOY MFG, INC. (LZB)
Date Of Injury: 9/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/16/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	JONATHAN GOMEZ # 102743	0.00
12/18/19	F/U CHIRO TX	CHIRO TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/20/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/23/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/27/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/30/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	JONATHAN GOMEZ # 102743	0.00
01/03/20	INITIAL ACUP	W/ACUPUNCT MIN CHOI,F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/06/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS W/DR HA @ SIDHU	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/08/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/13/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/22/20	PMT BY CHECK	DOS 5/15/20* # 903A 67401622	-1260.00

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

*** INVOICE ***
Date NO#
05/28/20 77438

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
FND1672

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

Case: vs LAZY BOY MFG, INC. (LZB)
Date Of Injury: 9/13/19

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 **

002279

CSS LLC - DIAMOND BAR CL CLAIM
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SD00485

903A 67401622

Constitution State Services

DATE: 05/22/20
LOSS DATE: 09/13/19
FILE NUMBER: 152 CB FND1672 F
REFERENCE #: 1025686955SW
EMPLOYEE

ACCOUNT NAME:
LA-Z-BOY INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

LA-Z-BOY INCORPORATED

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 05/15/20

TOTAL PAID: $1260.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: JEANNETTE MENDEZ AT (909)612-3811

143011919
DETACH CHECK

UNSUMM -11131
OVRPUNS2-12129
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#
05/27/20	71427

EAMS#(s).

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080352971; 2080350643

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

Case: vs PERSONNEL STAFFING GROUP LLC
Date Of Injury: 3/16/16;6/06-5/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/17	INITIAL EXAM	DR EDWIN MIRZABEIGI/ANDREW MILES @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/08/17	PR2/REEVAL	DR MIRZABEIGI/DAVE FRANKE, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/04/17	PR2/REEVAL	DR MIRZABEIGI/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/01/17	PR2/REEVAL	DR GOUBRAN/TRUJILLO,PA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L MEDINA # 003693	0.00
08/03/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/25/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/26/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/20/17	F/U CHIRO TX	CHIRO & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/30/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
05/27/20 71427

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080352971; 2080350643

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

Case: vs PERSONNEL STAFFING GROUP LLC
Date Of Injury: 3/16/16;6/06-5/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/04/18	PR2/REEVAL	DR RAFLA/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/15/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/01/18	PR2/REEVAL	DR AMIR FRIEDMAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/26/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/18	PR2/REEVAL	DR JOHN XIAO-JIANG QIAN/SAID MATIN @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BABOSA # 500267	0.00
03/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/26/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/02/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/12/18	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
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*** INVOICE ***
Date NO#
05/27/20 71427

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Terms: 60 days
Claim #(s):
2080352971; 2080350643

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

Case: vs PERSONNEL STAFFING GROUP LLC
Date Of Injury: 3/16/16;6/06-5/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/23/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/30/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/17/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	DIANA RODRIGUEZ # 009611	0.00
05/21/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/04/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/14/18	PR2/REEVAL	DR QIAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/18/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/25/18	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:	ELISA LOPEZ MEDINA # 003693	0.00
07/09/18	FOLLOW-UP	W/ ACUPUNCT WOO-HEE CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/02/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/06/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/13/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
05/27/20 71427

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080352971; 2080350643

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

Case: vs PERSONNEL STAFFING GROUP LLC
Date Of Injury: 3/16/16;6/06-5/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/27/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/06/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BAROSA # 500267	0.00
10/04/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/08/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/15/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/01/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI # SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI # SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
11/26/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/06/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
05/27/20 71427

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080352971; 2080350643

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

Case: vs PERSONNEL STAFFING GROUP LLC
Date Of Injury: 3/16/16;6/06-5/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/18/20	LIEN FIL FEE	LIEN FILING FEE	150.00
05/20/20	PMT BY CHECK	DOS 4/25/17-5/15/20* # 1102302974	-8000.00
05/27/20	BLCE OFF SET	BALANCE OFF SET	-3140.00

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 **

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

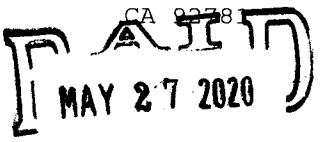
1010065400654

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

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

JOYCE ALTMAN INTERP
PO BOX #4165
TUSTIN CA 92781

00654



PV. .....

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0352971 001 ZM	WC 4664773			03/16/16	04/25/17-05/15/20

Check Number	1102302974	**Date Issued**	05/20/20	**Amount**	$**8,000.00
Insured	Personnel Staffing Group				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERP PO BOX #4165				
Requested By	Sandeep Gaud				
File Supervisor	Gloria Holmes	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	8,000.00		
TOTAL	**$8000.00**		

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

*** INVOICE ***
Date NO#
05/27/20 73049

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080336448; 2700409085

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

Case: vs RONPAK INC
Date Of Injury: 4/8/16; 1/16 - 1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/07/17	INITIAL EXAM	DR MICHAEL PRICE/JOE TRUJILLO @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/04/18	PR2/REEVAL	DR ATEF RAFLA/GARET DAVIS @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/01/18	PR2/REEVAL	DR AMIR FRIEDMAN/DAVE FRANKE @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/22/18	PR2/REEVAL	DR JIANG QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/24/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/02/18	PR2/REEVAL	DR JOHN XIANG TIAN QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/15/18	P AND S	DR QIAN/FRANKE @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/11/20	LIEN FIL FEE	LIEN FILING FEE	150.00
05/20/20	PMT BY CHECK	DOS 2/24/17-5/11/20* # 1102303100	-1000.00
05/27/20	BLCE OFF SET	BALANCE OFF SET	-510.00

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

*** INVOICE ***
Date NO#
05/27/20 73049

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080336448; 2700409085

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

Case: vs RONPAK INC
Date Of Injury: 4/8/16; 1/16 - 1/17

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 **

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

1010077800778

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

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JOYCE ALTMAN INTERP
PO BOX 4165
TUSTIN CA 92781

00778

RECEIVED
MAY 27 2020
BY: .....

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
270-0409085 001 XH	WC 0174628			05/31/16	02/24/17-05/11/20

Check Number	1102303100	**Date Issued**	05/20/20	**Amount**	$**1,000.00
Insured	Ronpak, Inc.				
Claimant					
Nature of Payment	FULL & FINAL				
Issued To	JOYCE ALTMAN INTERP PO BOX 4165				
Requested By	Vineet Sharma				
File Supervisor	Jeremy Lau	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,000.00		

TOTAL $1000.00

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

*** INVOICE ***
Date NO#
05/18/20 74145

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2010341663

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

Case: vs A R E INC DBA NAGILA REST.
Date Of Injury: 5/31/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIROPRACTIC*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/20/18	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/22/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/25/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/29/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/09/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/11/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/23/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/30/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/06/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/13/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/17/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/24/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/22/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/27/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00

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

*** INVOICE ***
Date NO#
05/18/20 74145

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2010341663

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

Case: vs A R E INC DBA NAGILA REST.
Date Of Injury: 5/31/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/07/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/10/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/24/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/01/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
10/05/18	MED-LEGAL	EVAL W/DR GOFNUNG @ GONFUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/24/20	LIEN FIL FEE	LIEN FILING FEE	150.00
05/18/20	MISC	ADDITIONAL MONIES RECEIVED	340.00
05/13/20	PMT BY CHECK	DOS 6/13/18-4/22/20* # 1102299194	-2700.00

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 **

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

101006530065 3

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

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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00653

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0341663 001 ZM	WC 5470761			05/31/18	06/13/18-04/22/20

Check Numbe.	1102299194	Date Issued	05/13/20	Amount	$**2,700.00
Insured	CPE HR Inc @ A R & E Inc dba Nagila Restaurant				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sushil Kumar Sharma				
File Supervisor	Gloria Holmes	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,700.00		
TOTAL	$2700.00		

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

*** INVOICE ***
Date NO#
05/27/20 74206

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2010345468001

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

Case: vs A R E INC DBA NAGILA RESTAURAN
Date Of Injury: 5/31/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	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
06/29/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/02/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/09/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/16/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/23/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/30/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/25/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/01/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/06/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/08/18	F/U CHIRO TX	CHIRO TX GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/13/18	F/U CHIRO TX	CHIRO TX KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/15/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET 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#
05/27/20 74206

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2010345468001

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

Case: vs A R E INC DBA NAGILA RESTAURAN
Date Of Injury: 5/31/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/29/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/26/18	MED-LEGAL	EVAL W/DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/01/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/29/19	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/10/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/21/20	PMT BY CHECK	DOS 7/11/18-5/19/20* # 1102303294	-2200.00
05/27/20	BLCE OFF SET	BALANCE OFF SET	-330.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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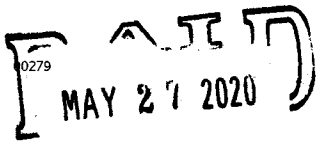
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781



PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0345468 001 ZM	WC 5470761	ADJ11355019		05/31/18	07/11/18-05/19/20

Check Number	1102303294	**Date Issued**	05/21/20	**Amount**	$**2,200.00
Insured	CPE HR Inc @ A R & E Inc dba Nagila Restaurant				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS PO BOX 4165				
Requested By	Sushil Kumar Sharma				
File Supervisor	Gloria Holmes	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,200.00		
TOTAL	**$2200.00**		

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

*** INVOICE ***
Date NO#
05/27/20 74727

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080367831

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

Case: vs THE MERCHANT OF TENNIS
Date Of Injury: 9/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/18	INITL CHIRO	& PHYS THEREPY W/DR CHRISTINE HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA #003693	0.00
10/03/18	INITIAL ACUP	W/ ACUPUNCT CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA #500267	0.00
10/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/24/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/26/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/31/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/02/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/09/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/16/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	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#
05/27/20 74727

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080367831

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

Case: vs THE MERCHANT OF TENNIS
Date Of Injury: 9/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/03/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/10/18	FOLLOW-UP	W/ ACUPUNCT DR HA /PR2 CHIRO PR2 PHSY THERAPY	180.00
/ /	-	@ SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
12/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/26/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/02/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ 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#
05/27/20	74727

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080367831

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

Case: vs THE MERCHANT OF TENNIS
Date Of Injury: 9/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/28/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/19/19	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#
05/27/20 74727

EAMS#(s):

SS # : XXX-XX
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2080367831

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

Case: vs THE MERCHANT OF TENNIS
Date Of Injury: 9/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/24/19	FOLLOW-UP	W/ ACUPUNCT CHIO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELIAS L. MEDINA # 003693	0.00
06/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ 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#
05/27/20	74727

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080367831

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

Case: vs THE MERCHANT OF TENNIS
Date Of Injury: 9/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/18/19	PR2/REEVAL	DR MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/23/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
05/27/20 74727

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080367831

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

Case: vs THE MERCHANT OF TENNIS
Date Of Injury: 9/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/20/20	LIEN FIL FEE	LIEN FILING FEE	150.00
05/20/20	PMT BY CHECK	DOS 10/12/18-5/15/20* # 1102303176	-9700.00
05/27/20	BLCE OFF SET	BALANCE OFF SET	-4450.00

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 **

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

1010085400854

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

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

00854

BY: .....

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0367831 001 ZM	WC 0134304	ADJ11528262		09/07/18	10/12/18-05/15/20

Check Number	1102303176	**Date Issued**	05/20/20	**Amount**	$**9,700.00
Insured	The Merchant of Tennis				
Claimant					
Nature of Payment	FULL & FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Ashwani Jain				
File Supervisor	Gloria Holmes	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	9,700.00		
TOTAL	**$9700.00**		

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

*** INVOICE ***
Date NO#
05/27/20 76956

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
20803750004

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

Case: vs SWAT FAME, INC.
Date Of Injury: 9/1/01 - 8/26/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/27/19	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	230.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/10/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/17/19	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/18/19	INITIAL PSYC	EVAL ANTHONY FRANCISCO, PH.D. @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/24/19	FOLLOW-UP	W/ACUPUNCT SEONG K LIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/31/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/07/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/08/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 005511585	0.00
11/14/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
11/25/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/09/19	FOLLOW-UP	W/ ACUPUNCT TAE GON KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K. CALDERON #101897	0.00
12/20/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/23/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/16/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	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#
05/27/20 76956

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
20803750004

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

Case: vs SWAT FAME, INC.
Date Of Injury: 9/1/01 - 8/26/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/17/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/23/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/30/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/31/20	PR2/REEVAL	DR MOHAMMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/03/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/05/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/10/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/12/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/03/20	LIEN FIL FEE	LIEN FILING FEE	150.00
02/25/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/20/20	PMT BY CHECK	DOS 9/12/19-5/15/20* # 1102302899	-3200.00
05/27/20	BLCE OFF SET	BALANCE OFF SET	-1600.00

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#
05/27/20 76956

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Terms: 60 days
Claim #(s):
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BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: ROZIK AGOOPI
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs SWAT FAME, INC.
Date Of Injury: 9/1/01 - 8/26/19

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 **

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

1010058300583

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

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

JOYCE ALTMAN INTERP
PO BOX #4165
TUSTIN CA 92781

00583

RECD
MAY 27 2020
BY: .....

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0375004 001 ZQ	WC 0158621			08/26/19	09/12/19-05/15/20

Check Number	1102302899	Date Issued	05/20/20	Amount	$**3,200.00
Insured	Swat Fame Inc				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERP PO BOX #4165				
Requested By	Sandeep Gaud				
File Supervisor	Marcos Ferrando	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	3,200.00		
TOTAL	$3200.00		