Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees		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	75085	10/31/13 - 12/10/18	9/10/19	**Legal services**	9 Board Appear. (WCAB LBO) ($156.50 each), Depo prep ($156.50), Depo review ($250), C&R reading at WCAB ($156.50)	**$ 1,971.50**	PYMTS RCVD	00464686	10/24/14	$ 719.50	Total Amt Paid for legal services ($1,971.50) / Total Amt Billed for legal services ($1,971.50)	N/A	Amtrust/ Wesco
								00485355	11/24/14	$ 876.00			
				Additional items billed	Additional costs collected	$ 1,100.00		02454025	4/4/19	$ 376.00			
								02674678	9/4/19	$ 1,100.00			
				TOTAL AMT BILLED =>		**$ 3,071.50**		**TOTAL AMT PAID =>**		**$ 3,071.50**	**100%**		
2	66489	7/20/15 - 6/18/19	9/23/19	**Legal services**	Depo prep ($156.50), Depo review ($250), 2 Board Appear. (WCAB LBO) ($156.50 each), C&R Reading ($250)	**$ 969.50**	PYMTS RCVD	0418104	9/28/15	$ 156.50	Total Amt Paid for legal services ($969.50) / Total Amt Billed for legal services ($969.50)	Total Amt Paid for legal services + Penalties & Interest ($1,140.89) / Principal Amt Billed for legal services ($969.50)	Berkshire/ Oak River Ins
								0512194	12/18/17	$ 156.50			
								0516128	1/24/18	$ 156.50			
								0516286	1/25/18	$ 156.50			
				Additional items billed	Penalties & Interest	$ 171.39		0583670	7/5/19	$ 264.89			
								0583257	7/2/19	$ 250.00			
					Additional costs collected	$ 1,546.00		0594010	9/18/19	$ 1,546.00			
				TOTAL AMT BILLED =>		**$ 2,686.89**		**TOTAL AMT PAID =>**		**$ 2,686.89**	**100%**	**118%**	
3	55107	9/20/12 - 10/19/12	9/4/19	**Legal services**	Depo prep ($156.50), Depo review ($250)	**$ 406.50**	PYMTS RCVD	DA82075778	8/28/19	$ 3,000.00	Total Amt Paid for legal services ($406.50) / Total Amt Billed for legal services ($406.50)	Total Amt Paid for legal services + Penalties & Interest ($734.55) / Principal Amt Billed for legal services ($406.50)	ESIS/ ACE - Chubb
				Additional items billed	Lien activation fee	$ 100.00							
					Penalties & Interest	$ 328.05							
					Additional costs collected	$ 2,165.45							
				TOTAL AMT BILLED =>		**$ 3,000.00**		**TOTAL AMT PAID =>**		**$ 3,000.00**	**100%**	**181%**	

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees		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	71224	2/2/17 - 2/5/19	9/17/19	**Legal services**	2 Board Appear. (WCAB LAO) ($156.50 each), C&R Reading ($250)	**$ 563.00**	PYMTS RCVD	8816316084	3/27/17	$ 156.50	Total Amt Paid for legal services ($563) / Total Amt Billed for legal services ($563)	Total Amt Paid for legal services + Penalties & Interest ($592.89 / Principal Amt Billed for legal services ($563)	Farmers
								8816864959	6/1/18	$ 156.50			
								8816901870	7/4/18	$ 119.89			
				Additional items billed	Penalties & Interest	$ 29.89		8817338611	8/16/19	$ 160.00			
					Additional costs collected	$ 479.63		8817368524	9/10/19	$ 479.63			
				TOTAL AMT BILLED =>		**$ 1,072.52**		**TOTAL AMT PAID =>**		**$ 1,072.52**	**100%**	**105%**	
5	72790	10/24/17 - 11/20/18	9/10/19	**Legal services**	4 Board Appear. (WCAB LAO) ($156.50 each), Full Day Board Appear. (WCAB LAO) ($313)	**$ 939.00**	PYMTS RCVD	0153285450	3/22/19	$ 939.00	Total Amt Paid for legal services ($939) / Total Amt Billed for legal services ($939)	N/A	Gallagher Bassett
				Additional items billed	Additional costs collected	$ 800.00		0157133310	8/29/19	$ 800.00			
				TOTAL AMT BILLED =>		**$ 1,739.00**		**TOTAL AMT PAID =>**		**$ 1,739.00**	**100%**		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
6	75530	3/21/18 - 2/21/19	9/25/19	**Legal services**	Depo prep ($156.50), Depo review ($250), 2 Board Appear. (WCAB LBO) ($156.50 each), Changes to Stipulation ($156.50)	**$ 876.00**	PYMTS RCVD	5651405748	5/31/18	$ 250.00	Total Amt Paid for legal services ($876) / Total Amt Billed for legal services ($876)	Total Amt Paid for legal services + Penalties & Interest ($905.64 / Principal Amt Billed for legal services ($876)	Gallagher Bassett & Broadspire
								5652906894	8/29/18	$ 156.50			
								5652906885	8/29/18	$ 156.50			
								5654101086	9/20/18	$ 29.64			
				Additional items billed	Penalties & Interest	$ 29.64		5656500126	2/7/19	$ 156.50			
								0155721121	7/1/19	$ 156.50			
					Additional costs collected	$ 900.00		0157542854	9/17/19	$ 900.00			
				TOTAL AMT BILLED =>		**$ 1,805.64**		**TOTAL AMT PAID =>**		**$ 1,805.64**	**100%**	**103%**	
7	75544	3/6/19	10/1/19	**Legal services**	C&R Reading ($250)	**$ 250.00**	PYMTS RCVD	0155787468	7/3/19	$ 250.00	Total Amt Paid for legal services ($250) / Total Amt Billed for legal services ($250)	N/A	Gallagher Bassett
				Additional items billed	Additional costs collected	$ 550.00		0157680987	9/23/19	$ 550.00			
				TOTAL AMT BILLED =>		**$ 800.00**		**TOTAL AMT PAID =>**		**$ 800.00**	**100%**		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees		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	76247	10/9/18 - 1/17/19	9/17/19	**Legal services**	Depo prep ($156.50), Depo review ($250), C&R Reading ($250)	**$ 656.50**	PYMTS RCVD	2627048	5/9/19	$ 495.00	Total Amt Paid for legal services ($250) / Total Amt Billed for legal services ($250)	Total Amt Paid for legal services + Penalties & Interest ($678.50 / Principal Amt Billed for legal services ($656.50)	Ins. Co. of the West
				Additional items billed	Penalties & Interest	$ 22.00		2783209	9/9/19	$ 1,683.00			
					Additional costs collected	$ 1,499.50							
				TOTAL AMT BILLED =>		**$ 2,178.00**		**TOTAL AMT PAID =>**		**$ 2,178.00**	**100%**	**103%**	
9	68588	2/19/16 - 1/30/19	9/4/19	**Legal services**	Depo prep ($156.50), Depo review ($250), C&R Reading ($250)	**$ 656.50**	PYMTS RCVD	CU-384426	3/16/18	$ 406.50	Total Amt Paid for legal services ($656.50) / Total Amt Billed for legal services ($656.50)	Total Amt Paid for legal services + Penalties & Interest ($807.35 / Principal Amt Billed for legal services ($656.50)	SCIF
				Additional items billed	Penalties & Interest	$ 150.85		CU-423504	2/26/19	$ 250.00			
					Additional costs collected	$ 599.15		CU-443559	8/30/19	$ 750.00			
				TOTAL AMT BILLED =>		**$ 1,406.50**		**TOTAL AMT PAID =>**		**$ 1,406.50**	**100%**	**123%**	

Average % of Market Rate paid without P&I	**100%**

Average % of Market Rate paid with P&I	**$ 1.22**

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

*** INVOICE ***
Date NO#
09/10/19 75085

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2999116

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

Case: _____ vs NISSAN OF MISSION HILLS
Date Of Injury: 3/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/31/13	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/20/13	DEPO PREP	@ THE L/O OF CIPOLLA, CALABA, MARRONE, WOLLMAN	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
12/06/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/14/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/16/14	WCAB LB	TRIAL - JOHANNA JORDAN # 301566	156.50
10/24/14	PMT BY CHECK	DOS 10/31/13-7/14/14* # 00464686	-719.50
11/24/14	PMT BY CHECK	DOS 10/31/13-9/16/14* # 00485355	-156.50
06/01/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/30/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/24/14	PMT BY CHECK	DOS 10/31/13-9/16/14* # 00485355	-313.00
11/14/17	LEGAL_WCAB	EXP. HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/24/14	PMT BY CHECK	DOS 10/31/13-9/16/14* # 00485355	-156.50
08/13/18	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/24/14	PMT BY CHECK	DOS 10/31/13-9/16/14* # 00485355	-156.50
10/15/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/04/18	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50

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

*** INVOICE ***

Date	NO#
09/10/19	75085

EAMS#(s):

SS # : XXX-XX-7449
DOB : 8/5/65
Terms: 60 days
Claim #(s):
2999116

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

Case: vs NISSAN OF MISSION HILLS
Date Of Injury: 3/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/24/14	PMT BY CHECK	DOS 10/31/13-9/16/14* # 00485355	-93.50
12/10/18	LEGAL_WCAB	C&R READING @ WCAB LONG BEACH (NOT SCHEDULED)	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/04/19	PMT BY CHECK	DOS 10/15/18-12/10/18* =# 02454025 AMTRUST	-376.00
08/26/19	COSTS	ADD'L COSTS AWARDED	1100.00
09/04/19	PMT BY CHECK	DOS 10/31/13-12/10/18* # 02674678 AMTRUST	-1100.00

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.
00464686
1212183-1
WWC3050930

DATE	AMOUNT
10/24/2014	$719.50

PAY Seven Hundred Nineteen and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈00464686⑈ ⑆021309379⑆ 601894744⑈

Check Number	00464686
Claim Number:	1212183-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3050930/Nissan Automotive of Mission Hills, Inc.
SSN / Employee Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/2/2013
Location:	1100 SEPULVEDA BLVD. MISSION HILLS CA 91345 -
Examiner Code:	vcalderon

PAID OCT 31 2014

Amount:	$719.50
Dates of Service:	10/31/2013-7/14/2014
Explanation:	60180
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148
PO Box 740042
Atlanta, GA 30374-0042

888-239-3909

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00485355
1212183-1
WWC3050930

DATE	AMOUNT
11/24/2014	$876.00

PAY Eight Hundred Seventy-Six and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

PAID DEC 03 2014

⑈00485355⑈ ⑆021309379⑆ 601894744⑈

Check Number	00485355
Claim Number:	1212183-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3050930/Nissan Automotive of Mission Hills, Inc.
SSN / Employee Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/2/2013
Location:	1100 SEPULVEDA BLVD. MISSION HILLS CA 91345 -
Examiner Code:	vcalderon

Amount:	$876.00
Dates of Service:	10/31/2013-9/16/2014
Explanation:	60180
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

WESCO INSURANCE CO (Claims Funding) 1148
PO Box 740042
Atlanta, GA 30374-0042

888-239-3909

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO
02454025
2999116-1
WWC3050930

DATE	AMOUNT
4/4/2019	$376.00

Three Hundred Seventy-Six and 0/100s Dollars**

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 180 DAYS

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

⑈02454025⑈ ⑆021309379⑆ 601894744⑈

PAID APR 09 2019

Explanation Of Bill Review

Check Number	02454025	WESCO INSURANCE CO (Claims Funding) 1148 on behalf of Wesco Insurance Company AmTrust North America P.O. Box 89404 Cleveland, OH 44101 844-601-7760
Claim Number:	2999116-1	
Regulatory ID:		
Bill Number:	14253815	
Invoice Number:	FP1-MJCA-696434	
Policy / Insured:	WWC3050930/Nissan Automotive of Mission Hills Inc.	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	3/2/2013	FP1-MJCA-696434
Location:	CA -	
Examiner Code:	21638	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
10/15/2018	Q00014	INTERPRETER OTHER 15	120.00	156.50	0.00	0.00	156.50	
12/4/2018	Q00014	INTERPRETER OTHER 15	120.00	156.50	0.00	0.00	156.50	
12/10/2018	Q00014	INTERPRETER OTHER 15	120.00	63.00	0.00	0.00	63.00	
				376.00	0.00	0.00	376.00	

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.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02674678
2999116-1
WWC3050930

DATE	AMOUNT
9/4/2019	$1,100.00

One Thousand One 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

⑈02674678⑈ ⑆021309379⑆ 601894744⑈

Check Number	02674678
Claim Number:	2999116-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WWC3050930/Nissan Automotive of Mission Hills Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/2/2013
Location:	CA -
Examiner Code:	21638

Amount:	$1,100.00
Dates of Service:	10/31/2013-12/10/2018
Explanation:	Stipulation Order to pay cost
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 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/23/19 66489

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
22027876

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

Case: vs TARBUT V TORAH COMMUNITY
Date Of Injury: 5/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/28/15	PMT BY CHECK	DOS 7/20/15* # 0418104	-156.50
10/29/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
08/31/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/04/17	PENALTIES	FOR DATE OF SERVICE 10/29/15	37.50
01/25/18	INTEREST	FOR DATE OF SERVICE 10/29/15	61.83
12/04/17	PENALTIES	FOR DATE OF SERVICE 8/31/16	23.48
01/24/18	INTEREST	FOR DATE OF SERVICE 8/31/16	24.60
12/18/17	PMT BY CHECK	DOS 8/31/16* # 0512194	-156.50
12/13/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CAMREN GUZMAN # 100585	0.00
01/24/18	PMT BY CHECK	DOS 12/13/17* # 0516128	-156.50
01/25/18	PMT BY CHECK	DOS 12/13/17* # 0516286	-156.50
02/23/18	INTEREST	FOR DATE OF SERVICE 10/29/15	23.98
06/18/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/05/19	PMT BY CHECK	DOS 10/29/16-1/25/18* # 0583670	-264.89
07/02/19	PMT BY CHECK	DOS 6/18/19-6/18/19* # 0583257	-250.00
09/19/19	COSTS	ADD'L COSTS AWARDED	1546.00
09/18/19	PMT BY CHECK	DOS 7/20/18-6/18/19* # 0594010	-1546.00

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

*** INVOICE ***
Date NO#
09/23/19 66489

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
22027876

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

Case: /s TARBUT V TORAH COMMUNITY
Date Of Injury: 5/11/15

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 **

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 09/28/2015
Check Number : 0418104
Check Amount : $156.50

U5BW1K

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

4bj5a
00014

PAID OCT 01 2015

Payment Summary

22027876	05/11/2015	66489	Interpreter Fees -	07/20/2015	07/20/2015	$156.50

14-14
4014

[redacted]

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 12/18/2017
Check Number : 0512194
Check Amount : $156.50

X8052A

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

qhv5a
00010

Payment Summary

22027876	05/11/2015	66489	Interpreter Fees -	08/31/2016	08/31/2016	$156.50

DEC 27 2017

10-10
4014

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 01/24/2018
Check Number : 0516128
Check Amount : $156.50

9MC52Y

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

x4j5a
00033

[JAN 29 2018]

BY: .....

Payment Summary

22027876	05/11/2015	66489	Interpreter Fees -	12/13/2017	12/13/2017	$156.50

33-33
4014

[redacted]

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 01/25/2018
Check Number : 0516286
Check Amount : $156.50

E3D52Z

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

xel5a
00017

PAID
JAN 29 2018

BY: .....

Payment Summary

22027876	05/11/2015 66489	Interpreter Fees -	12/13/2017	12/13/2017	$156.50

17-17
4014

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/05/2019
Check Number : 0583670
Check Amount : $264.89

UYGB2D

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

d465a
00015

Payment Summary

22027876	05/11/2015	Interpreter Fees -	10/29/2016	01/25/2018	$264.89

PAID
JUL 08 2019
BY. .....

15-15
4014

M

JWFB2G

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/02/2019
Check Number : 0583257
Check Amount : $250.00

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

cns5a
00016

Payment Summary

22027876	05/11/2015	66489	Interpreter Fees -	06/18/2019	06/18/2019	$250.00

16-16
4014

0

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 09/18/2019
Check Number : 0594010
Check Amount : $1,546.00

4BBC2A

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

pmn5a
00019

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22027876		05/11/2015		Medical Expense, Ot	07/20/2018	06/18/2019	$1,546.00

19-19
4014

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

*** INVOICE ***
Date NO#
09/04/19 55107

EAMS#(s):

SS # : xXX-XX
DOB :
Terms: 60 days
Claim #(s):
494C2236377

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

Case: s KRAFT FOODS, INC.
Date Of Injury: CT 3/28/10-3/26/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/20/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/19/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
01/26/17	PENALTIES	FOR DATE OF SERVICE 9/20/12	23.48
07/24/18	INTEREST	FOR DATE OF SERVICE 9/20/12	103.94
01/26/17	PENALTIES	FOR DATE OF SERVICE 10/19/12	37.50
07/24/18	INTEREST	FOR DATE OF SERVICE 10/19/12	163.13
08/22/19	COSTS	ADD'L COSTS AWARDED	2165.45
08/28/19	PMT BY CHECK	DOS 8/22/19* # DA82075778	-3000.00

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 **

PDWLDMCD-001457-01-01-00

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

DATE 08/28/19
CHECK NO. **DA82075778**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00345 DA82075778

JOYCE ALTMAN
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID 345C6233414

DOLLARS $******3,000.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201203302031414905986 9

FOR
08/22/19 THRU 08/22/19 ALL DATED SRVS

CLAIMANT

DATE OF EVENT
03/28/11

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.

PDWLDMCD-001457-01-01-00

BOA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

CHUBB

Chubb
ACE Property and Casualty Insurance Company

64-1278
611

DATE 08/28/19

DA82075778

FILE ID
345C6233414

CWA1270819000014037 3

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay ****THREE THOUSAND DOLLARS AND 00 CENTS****

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

$******3,000.00

FOR
08/22/19 THRU 08/22/19 ALL DATED SRVS

CLAIM OFFICE
WOODLAND HILLS WC

POLICYHOLDER
KRAFT FOODS INC.

CLAIMANT

DATE OF EVENT
03/28/11

CHUBB

AUTHORIZED SIGNATURE

Bank of America

NBS-1GS-11

⑈618207577 8⑈ ⑆061112788⑆ 00329978640 2⑈

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

*** INVOICE ***
Date NO#
09/17/19 71224

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10109926; WC10086681

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: DOLORES HATTIER/M. BEUTLE
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs HUXTABLES KITCHEN INC
Date Of Injury: 12/16/14; 3/12/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LAO	156.50
/ /	INTERPRETER:	PILAR PEREZ # 44188282	0.00
03/27/17	PMT BY CHECK	DOS 2/2/17* # 8816316084	-156.50
01/11/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LAO	156.50
/ /	INTERPRETER:	ROBERT ARROYO # 301531	0.00
05/31/18	PENALTIES	FOR DATE OF SERVICE 1/11/18	23.48
06/01/18	INTEREST	FOR DATE OF SERVICE 1/11/18	6.41
06/01/18	PMT BY CHECK	DOS 1/11/18* # 8816864959	-156.50
07/04/18	PMT BY CHECK	DOS 2/2/17-6/1/18* =# 8816901870	-29.89
02/05/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
07/04/18	PMT BY CHECK	DOS 2/2/17-6/1/18* # 8816901870	-90.00
08/16/19	PMT BY CHECK	DOS 2/5/1* # 8817338611	-160.00
09/06/19	COSTS	ADD'L COSTS AWARDED	479.63
09/10/19	PMT BY CHECK	DOS 2/5/19* # 8817368524	-479.63

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 **

MID-CENTURY INSURANCE COMPANY

Check Number: 8816316084
Date: 03/27/2017

Amount: $156.50******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

71224

Claimant/Patient:			
Insured:	HUXTABLES KITCHEN INC		
Date of Loss:	12/16/2014	Claim Representative:	MISTY BEUTLER
Claim Number:	WC10109926	Office Phone Number:	8185402220
Correspondence Reference:	Q21FRMN0N	Applicable Coverage:	Workers' Compensation

Additional Information:
Inv: 71224-Status Conf WCAB If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
02/02/17 - 02/02/17	Other Specified Indemnity	$156.50		$156.50

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$3521.25	

MAR 30 2017

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

MID-CENTURY INSURANCE COMPANY

Check Number: 8816864959
Date: 06/01/2018

Amount: $156.50******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

71224

Claimant/Patient:
Insured: HUXTABLES KITCHEN INC
Date of Loss: 12/16/2014
Claim Number: WC10109926
Correspondence Reference: 4F$0VHMBN
Claim Representative: Misty Beutler
Office Phone Number: 8185402220
Applicable Coverage: Workers' Compensation

Additional Information:
Inv: 71224 WCAB appearance If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (800) 258-6444 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
01/11/18 - 01/11/18	Other Specified Indemnity	$156.50		$156.50

TOTAL Benefits Paid To Date :
Other Specified Indemnity $3677.75

JUN 07 2018

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY,
Aurora
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10109926

Check No. 8816864959
Date: 06/01/2018

Payable If Desired At Any Citibank

PAY One Hundred Fifty Six Dollars And Fifty Cents $156.50******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

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.

⑈8816864959⑈ ⑆031100209⑆ 3872438⑈

MID-CENTURY INSURANCE COMPANY

71224

Check Number: 8816901870
Date: 07/04/2018

Amount: $119.89******

01 01 000339 4C$PVBDZN1 CE0704P2 04 [ ] 000631

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:			
Insured:	HUXTABLES KITCHEN INC		
Date of Loss:	03/12/2013	Claim Representative:	Jennifer Bruce
Claim Number:	WC10086681	Office Phone Number:	
Correspondence Reference:	4C$PVBDZN	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
02/02/17 - 06/01/18	Interpreter	$119.89

PAID
JUL 10 2018

PLEASE FOLD AND DETACH CHECK ON PERFORATION BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
Westlake
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10086681

Check No. 8816901870

Date: 07/04/2018

Payable If Desired At Any Citibank

PAY One Hundred Nineteen Dollars And Eighty Nine Cents $119.89******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

FARMERS INSURANCE

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

THIS ORIGINAL DOCUMENT HAS A BLUE/GLOBE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING FOR AUTHENTICITY

⑈8816901870⑈ ⑆031100209⑆ 38724389⑈

CORVEL

Explanation of Review

Employer: HUXTABLES KITCHEN INC
Patient:

Business Unit: Mid Century Insurance Company - WES
PO Box 108843
Oklahoma City, OK 73101-8843

Patient DOB:
Gender: Female

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 6/12706710 - 1
Reprice: CA, 92781
Billed Date: 06/21/2018
Business Rcvd: 06/25/2018
MBR Rcvd: 06/27/2018
MBR Date: 07/03/2018
Approved Date: 07/03/2018
DOS From - To: 02/02/2017 - 06/01/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: USWJRB39
Vendor #:
PIN:
Invoice Number :
Alt DCN : 1041904595:P8_PROD
Pay Codes: 19 Interpreter

Treating Provider:
Referring Physician:
Patient Control #: 71224
Provider Tax Id: 33-0956713

Claim #: WC10086681
Processor Initials: AB
DOI: 03/12/2013
RX Number:

Date	*Code*	*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
02/02/2017	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$156.50		$156.50	$0.00
	RG7, M1 , RX3	1	99		1		
01/11/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$156.50		$66.50	$90.00
	G1 , RX3	1	99		1		
05/31/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$23.48		$0.00	$23.48
	RX3	1	99		1		
06/01/2018	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		$6.41		$0.00	$6.41
	RX3	1	99		1		
Sub-Totals for Bill: 12706710				**$342.89**		**$223.00**	**$119.89**
Totals for Bill: 12706710							**$119.89**

Line Item Reason Codes and Descriptions

RG7 Procedure or service not billed in valid timeframe
RX3 Per BU/provider agreement amount may be negotiated
G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
M1 Workers compensation claim adjudicated as non-compensable. Carrier not liable for claim or service/ treatment.

03 02 000631 4C$PVBDZN1 CE0704P2 04 [ ] 000631

MID-CENTURY INSURANCE COMPANY

Check Number: 8817338611
Date: 08/16/2019

Amount: $160.00******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:			
Insured:	HUXTABLES KITCHEN INC		
Date of Loss:	04/22/2015	Claim Representative:	Misty Beutler
Claim Number:	WC10114413	Office Phone Number:	8185402220
Correspondence Reference:	RR$52BPZN	Applicable Coverage:	Workers' Compensation

Additional Information:
5811 balance for dos 2-5-19 inv #71224 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
02/05/19 - 02/05/19	Other Specified Indemnity	$160.00		$160.00

TOTAL Benefits Paid To Date :
Other Specified Indemnity $1080.00

PAID
AUG 29 2019

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
Aurora
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10114413

Check No. 8817338611
Date: 08/16/2019

Payable If Desired At Any Citibank

PAY One Hundred Sixty Dollars And No Cents

$160.00******

NOT GOOD AFTER SIX MONTHS

FARMERS INSURANCE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Thomas S. Noh

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.

⑈8817338611⑈ ⑆031100209⑆ 38724389⑈

MID-CENTURY INSURANCE COMPANY

Check Number: 8817368524
Date: 09/10/2019

Amount: $479.63******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:			
Insured:	HUXTABLES KITCHEN INC		
Date of Loss:	04/22/2015	Claim Representative:	Misty Beutler
Claim Number:	WC10114413	Office Phone Number:	8185402220
Correspondence Reference:	BCBZTRLRN	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
02/05/19 - 02/05/19	Other Treatment	$479.63

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

MID-CENTURY INSURANCE COMPANY
Aurora
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10114413

Check No. 8817368524
Date: 09/10/2019

Payable If Desired At Any Citibank

PAY Four Hundred Seventy Nine Dollars And Sixty Three Cents $479.63******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Thomas S. Rohl

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.

⑈8817368524⑈ ⑆031100209⑆ 3872438⑈

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

*** INVOICE ***
Date NO#
09/10/19 72790

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001993011666WC-01

BILL TO:
GALLAGHER BASSETT (SACRAMENTO)

ATTN: CLAIM ADJUSTER
P.O. BOX # 4040
SACRAMENTO, CA 95812-4040

Case: vs 1ST CHOICE STAFFING INC
Date Of Injury: 12/2/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/24/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LAO	156.50
/ /	INTERPRETER:	ROBERT ARROYO # 301531	0.00
02/15/18	LEGAL_WCAB	MSC @ WCAB LOS ANGELES	156.50
/ /	INTERPRETER:	ROBERT ARROYO # 301531	0.00
06/14/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LAO	156.50
/ /	INTERPRETER:	PILAR PEREZ # 44188282	0.00
09/11/18	LEGAL_WCAB	MSC @ WCAB LAO	156.50
/ /	INTERPRETER:	ELENA WILSON # 100363	0.00
11/20/18	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LAO	313.00
/ /	INTERPRETER:	ROBERT ARROYO # 301531	0.00
03/22/19	PMT BY CHECK	DOS 10/24/17-11/20/18* # 0153285450	-939.00
09/21/19	COSTS	ADD'L COSTS AWARDED	800.00
08/29/19	PMT BY CHECK	DOS 8/21/19* # 0157133310	-800.00

BALANCE 0.00

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

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

001993 PAGE 1 OF 1 010748

MDG2009 00006988 1 MB .428 1

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

RECD
MAR 28 2019
BY:

ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY AND ITS
AFFILIATES

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

**

CLAIM NO.: 001993 011666 WC 01 (MAXST30)
CLAIMANT:
DESCRIPTION:

BRANCH NO.: 011
ACC DATE: 02Dec15

NO.: 0153285450
VN: 0000526117
DATE: 22Mar19

DATES OF SERVICE: 24Oct17 **THRU** 20Nov18
BENEFIT PERIOD: **THRU**

AMOUNT: 939.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006988 007824 001 001

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396U2

ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY AND ITS
AFFILIATES

CHECK NO. 0153285450 010748
VN. 0000526117
DATE: 22Mar19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **939.00

CLAIM NO.: 001993 011666 WC 01 (MAXST30) **BRANCH NO.:** 011
PAY NINE HUNDRED THIRTY-NINE AND 00/100 DOLLARS**********

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

Donna M. Korte

AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0153285450⑈ ⑆031100209⑆ 4007490⑈

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

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

ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY AND ITS
AFFILIATES

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

CLAIM NO.: 001993 011666 WC 01 (MAXST30)
CLAIMANT:
DESCRIPTION:
DATES OF SERVICE: **THRU**
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 02Dec15

NO.: 0157133310
VN: 0000552350
DATE: 29Aug19
AMOUNT: 800.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004179 004784 002 003

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

39602

ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY AND ITS
AFFILIATES

CHECK NO. 0157133310 002956
VN. 0000552350
DATE: 29Aug19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **800.00

CLAIM NO.: 001993 011666 WC 01 (MAXST30) **BRANCH NO.:** 011
PAY EIGHT HUNDRED AND 00/100 DOLLARS**********

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0157133310⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
09/25/19 75530

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
008089001054WC-01

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

Case: vs FOREVER 21 LOGISTICS INC
Date Of Injury: 9/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
04/02/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
05/31/18	PMT BY CHECK	DOS 3/21/18* # 5651405748	-250.00
07/31/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/04/18	PENALTIES	FOR DATE OF SERVICE 3/21/18	23.48
08/29/18	INTEREST	FOR DATE OF SERVICE 3/21/18	6.16
08/29/18	PMT BY CHECK	DOS 3/21/18* # 5652906894	-156.50
08/29/18	PMT BY CHECK	DOS 7/31/18* # 5652906885	-156.50
09/20/18	PMT BY CHECK	DOS 3/21/18* # 5654101086	-29.64
01/28/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/07/19	PMT BY CHECK	DOS 1/28/19* # 5656500126	-156.50
02/21/19	LEGAL_WCAB	CHANGES TO STIPULATION (ADJ11162688 ONLY)	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/01/19	PMT BY CHECK	DOS 2/21/19* # 0155721121 GALLAGHER BASSETT	-156.50
09/10/19	COSTS	ADD'L COSTS AWARDED	900.00
09/17/19	PMT BY CHECK	DOS 9/5/19* # 0157542854 GALLAGHER	-900.00

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

*** INVOICE ***
Date NO#
09/25/19 75530

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
008089001054WC-01

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

Case: vs FOREVER 21 LOGISTICS INC
Date Of Injury: 9/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

Check Date	:	05/31/2018
Check Amount	:	$250.00
Check Number	:	5651405748

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

73697 -1

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
188514825-001	08/29/2016 $250.00		
DF WC Brea		Frank F. Cervantes	714-989-4497
All Other WC Medical	$250.00		03/21/2018-03/21/2018

Please Fold on Perforation Before Tearing

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

ON BEHALF OF: ACE
INSURER: ACE AMERICAN INSURANCE COMPANY

Check Date : 05/31/2018

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

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

Claim #: 188514825-001

Claim Check Number
5651405748
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
********* $250.00*

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

By

⑈5651405748⑈ ⑆061100790⑆ 8800600242⑈

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

Check Date	:	08/29/2018
Check Amount	:	$156.50
Check Number	:	5652906885

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

73697

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
188514825-001 BP WC Brea All Other WC Medical	08/29/2016 $156.50 $156.50	Frank F. Cervantes	714-989-4497 07/31/2018-07/31/2018

SEP 05 2018

Please Fold on Perforation Before Tearing

VOID VOID VOID

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

ON BEHALF OF: ACE
INSURER: ACE AMERICAN INSURANCE COMPANY

Check Date : 08/29/2018

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

Amount: *** One Hundred Fifty Six and 50/100 Dollars ***

Claim #: 188514825-001

Claim Check Number
5652906885
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
********* $156.50*

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

By

⑈5652906885⑈ ⑆061100790⑆ 8800600242⑈

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/20/2018
Check Amount	:	$29.64
Check Number	:	5654101086

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~~
188514825-001	08/29/2016 $29.64		
BF WC Brea All Other WC Medical	$29.64	Frank F. Cervantes	714-989-4497 03/21/2018-03/21/2018

73697

SEP 25 2018

Please Fold on Perforation Before Tearing

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

ON BEHALF OF: ACE
INSURER: ACE AMERICAN INSURANCE COMPANY

Check Date : 09/20/2018

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

Amount: *** Twenty Nine and 64/100 Dollars ***

Claim #: 188514825-001

Claim Check Number
5654101086
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
********** $29.64*

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

By

⑈5654101086⑈ ⑆061100790⑆ 8800600242⑈

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

008089 PAGE 1 OF 1 002703

MDG2009 00003883 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE COMPANY

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

CLAIM NO.: 008089 001054 WC 01 (CA3880N)
CLAIMANT:
DESCRIPTION: ORDER APPROVING COSTS 02/21/19

DATES OF SERVICE: 21Feb19 **THRU** 21Feb19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 243
ACC DATE: 05Sep11

NO.: 0155721121
VN: 0000051499
DATE: 01Jul19

AMOUNT: 156.50

**

PAID
JUL 08 2019
BY.

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003883 004447 001 001

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

MDG2009 00004138 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE COMPANY

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

CLAIM NO.: 008089 001054 WC 01 (CA3880N)
CLAIMANT:
DESCRIPTION: STIP & ORDER RESOLVING LIEN CLAIM

BRANCH NO.: 243
ACC DATE: 05Sep11

NO.: 0157542854
VN: 0000051703
DATE: 17Sep19

DATES OF SERVICE: 05Sep19 **THRU** 05Sep19
BENEFIT PERIOD: **THRU**

AMOUNT: 900.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004138 004774 001 001

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39602

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE COMPANY

CHECK NO. 0157542854 005647
VN. 0000051703
DATE: 17Sep19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **900.00

CLAIM NO.: 008089 001054 WC 01 (CA3880N) **BRANCH NO.:** 243
PAY NINE HUNDRED AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0157542854⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
10/01/19 75544

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002979044579-WC-01

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs ANDRE LANDSCAPING
Date Of Injury: 8/5/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/19	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	MARTHA P. HAYES # 100761	0.00
07/03/19	PMT BY CHECK	DOS 3/6/19* # 0155787468	-250.00
09/26/19	COSTS	ADD'L COSTS AWARDED	550.00
09/23/19	PMT BY CHECK	DOS 9/16/19* # 0157680987	-550.00

BALANCE 0.00

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

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

002979 PAGE 1 OF 1 002455

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

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

CLAIM NO.: 002979 044579 WC 01 (1W9755001)
CLAIMANT:
DESCRIPTION:
DATES OF SERVICE: 06Mar19 **THRU** 06Mar19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 243
ACC DATE: 05Aug13

NO.: 0155787468
VN: 0003083864
DATE: 03Jul19
AMOUNT: 250.00

**

FILED
JUL 12 2019
BY: .....

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0002904 003551 002 002

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GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

CHECK NO. 0155787468 002455
VN. 0003083864
DATE: 03Jul19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

CLAIM NO.: 002979 044579 WC 01 (1W9755001) **BRANCH NO.:** 243
PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0155787468⑈ ⑆031100209⑆ 4007490⑈

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

002979 PAGE 1 OF 1 006736

MDG2009 00004104 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

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

**

CLAIM NO.: 002979 044579 WC 01 (1W9755001)
CLAIMANT:
DESCRIPTION: LIEN

BRANCH NO.: 243
ACC DATE: 05Aug13

NO.: 0157680987
VN: 0003137958
DATE: 23Sep19

DATES OF SERVICE: 16Sep19 **THRU** 16Sep19
BENEFIT PERIOD: **THRU**

AMOUNT: 550.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004104 004759 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

CHECK NO. 0157680987 006736
VN. 0003137958
DATE: 23Sep19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **550.00

CLAIM NO.: 002979 044579 WC 01 (1W9755001) **BRANCH NO.:** 243
PAY FIVE HUNDRED FIFTY AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0157680987⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
09/17/19 76247

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018005446

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

Case: vs CRM CO., LLC
Date Of Injury: 3/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/09/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALANCO # 100802	0.00
11/12/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/17/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/09/19	PMT BY CHECK	DOS 5/3/19* # 2627048	-495.00
08/29/19	PENALTIES	FOR UNPAID ORDER 5811	16.23
08/29/19	INTEREST	FOR UNPAID ORDER 5811	5.77
09/09/19	COSTS	ADD'L COSTS AWARDED	1499.50
09/09/19	PMT BY CHECK	DOS 3/23/18-8/29/19* =# 2783209	-1683.00

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 **

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 05/09/2019
Check Number: 2627048
Check Amount: $495.00

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,EZ23CP

11/8/18 3:44 PM 3 0001306 20190510 OE3H1103 JOP-FEC 1 cc DOM OE3H110000* 161281 CK

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

Payment Summary

2018005446	03/23/2018	492	05/03/2019	05/03/2019	$495.00

PAID
MAY 17 2019
PAY .....

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 09/09/2019
Check Number: 2783209
Check Amount: $1,683.00

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,84ESD5

11/9/18 3:44 PM 3 0000830 20190910 OI2ZS102 JOP-FEC 1 oz DOM OI2ZS10000* 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 Amou
2018005446		03/23/2018		492	03/23/2018	08/29/2019	$1,683.(

Category	Stub Notes	Stub Amour
492	IN FULL AND FINAL SATISFACTION OF LIEN FOR ALL DATES OF SERVICE INCLUDING PENALTIES & INTEREST	$0.0

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

*** INVOICE ***
Date NO#
09/04/19 68588

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06122338; 06110498; 06122

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

Case: vs SEAFOOD ZONE
Date Of Injury: 11/15/14; 5/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/16	LEGAL_PREP	DEPO PREP @ L/O HUTCHINS COURT REPORTERS	156.50
/ /	INTERPRETER:	LETICIA GUZMAN URIOSTEGUI # 301652	0.00
04/14/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/16/18	PMT BY CHECK	DOS 2/19/16-4/14/16* =# CU-384426	-406.50
03/27/18	PENALTIES	FOR DATE OF SERVICE 2/19/16	23.48
03/16/18	INTEREST	FOR DATE OF SERVICE 2/19/16	35.60
03/27/18	PENALTIES	FOR DATE OF SERVICE 4/14/16	37.50
03/16/18	INTEREST	FOR DATE OF SERVICE 4/14/16	54.27
01/30/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA P. CORTEZ # 100533	0.00
02/26/19	PMT BY CHECK	DOS 1/30/19* # CU-423504	-250.00
08/20/19	COSTS	ADD'L COSTS AWARDED	599.15
08/30/19	PMT BY CHECK	DOS 2/18/19* # CU-443559	-750.00

BALANCE 0.00

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

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-384426**

Issue Date: 03/16/18
Doc #: 033172403

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name: A		**aim #:**	02302390	**Date of Injury:**	11/01/04	
SSN:	Employer name: TEMP DEPOT INC			Employer ID: 0000001691729040					
1	SF1-SPCA-336164	01/09/18	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
			Patient Name:	68588	**Claim #:**	06122338	**Date of Injury:**	11/15/14	
SSN:	Employer name: THE SEAFOOD ZONE			Employer ID: 0000009095539142					
2	SF1-SPCA-344156	02/19/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
				Sub-Totals:		156.50	.00		156.50
				Adjustment:		-156.50	-156.50		.00
				Adj-Totals:		.00	-156.50		156.50
								Subtotal:	156.50
3	SF1-SPCA-344157	04/14/16	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
				Sub-Totals:		250.00	.00		250.00
				Adjustment:		-250.00	-250.00		.00
				Adj-Totals:		.00	-250.00		250.00
								Subtotal:	250.00

Total Allowances: **$563.00**

MAR 20 2018

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

VOID VOID VOID VOID VOID

Medical
SA

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

CU-384426
Union Bank
Los Angeles, California
90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
March 16, 2018	**$*******563.00**

PAY ****Five Hundred Sixty-Three and 00/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Please negotiate at your local Union Bank Branch.

⑈521038442 6⑈ ⑆122241501⑆ ⑈908100104 3⑈

25337918

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals - 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-384426**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/16/18
Doc #: 033172403

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SPCA-336164	02302390	60837	156.50	.00	156.50	.00	156.50
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #: 60837	ReviewerID: þ©	Carrier Receive Date: 01/24/18	Review Date: 03/15/18	Payment Code: 1	UB04:		
SF1-SPCA-344157	06122338	68588	250.00	.00	250.00	.00	250.00
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #:	ReviewerID: þ©	Carrier Receive Date: 03/15/18	Review Date: 03/15/18	Payment Code: 1	UB04:		
SF1-SPCA-344156	06122338	68588	156.50	.00	156.50	.00	156.50
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #:	ReviewerID: þ©	Carrier Receive Date: 03/28/16	Review Date: 03/15/18	Payment Code: 1	UB04:		
			Adjustment:				.00
			Totals:				406.50

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TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review

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

Request for Independent Bill Review

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Adjustment Explanations:

P300: 02/19/2016 999Q9 INTERPRETER DEPOSIT-
New information has been received. Requesting bill be processed for possible payment.

Reviewer's Comments:

SF1-SPCA-344157 375: Date of service 2/19/16 processed on spca 344156

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno CA 93650-5005
Questions & Appeals: (888)782-8338

Provider Number: XXXXX6713

Check #: **CU-423504**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/26/19
Doc #: 034168220

Medical

68588

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
				Patient Name: /		**Claim #:** 06122338	**Date of Injury:**	11/15/14	
SSN: ?				Employer name: THE SEAFOOD ZONE		Employer ID: 0000009095539142			
1	SF1-SPCA-413081	01/30/19	999Q9	Interpreter Deposit-	1	250.00	.00	911 G5 375	250.00
						Total Allowances:			**$250.00**

0136673603416822000 1 3

FILED
MAR 01 2019
BY: .....

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals: (888)782-8338

Provider Number: XXXXX6713

Check #: **CU-423504**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/26/19
Doc #: 034168220

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SPCA-413081	06122338	68588	250.00	.00	250.00	.00	250.00
Provider NPI:	Rendering Provider NPI:		Rendering Provider:				
Patient Acct #:	ReviewerID: þ©	Carrier Receive Date: 02/07/19	Review Date: 02/20/19	Payment Code: 1	UB04:		

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EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.

911 : Per CA code of Regulations, Title 8 9795.3(b)(1):
For appeals board hearings, arbitration and depositions, the interpreter fees must be billed and paid at the greater of:
1. the rate for one half day or one full day as defined in the Superior Court fee schedule for interpreters in the county where the service was provided; or
2. the market rate.

G5 : This charge was adjusted for the reasons set forth in the attached letter.

Reviewer's Comments:

SF1-SPCA-413081 BR Message 375: Your invoice was paid in accordance with our Market Rate Agreement. Should you wish to update your Market Rate Agreement with State Fund, please submit the following to State Fund, Claims Processing Center Pleasanton, 5880 Owens Driv e, Pleasanton CA 94588: 1. Formal request for a Market Rate Agreement or Update 2. At least five paid invoices from five different carriers (paid by carrier within the last 12 months). 3. Address(es) and TIN number(s) to be used for that market rate agreement. Thank you, State Fund, Claims Processing Center BR Message

Explanation of Review (EOR)

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

Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

Check #: **CU-443559**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/30/19
Doc #: 034706894

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	06110498	**Date of Injury:**	05/15/15	
SSN	Employer name: THE SEAFOOD ZONE			Employer ID: 0000009095539142					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-20211996	02/18/19	MDO10	Payment By Order	1	1,225.00	475.00	G5 375 G67 961	750.00
					Total Allowances:				**$750.00**

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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338

Provider Number: XXXXX6713

Check #: **CU-443559**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/30/19
Doc #: 034706894

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-20211996	06110498	LS	1,225.00	475.00	750.00	.00	750.00

Provider NPI: Rendering Provider NPI: Rendering Provider:

Patient Acct #: LS ReviewerID: X& Carrier Receive Date: 08/19/19 Review Date: 08/29/19 Payment Code: 1 UB04:

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State Fund will only accept paper bills served in accordance with 8 CCR 10505(b)(1),(2) or electronic bills compliant with The California Division of Workers' Compensation Electronic Medical Billing and Payment Companion Guide. State Fund does not agree to and will not accept bills served in any other manner, including, but not limited to facsimile (fax) and e-mail.

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.
961 : Allowance reflects the lump sum settlement amount
G5 : This charge was adjusted for the reasons set forth in the attached letter.
G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-20211996 BR Msg 375: Settlement covers the following date(s) of service 5/15/15 thru 2/19/19

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