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 5/1/20 and 5/29/20

	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	77842	5/23/18-12/19/18	5/27/2020	**Legal services**	2 Board Appear. (WCAB POM) ($156.50 each)	$ 313.00	PYMTS RCVD	2498714	1/25/2019	$ 156.50	Total Amt Paid for legal services ($313) / Total Amt Billed for legal services ($313)	N/A	Gallagher Basset
				Additional items billed	Additional costs collected	$ 190.30		0163246672	5/19/2020	$ 346.80			
				TOTAL AMT BILLED =>		**$ 503.30**		**TOTAL AMT PAID =>**		**$ 503.30**	**100%**		
2	74914	11/1/18-10/7/19	5/27/2020	**Legal services**	Board Appear. (WCAB LBO) ($156.50), Depo Prep ($156.50), Depo Review ($250)	$ 563.00	PYMTS RCVD	1000055138	3/23/2020	$ 563.00	Total Amt Paid for legal services ($563) / Total Amt Billed for legal services ($563)	N/A	Protective Insurance
				Additional items billed	Additional costs collected	$ 1,100.00		1000071049	5/20/2020	$ 1,100.00			
				TOTAL AMT BILLED =>		**$ 1,663.00**		**TOTAL AMT PAID =>**		**$ 1,663.00**	**100%**		
3	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 legal services ($3802.00) / Total Amt Billed for legal services ($3802.00)	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**	**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 5/1/20 and 5/29/20

	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	74263	7/9/2018	5/4/2020	**Legal services**	Board Appear. (WCAB POM)	$ 156.50	PYMTS RCVD	114115975	5/1/2020	$ 500.00	Total Amt Paid for legal services ($156.50) / Total Amt Billed for legal services ($156.50)	N/A	Sedgwick
				Additional items billed	Additional costs collected	$ 343.50							
				TOTAL AMT BILLED =>		**$ 500.00**		**TOTAL AMT PAID =>**		**$ 500.00**	**100%**		
5	75633	3/28/19-2/12/20	5/27/2020	**Legal services**	Board Appear. (WCAB LBO) ($195), Depo prep ($156.50), Depo review ($250)	$ 601.50	PYMTS RCVD	102693189	4/25/2019	$ 156.50	Total Amt Paid for legal services ($601.50) / Total Amt Billed for legal services ($601.50)	Total Amt Paid for legal services + Penalties & Interest ($761.50) / Principal Amt Billed for legal services ($601.50)	Sedgwick
								102693261	5/8/2019	$ 90.00			
								113289223	3/6/2020	$ 195.00			
				Additional items billed	Additional costs collected	$ 940.00		114624821	4/29/2020	$ 160.00			
					Self Imposed P&I	$ 160.00		114624899	5/21/2020	$ 1,100.00			
				TOTAL AMT BILLED =>		**$ 1,701.50**		**TOTAL AMT PAID =>**		**$ 1,701.50**	**100%**	**127%**	
6	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 legal services ($2229.50) / Total Amt Billed for legal services ($2229.50)	Total Amt Paid for legal services + Penalties & Interest ($2819.42) / Principal Amt Billed for legal services ($2229.50)	Travelers
				Legal services	**13 Board Appear. (WCAB LBO) ($156.50 each), Board Appear. (WCAB LBO) ($195)**	**$ 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%**	**126%**	

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 5/1/20 and 5/29/20

	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
7	70682	10/25/16-11/15/19	5/4/2020	**Legal services**	6 Board Appear. (WCAB LAO) ($156.50 each), C&R Reading ($250)	**$ 1,189.00**	PYMTS RCVD	64-139005	4/29/2020	$ 1,095.50	Total Amt Paid for legal services ($1095.50) / Total Amt Billed for legal services ($1189)	N/A	UEF
				TOTAL AMT BILLED =>		**$ 1,189.00**		**TOTAL AMT PAID =>**		**$ 1,095.50**	**92%**		
8	67978	11/23/15-4/9/20	5/14/2020	**Legal services**	Depo prep ($156.50), Depo review ($250)	**$ 406.50**	PYMTS RCVD	1101362572	9/5/2017	$ 406.50	Total Amt Paid for legal services ($406.50) / Total Amt Billed for legal services ($406.50)	Total Amt Paid for legal services + Penalties & Interest ($605.35 / Principal Amt Billed for legal services ($406.50)	Zurich
				Additional items billed	Penalties & Interest	$ 138.85		1080208547	5/8/2020	$ 660.00			
					P&I for unpaid settlement	$ 60.54							
					Additional costs collected	$ 461.15							
				TOTAL AMT BILLED =>		**$ 1,067.04**		**TOTAL AMT PAID =>**		**$ 1,066.50**	**100%**	**149%**	

Average % of Market Rate paid without P&I	**99%**
Average % of Market Rate paid with P&I	**134%**

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 77842

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006542-0069-WC-01

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

Case: vs BRIAN DEVRIES CONSTRUCTION INC
Date Of Injury: 12/27/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/18	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
12/19/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 30028	0.00
01/25/19	PMT BY CHECK	DOS 12/19/18* # 2498714 ICW	-156.50
05/07/20	COSTS	ADD'L COSTS AWARDED	190.30
05/19/20	PMT BY CHECK	DOS 5/7/20* # 0163246672 GALLAGHER	-346.80

BALANCE 0.00

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

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

Check Date: 01/25/2019
Check Number: 2498714
Check Amount: $156.50

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,MGSCAY

MGSCAY

11/9/18 3:44 PM 3 0001371 20180128 OA80N103 JOP-FEC 1 oz DOM OA80N10000* 161281 CK

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

FEB 04 2019

Payment Summary

2018008914	12/31/2016	74072	492	12/19/2018	12/19/2018	$156.50

Category	Stub Notes	Stub Amount
492	DOS 12/19/2018	$0.00

73974 - 1
75169 - 1

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

006542 PAGE 1 OF 1 002750

m

MDG2009 00003740 1 MB .439 1

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

PAID
MAY 27 2020

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 006542 000069 WC 01 (00857A13) **BRANCH NO.:** 502 **NO.:** 0163246672
CLAIMANT: **ACC DATE:** 27Dec16 **VN:** 0000005884
DESCRIPTION: FULL & FINAL SATISFACTION OF LIEN FOR ALL DATES OF SERVICE **DATE:** 19May20

DATES OF SERVICE: 07May20 **THRU** 07May20 **AMOUNT:** 346.80
BENEFIT PERIOD: **THRU**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003740 004267 001 003

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

39602

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CHECK NO. 0163246672 002750
VN. 0000005884
DATE: 19May20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **346.80

CLAIM NO.: 006542 000069 WC 01 (00857A13) **BRANCH NO.:** 502
PAY THREE HUNDRED FORTY-SIX AND 80/100 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

⑈0163246672⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
05/27/20 74914

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WD-000049094;WD-00011047

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

Case: vs PERSONNEL STAFFING GROUP
Date Of Injury: 3/13/17; 9/16-5/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	ALEXANDER PAEZ-QUIJANO # 301921	0.00
01/25/19	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS READY	250.00
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
10/07/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100858	0.00
03/23/20	PMT BY CHECK	DOS 2/19/20* # 1000055138	-563.00
05/04/20	COSTS	ADD'L COSTS AWARDED	1100.00
05/20/20	PMT BY CHECK	DOS 5/20/20* # 1000071049	-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 **

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

March 23, 2020

>000504 7462768 0001 092574 10Z
Joyce Altman Interpreters Inc
PO Box 4165
Tustin CA 92781

CHECK DATE: 03/23/2020
CHECK NUMBER: 1000055138
CHECK AMOUNT: $563.00

PAGE: 1 OF 1

Invoice Received	Invoice Number	Claim Number	Amount	Adjustments	Amount Paid
01/01/00	74914	WD-00004094	$563.00	$0.00	$563.00
Claimant Name:					
Loss Date: 03/13/2017					
Payment Transaction: BL_DH					
FROM 02/19/2020 THROUGH 02/19/2020					
TOTAL			$563.00	$0.00	$563.00

00504 7462768 0000505 0000505 0000505 0000505 0000504

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

m

PAID
MAY 27 2020
BY: .....

May 20, 2020

>000136 7661730 0001 092574 10Z
Joyce Altman Interpreters Inc.
PO Box 4165
Tustin CA 92781

CHECK DATE: 05/20/2020
CHECK NUMBER: 1000071049
CHECK AMOUNT: $1,100.00

00136 7661730 000137 0001/0001 k000136

PAGE: 1 OF 1

Invoice Received	Invoice Number	Claim Number	Amount	Adjustments	Amount Paid
01/01/00		WD-00004094	$1,100.00	$0.00	$1,100.00
Claimant Name: Loss Date: 03/13/2017 Payment Transaction: BL_TG FROM 05/20/2020 THROUGH 05/20/2020					
TOTAL			$1,100.00	$0.00	$1,100.00

9303R6 (08/16)

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

VOID VOID VOID VOID

1000071049
May 20, 2020

56 - 389 / 412
VOID AFTER 90 DAYS

Pay To The Order Of: Joyce Altman Interpreters Inc.
PO Box 4165
Tustin, CA 92781

*********$1,100.00***

Amount: ONE THOUSAND ONE HUNDRED DOLLARS 00/100

Authorized Signature

PNC Bank, N.A. 070/Ashland OH

DOCUMENT CONTAINS COLORED BACKGROUND ON WHITE PAPER, "VOID" FEATURE, SIMULATED WATERMARK (REVERSE SIDE,) MICRO-PRINT BORDER.

⑈1000071049⑈ ⑆041203895⑆ 4239697784⑈

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

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#
05/04/20 74263

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
30179129975-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)

ATTN: CASANDRA OUM
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs HINES GROWERS INC/COLOR SPOT
Date Of Injury: 1/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
05/01/20	COSTS	ADD'L COSTS AWARDED	343.50
05/01/20	PMT BY CHECK	DOS 7/9/18* =# 114115975	-500.00

BALANCE 0.00

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

Sedgwick Claims Management Services, Inc
P O Box 14522
Lexington, KY 40512-4497

0010903-0029601 0106 001 885224 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
05/01/2020	500.00	114115975
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			01/01/2017	30179129975-0001
Amt Paid:	500.00	Description:	Interpreter	
Amt Billed:	523.63	Invoice:	5312020042723785	ICN:4155-37558
Dates:	07/09/2018 - 07/09/2018	Comment:		

SWK.RM.STD.00.NP

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

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

XL Catlin Loss Fund Account-
Color Spot Holdings
XL Insurance America, Inc.

ORIGIN 6004155
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 05/01/2020

114115975

62-22
311

PAY: ******FIVE HUNDRED AND 00/100 DOLLARS

$500.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

789017997

MEMO: MP

XL Catlin, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈114115975⑈ ⑆031100225⑆ 2079950059703⑈

EXPLANATION OF BILL REVIEW

sedgwick

PAYOR **Sedgwick Claims Management Services, Inc**		RECEIVED BY VENDOR **04/27/2020**	DATE OF INJURY **01/01/2017**
BILL ID(ICN) **4155-37558**		PROCESSED BY VENDOR **04/29/2020**	SOCIAL SECURITY NUMBER
INJURED NAME (LAST FIRST MI)		PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI)	
BILLED PROVIDER NAME AND ADDRESS **JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781**	INJURED ADDRESS	PRESCRIBING PHYSICIAN ADDRESS	
	IMAGE NUMBER (DCN) **5820200427003369**	PRESCRIPTION (RX) NUMBER **0**	
	EMPLOYER NAME **Color Spot Nurseries, Inc.**	CARRIER NAME **XL Insurance America, Inc.**	
TREATING PROVIDER **JOYCE ALTMAN INTERPRETERS INC**	EMPLOYER ADDRESS	CARRIER ADDRESS **One General Drive Sun Prairie, WI 53596**	
PROVIDER TAX ID **330956713**			
DATES OF SERVICE **07/09/2018 - 07/09/2018**	EMPLOYER CONTRACT NUMBER **4155**	PATIENT ACCOUNT NUMBER	
PROVIDER NPI	TPA CLAIM NUMBER **30179129975-0001**	TPA TRANSACTION # (MBDCN) **5312020042723785**	
ICD CODES **T14.90**			

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
07/09/2018	1	0	MDS10	523.63	23.63	0.00	0.00	500.00	0	0

Description of Service LUM SUM/MUL BILL-THE AMNT OF REIM IN DISPUTE CLAIM
Reason Codes G4,5385

Explanation of Reason Codes For Detail Lines
G4 THIS CHARGE WAS ADJUSTED TO COMPLY WITH THE RATE AND RULES OF THE CONTRACT INDICATED.
5385 This payment is being made in full and final satisfaction of the lien per the settlement agreement.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee (herein referred to as 'Provider') that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the EOR. The Request for Second Review must conform to the requirements of the DWC's Medical Billing and Payment Guide, and regulations at Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of the service of the EOR, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. REQUEST FOR INDEPENDENT BILL REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormIBR_1.pdf After the Provider submits a Request for Second Review, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, the Provider that still disputes the amount paid may submit a request for independent bill review (IBR) within 30 days of service of the EOR. The Request for IBR must conform to the requirements of Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the Provider fails to request an

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
(859) 280-4802 (fax)

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
P O Box 14522
Lexington, KY 40512-4497
Phone: 800-842-8560

Fax: 844-346-1322

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 75633

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30180796831-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs NATIONAL CONSTRUCTION RENTALS
Date Of Injury: 8/3/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
04/15/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
04/25/19	PMT BY CHECK	DOS 3/28/19* # 102693189	-156.50
05/08/19	PMT BY CHECK	DOS 4/15/19* =# 102693261	-90.00
02/12/20	LEGAL_WCAB	MSC @ WCAB LONG BEACH	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/09/20	PMT BY CHECK	DOS 2/12/20* # 113289223	-195.00
04/14/20	COSTS	ADD'L COSTS AWARDED	940.00
04/29/20	PMT BY CHECK	DOS 3/28/19* =# 114624821	-160.00
05/21/20	MISC	SELF IMPOSED P & I	160.00
05/21/20	PMT BY CHECK	DOS 3/28/19* # 114624899	-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 **

Sedgwick Claims Management Services, Inc
P O Box 14522
Lexington, KY 40512-4497

0000771-0002825 0106 001 787923 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
04/25/2019	156.50	102693189
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
632 Sedgwick Claims Management Services, Inc		01 of 01

75633 - 1

Claimant Name		Loss Date	Claim Number
		08/03/2018	30180796831-0001
Amt Paid: 156.50	Description:	Interpreter	
Amt Billed: 156.50	Invoice:	5312019041630862	ICN:6497-13519
Dates: 03/28/2019 - 03/28/2019	Comment:		

PAID
APR 29 2019
PD. .....

SWK.RM.STD.00.NP

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

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

Sedgwick as agent for
National Construction Rentals
Travelers Property Casualty Company of A

ORIGIN 6326497
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/25/2019

102693189
62-22
311

PAY: ******ONE HUNDRED FIFTY SIX AND 50/100 DOLLARS

$156.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

MEMO: MP

National Construction Rentals, Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship

558923630

⑈102693189⑈ ⑆031100225⑆ 207995005970 3⑈

Sedgwick Claims Management Services, Inc
P O Box 14522
Lexington, KY 40512-4497

0000675-0001933 0106 001 791004 zip

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
05/08/2019	90.00	102693261
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
632 Sedgwick Claims Management Services, Inc		01 of 01

75633 -1

Claimant Name		Loss Date	Claim Number
		08/03/2018	30180796831-0001
Amt Paid: 0.00	Description:	Interpreter	
Amt Billed: 156.50	Invoice:	5312019043023139	ICN:6497-13570
Dates: 03/28/2019 - 03/28/2019	Comment:		
		08/03/2018	30180796831-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed: 250.00	Invoice:	5312019043023139	ICN:6497-13570
Dates: 04/15/2019 - 04/15/2019	Comment:		

PAID
MAY 14 2019

SWK.RM.STD.00.NP

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

Sedgwick Claims Management Services, Inc
P O Box 14522
Lexington, KY 40512-4497

0001402-0005497 0106 001 871368 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
03/09/2020	195.00	113289223
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
632 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		08/03/2018	30180796831-0001
Amt Paid: 195.00	Description:		
Amt Billed: 195.00	Invoice: 75633		ICN:301807966310001
Dates: 02/12/2020 - 02/12/2020	Comment:		

PAID
MAR 11 2020
BY: .....

SWK.RM.STD.00.NP

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

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

Sedgwick as agent for
National Construction Rentals
Travelers Property Casualty Company of A

ORIGIN 6326497
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 03/09/2020

113289223

62-22
311

PAY: ******ONE HUNDRED NINETY FIVE AND 00/100 DOLLARS

$195.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

National Construction Rentals, Principal
Sedgwick Claims Management Services, Inc., Agent By:

756229952

⑈113289223⑈ ⑆031100225⑆ 2079950059703⑈

M

Sedgwick Claims Management Services, Inc
P O Box 14522
Lexington, KY 40512-4497

0000103-0002045 0716 001 884828 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
04/29/2020	160.00	114624821
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
632 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			08/03/2018	30180796831-0001
Amt Paid:	160.00	Description:	Interpreter	
Amt Billed:	1,100.00	Invoice:	5312020042000426	ICN:6497-15128
Dates:	03/28/2019 - 03/28/2019	Comment:		

PAID
MAY 0 2020

SWK.RM.STD.00.NP

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

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

Sedgwick as agent for
National Construction Rentals
Travelers Property Casualty Company of A

ORIGIN 6326497 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/29/2020

114624821
62-22
311

PAY: ******ONE HUNDRED SIXTY AND 00/100 DOLLARS

$160.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

National Construction Rentals, Principal
Sedgwick Claims Management Services, Inc., Agent By:

788100538

⑈114624821⑈ ⑆031100225⑆ 2079950059703⑈

m

Sedgwick Claims Management Services, Inc
P O Box 14522
Lexington, KY 40512-4497

0000350-0001449 0106 001 890284 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
05/21/2020	1,100.00	114624899
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
632 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			08/03/2018	30180796831-0001
Amt Paid:	1,100.00	Description:	Interpreter	
Amt Billed:	1,100.00	Invoice:		ICN:6497-15183
Dates:	03/28/2019 - 03/28/2019	Comment:		

PAID
MAY 27 2020

SWK.RM.STD.00.NP

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

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

Sedgwick as agent for
National Construction Rentals
Travelers Property Casualty Company of A

ORIGIN 6326497
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 05/21/2020

114624899
62-22
311

PAY: ******ONE THOUSAND ONE HUNDRED AND 00/100 DOLLARS

$1,100.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

National Construction Rentals, Principal
Sedgwick Claims Management Services, Inc., Agent By:

799542227

⑈114624899⑈ ⑆031100225⑆ 207995005970 3⑈

EXPLANATION OF BILL REVIEW

sedgwick®

PAYOR **Sedgwick Claims Management Services, Inc**	RECEIVED BY VENDOR **05/20/2020**	DATE OF INJURY **08/03/2018**
BILL ID(ICN) **6497-15183**	PROCESSED BY VENDOR **05/20/2020**	SOCIAL SECURITY NUMBER *** **
INJURED NAME (LAST FIRST MI)		PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI)
BILLED PROVIDER NAME AND ADDRESS **JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781**	INJURED ADDRESS	PRESCRIBING PHYSICIAN ADDRESS
	IMAGE NUMBER (DCN)	PRESCRIPTION (RX) NUMBER **0**
	EMPLOYER NAME **National Construction Rentals, Inc.**	CARRIER NAME **Travelers Property Casualty Company of America (TIL)**
TREATING PROVIDER **JOYCE ALTMAN INTERPRETERS INC**	EMPLOYER ADDRESS **15319 Chatsworth St. Mission Hills, CA 91345 Travelers Property Casualty Company of A**	CARRIER ADDRESS **One Tower Square Hartford, CT 06183 860-277-3966**
PROVIDER TAX ID **330956713**		
DATES OF SERVICE **03/28/2019 - 02/12/2020**	EMPLOYER CONTRACT NUMBER **6497**	PATIENT ACCOUNT NUMBER
PROVIDER NPI	TPA CLAIM NUMBER **30180796831-0001**	TPA TRANSACTION # (MBDCN)
ICD CODES **T14.90**		

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
03/28/2019	1	0	MDS10	1,100.00	0.00	0.00	0.00	1,100.00	0	0

Description of Service LUM SUM/MUL BILL-THE AMNT OF REIM IN DISPUTE CLAIM
Reason Codes G4,5385

Explanation of Reason Codes For Detail Lines
G4 THIS CHARGE WAS ADJUSTED TO COMPLY WITH THE RATE AND RULES OF THE CONTRACT INDICATED.
5385 This payment is being made in full and final satisfaction of the lien per the settlement agreement.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee (herein referred to as 'Provider') that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the EOR. The Request for Second Review must conform to the requirements of the DWC's Medical Billing and Payment Guide, and regulations at Title 8, CA Code of Regulations, section 979 2.5.4 et seq. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of the service of the EOR, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. REQUEST FOR INDEPENDENT BILL REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormIBR_1.pdf After the Provider submits a Request for Second Review, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, the Provider that still disputes the amount paid may submit a request for independent bill review (IBR) within 30 days of service of the EOR. The Request for IBR must conform to the requirements of Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the Provider fails to request an

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
(859) 280-4802 (fax)

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
P O Box 14522
Lexington, KY 40512-4497
Phone: 800-842-8560

Fax: 844-346-1322

EXPLANATION OF BILL REVIEW

PAYOR	DATE OF INJURY	CARRIER NAME
Sedgwick Claims Management Services, Inc	**08/03/2018**	**Travelers Property Casualty Company of America (TIL)**
INJURED NAME (LAST FIRST MI)		TPA CLAIM NUMBER **30180796831-0001**

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code

IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final. Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual provider's agreement with the preferred provider organization.

Totals:	1,100.00	0.00	0.00	0.00	1,100.00

* Date Received by Sedgwick: 05/20/2020
* Date of Review: 05/20/2020
* Payment Date: 05/21/2020
* Diagnostic Group Code: N/A
* Payment Method: Paper Check
* Check Number: 114624899
* Payment Status Code: 1

799542227

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

I41009405
DETACH CHECK

UNSUMM-141311
OVRPUNS2-121203
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

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

122014011
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#
05/04/20 70682

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
UEF2266179

BILL TO:
UEF (L.A.)
W. C. DEPARTMENT
ATTN: STERLING ZIMMERMAN
320 W. FOURTH ST., STE 690
LOS ANGELES, CA 90013

Case: vs PROVISION AUTO BODY
Date Of Injury: 12/18/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/11	CT SCAN	REF BY DR VALLY: CHEST*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/04/12	MRA	REF BY DR PRATTLEY: R/KNEE @ CALIF IMG (3H 50M)	281.25
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/11/12	MRI	REF BY DR PRATLEY: C/S, L/S, R/KNEE, R/SHLDER*	150.00
/ /	INTERPRETER:	ERENDIRA GUTIERREZ	0.00
10/25/16	LEGAL_WCAB	MSC @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
07/18/17	LEGAL_WCAB	RATING MSC @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
09/26/17	LEGAL_WCAB	MSC @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	MARIA SEARS 3 100795	0.00
11/07/17	LEGAL_WCAB	TRIAL @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
01/16/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB SA	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
06/26/19	BLCE OFF SET	BALANCE OFF SET - FOR MEDICAL DOS	-581.25
10/15/19	LEGAL_WCAB	MSC @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
11/15/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301684	0.00
04/29/20	PMT BY CHECK	DOS 4/13/11-11/15/19* # 64-139005 UEF	-1095.50
05/04/20	BLCE OFF SET	BALANCE OFF SET	-93.50

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

*** INVOICE ***
Date NO#
05/04/20 70682

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
UEF2266179

BILL TO:
UEF (L.A.)
W. C. DEPARTMENT
ATTN: STERLING ZIMMERMAN
320 W. FOURTH ST., STE 690
LOS ANGELES, CA 90013

Case: vs PROVISION AUTO BODY
Date Of Injury: 12/18/07

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 **

STATE OF CALIFORNIA

WARRANT NUMBER 64-139005

H THE TREASURER OF THE STATE WILL PAY OUT OF THE IDENTIFICATION NO. 7350

FUND NO. 0571 FUND NAME UNINSURED EMPLOYERS BEN

MO. 04 DAY 29 YR. 2020

90-1342/1211

64139005

TO: 139005
--- JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN CA 92781

DOLLARS	CENTS
$****1095	50

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-85(1/99) CONTROLLERS WARRANT

:121134231: 64139005 8

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

64-139005

ISSUE DATE: 04/29/2020
UNINSURED EMPLOYERS BENEFITS TRUST FUND
P.O. BOX 429397
SAN FRANCISCO, CA 94142-9397
TEL: (510) 286-7067

PAYEE NAME: JOYCE ALTMAN INTERPRETERS INC
CLAIM#: UEF2266179
CLAIMANT:
C/O:
FROM: 04-13-2011 THRU: 11-15-2019
INVOICE#: 70682

STUBNOTES ITEMS	GROSS AMOUNT
X130 - INTERPRETER FEE	1095.50
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
TOTAL AMOUNT PAID :	

ADJUSTER NAME: SHAE WEBSTER

BY ENDORSING THIS WARRANT THE PAYEE CERTIFIES THAT THEY ARE ENTITLED TO THIS PAYMENT OF WORKERS COMPENSATION BENEFITS. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO OBTAIN PAYMENT FOR BENEFITS OR SERVICES WHICH ARE NOT DUE TO THE RECIPIENT. (SEE LABOR CODE 5401.7).

THIS WARRANT IS VOID AFTER (1) YEAR FROM ISSUE DATE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OR YOUR ACCOUNT, PLEASE CONTACT: TEL: (510) 286-7067

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 67978

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080321985

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

Case: vs MEDISCAN DIAGNOSTIC SERVICES
Date Of Injury: 7/2/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/23/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/04/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/05/17	PMT BY CHECK	DOS 1/4/16* # 1101362572	-406.50
09/12/17	PENALTIES	FOR DATE OF SERVICE 11/23/15	23.48
09/05/17	INTEREST	FOR DATE OF SERVICE 11/23/15	29.98
09/12/17	PENALTIES	FOR DATE OF SERVICE 1/4/16	37.50
09/05/17	INTEREST	FOR DATE OF SERVICE 1/4/16	47.89
05/12/20	PENALTIES_U	FOR UNPAID STLM'T 4/9/20	60.00
05/12/20	INTEREST_U	FOR UNPAID STLM'T 4/9/20	0.54
04/09/20	COSTS	ADD'L COSTS AWARDED	461.15
05/08/20	PMT BY CHECK	DOS 4/9/20* # 1080208547	-660.00
05/14/20	BLCE OFF SET	BALANCE OFF SET	-0.54

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.

1010127300274

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.
P.O. BOX 4165
TUSTIN CA 92781

01273

SEP 07 18 2017

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0321985 001 XH	WC 3434805			07/02/15	01/04/16-01/04/16
Check Number	1101362572	Date Issued	09/05/17	Amount	$***406.50
Insured	Mediscan Nursing Staffing Inc				
Claimant					
Nature of Payment	Depo review				
Issued To	Joyce Altman Interpreters, Inc. P.O. Box 4165				
Requested By	Surendhar CG-Pannerselvam				
File Supervisor	Jeremy Lau	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	406.50		
TOTAL	$406.50		

MP

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

M

Zurich American Insurance Co.

1010025700257

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

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

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

00257

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0321985 001 XH	WC 3434805			07/02/15	04/09/20-04/09/20

Check Number	1080208547	Date Issued	05/08/20	Amount	$***660.00
Insured	Mediscan Nursing Staffing Inc				
Claimant					
Nature of Payment	Interp bill				
Issued To	JOYCE ALTMAN INTERPRETERS PO BOX 4165				
Requested By	Jeremy Lau				
File Supervisor	Jeremy Lau	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	660.00		
TOTAL	$660.00		

PAID
MAY 1 2020