Exotic Language Market Rate Summary Graph

Payments for Exotic medical DOS on litigated cases at market rate or less than market rate, received between 4/1/21 and 4/30/21

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
1	60448	11/19/13-2/14/15	4/26/2021	**Medical services (VIETNAMESE)**	**Initial ($485), PR2's ($485 each)**	$ 6,790.00	PYMTS RCVD	6824420928	4/22/2014	$ 360.00	Total Amt Paid for medical treatment ($6790/ Total Amt Billed for medical treatment ($6790)	Total Amt Paid for medical treatment + Penalties & Interest ($7200) / Principal Amt Billed for medical treatment ($6790)	Broadspire
								6826257747	7/15/2014	$ 90.00			
								6826404231	7/22/2014	$ 90.00			
								6826891311	8/12/2014	$ 90.00			
								39158	11/11/2014	$ 270.00			
								127446	12/18/2014	$ 90.00			
								204499	1/21/2015	$ 90.00			
				Additional items billed	Lien filing fee	$ 150.00		1640526	8/16/2016	$ 1,120.00			
					P&I for medical services	$ 5,068.96		5670974043	4/20/2021	$ 5,000.00			
				TOTAL AMT BILLED =>		**$ 12,008.96**		**TOTAL AMT BILLED =>**		**$ 7,200.00**	**100%**	**106%**	
								Average % of Market Rate paid without P&I			**100%**		

Average % of Market Rate paid with P&I	**106%**

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

*** INVOICE ***
Date NO#
04/26/21 60448

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
186240250

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

Case: vs SMC CORPORATION OF AMERICA
Date Of Injury: CT 1/1/11-11/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/19/13	PR2/REEVAL	-DR ALI @ MEDICAL ARTS LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/10/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/21/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/25/14	INITIAL EXAM	-DR KHARRAZI (ANAHEIM)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/22/14	PMT BY CHECK	DOS 11/19/13-2/25/14* # 6824420928	-360.00
04/25/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/27/14	PR2/REEVAL	-DR KHARRAZI @ KERLAN-JOBE ORTHO CLINIC	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/16/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/06/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/15/14	PMT BY CHECK	DOS 4/25/14* # 6826257747	-90.00
07/22/14	PMT BY CHECK	DOS 5/27/14* 3 6826404231	-90.00
08/12/14	PMT BY CHECK	DOS 5/16/14 # 6826891311	-90.00
07/18/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/29/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/10/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/11/14	PMT BY CHECK	DOS 6/6/14-8/29/14* # 39158	-270.00

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

*** INVOICE ***
Date NO#
04/26/21 60448

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
186240250

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

Case: vs SMC CORPORATION OF AMERICA
Date Of Injury: CT 1/1/11-11/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/14	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/18/14	PMT BY CHECK	DOS 10/10/14 *= # 127446	-90.00
01/21/15	PMT BY CHECK	DOS 11/14/14* =# 204499	-90.00
01/06/15	MED_EXOTIC	-PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/14/15	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/27/16	LIEN FIL FEE	LIEN FILING FEE	150.00
08/16/16	PMT BY CHECK	DOS 11/19/13-7/27/16* =# 1640526	-1120.00
01/20/21	PENALTIES	FOR DATE OF SERVICE 11/19/13	59.25
04/07/21	INTEREST	FOR DATE OF SERVICE 11/19/13	319.10
01/20/21	PENALTIES	FOR DATE OF SERVICE 01/10/14	59.25
04/07/21	INTEREST	FOR DATE OF SERVICE 01/10/14	319.10
01/20/21	PENALTIES	FOR DATE OF SERVICE 02/21/14	59.25
04/07/21	INTEREST	FOR DATE OF SERVICE 02/21/14	319.10
01/20/21	PENALTIES	FOR DATE OF SERVICE 02/25/14	59.25
04/07/21	INTEREST	FOR DATE OF SERVICE 02/25/14	319.10
01/20/21	PENALTIES	FOR DATE OF SERVICE 04/25/14	59.25
04/07/21	INTEREST	FOR DATE OF SERVICE 04/25/14	313.37
01/20/21	PENALTIES	FOR DATE OF SERVICE 05/27/14	59.25
04/07/21	INTEREST	FOR DATE OF SERVICE 05/27/14	308.27
01/20/21	PENALTIES	FOR DATE OF SERVICE 05/16/14	59.25
04/07/21	INTEREST	FOR DATE OF SERVICE 05/16/14	306.65
01/20/21	PENALTIES	FOR DATE OF SERVICE 06/06/14	59.25
04/07/21	INTEREST	FOR DATE OF SERVICE 06/06/14	303.79
01/20/21	PENALTIES	FOR DATE OF SERVICE 07/18/14	59.25
04/07/21	INTEREST	FOR DATE OF SERVICE 07/18/14	300.80
01/20/21	PENALTIES	FOR DATE OF SERVICE 08/29/14	59.25
04/07/21	INTEREST	FOR DATE OF SERVICE 08/29/14	297.07

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

*** INVOICE ***
Date NO#
04/26/21 60448

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
186240250

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

Case: vs SMC CORPORATION OF AMERICA
Date Of Injury: CT 1/1/11-11/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/21	PENALTIES	FOR DATE OF SERVICE 10/10/14	59.25
04/07/21	INTEREST	FOR DATE OF SERVICE 10/10/14	290.35
01/20/21	PENALTIES	FOR DATE OF SERVICE 11/14/14	59.25
04/07/21	INTEREST	FOR DATE OF SERVICE 11/14/14	289.95
01/20/21	PENALTIES	FOR DATE OF SERVICE 01/06/15	59.25
04/07/21	INTEREST	FOR DATE OF SERVICE 01/06/15	278.52
01/20/21	PENALTIES	FOR DATE OF SERVICE 02/14/15	59.25
04/07/21	INTEREST	FOR DATE OF SERVICE 02/14/15	274.29
04/20/21	PMT BY CHECK	DOS 4/7/21* # 5670974043	-5000.00
04/26/21	BLCE OFF SET	BALANCE OFF SET	-4808.96

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.

BROADSPIRE
a Crawford Company

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: [redacted]

Date of Injury: 11/15/2011

Bill ID #: BRS-BSCA-135461
EOR Date: 04/18/2014
Previous Bill ID #:
Unique Image ID: 201404105000063
Page: 1

Claim/Seq #:
Juris Claim #:
Patient Ref#: 60448

Adjustor: SRISAA

This Audit was prepared in complicance with the California Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	EMPLOYER: SMC CORP OF AMERICA - SOMPO SMC CORP OF AMERICA - SOMPO 14191 MYFORD ROAD TUSTIN, CA 92780	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: Sompo Japan Insurance Company of Americ Two World Financial Ctr 225 Liberty St, 43rd Floor New York, NY 10281-1058	PAID APR 29 2014

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
11/19/2013	99199	99199	UNLISTED SPECIAL SERV	1	1.	485.00	90.00	885,W1
01/10/2014	99199	99199	UNLISTED SPECIAL SERV	1	1.	485.00	90.00	885,W1
02/21/2014	99199	99199	UNLISTED SPECIAL SERV	1	1.	485.00	90.00	885,W1
02/25/2014	99199	99199	UNLISTED SPECIAL SERV	1	1.	485.00	90.00	885,W1

Total Actual Charges	:	$1,940.00
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$1,580.00
Contracted % Discount Reduction	:	$0.00
Total Reimbursable Amount	:	$360.00

Summary of Codes

Diagnostic Codes: (1)	959.9	INJURY-SITE NOS
E O M B Codes:	885	REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
	W1	WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT
	W1	WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

(Continued on next page)

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

BROADSPIRE
a Crawford Company

CLAIM CHECK NUMBER **6824420928**

84-79
511

SunTrust Banks, Inc.
55 Park Place, 10th Floor
Trust Company Bank Building
Atlanta GA 30302

8800600242
Void if not presented for payment within 180 days after date of issue

ISSUED AT
SUNRISE
DATE ISSUED
April 22, 2014

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

AMOUNT
$*********360.00

AMOUNT
Three hundred sixty and 00/100 Dollars

PAYMENT FOR Dates of service: 11/19/2013 - 2/25/2014

CLAIM NUMBER
186240250-001

COMPANY USE ONLY

CUSTOMER CLAIM NUMBER
60448

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

BY

⑈6824420928⑈ ⑆061100790⑆ 8800600242⑈

BROADSPIRE
a Crawford Company

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: [redacted]

Date of Injury: 11/15/2011

Bill ID #: BRS-BSCA-244032
EOR Date: 07/11/2014
Previous Bill ID #:
Unique Image ID: 201406295000235
Page: 1

Claim/Seq #:
Juris Claim #:
Patient Ref#: 60448

Adjustor: SRISAA

This Audit was prepared in compliance with the California Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT	EMPLOYER: SMC CORP OF AMERICA - SOMPO SMC CORP OF AMERICA - SOMPO 14191 MYFORD ROAD TUSTIN, CA 92780	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: Sompo Japan Insurance Company of Americ Two World Financial Ctr 225 Liberty St, 43rd Floor New York, NY 10281-1058	PAID JUL 25 2014

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
11/19/2013	99199	99199	UNLISTED SPECIAL SERV	0	1,	485.00	0.00	224,G56
01/10/2014	99199	99199	UNLISTED SPECIAL SERV	0	1,	485.00	0.00	224,G56
02/21/2014	99199	99199	UNLISTED SPECIAL SERV	0	1,	485.00	0.00	224,G56
02/25/2014	99199	99199	UNLISTED SPECIAL SERV	0	1,	485.00	0.00	224,G56
04/25/2014	99199	99199	UNLISTED SPECIAL SERV	1	1,	485.00	90.00	885,W1

Total Actual Charges	:	$2,425.00
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$2,335.00
Contracted % Discount Reduction	:	$0.00
Total Reimbursable Amount	:	$90.00

Summary of Codes

Diagnostic Codes: (1) 959.9 INJURY-SITE NOS

E O M B Codes: 885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT

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

W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

(Continued on next page)

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

BROADSPIRE
a Crawford Company

CLAIM CHECK NUMBER 6826257747

64-79
811

SunTrust Banks, Inc.
55 Park Place, 10th Floor
Trust Company Bank Building
Atlanta GA 30302

88000600242
Void if not presented for payment within 180 days after date of issue.

ISSUED AT: SUNRISE
DATE ISSUED: July 15, 2014

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC

AMOUNT: $**********90.00

AMOUNT: Ninety and 00/100 Dollars

PAYMENT FOR: Dates of service: 11/19/2013 - 4/25/2014

CLAIM NUMBER: 186240250-001

COMPANY USE ONLY

CUSTOMER CLAIM NUMBER: 60448

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

BY

⑈6826257747⑈ ⑆061100790⑆ 88000600242⑈

BROADSPIRE
a Crawford Company

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: [redacted]

Date of Injury: 11/15/2011

Bill ID #: BRS-BSCA-251406
EOR Date: 07/18/2014
Previous Bill ID #:
Unique Image ID: 201407025000469
Page: 1

Claim/Seq #:
Juris Claim #:
Patient Ref#: 60448

Adjustor: SRISAA

This Audit was prepared in compliance with the California Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	EMPLOYER: SMC CORP OF AMERICA - SOMPO SMC CORP OF AMERICA - SOMPO 14191 MYFORD ROAD TUSTIN, CA 92780	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: Sompo Japan Insurance Company of Americ Two World Financial Ctr 225 Liberty St, 43rd Floor New York, NY 10281-1058	PAID JUL 28 2014

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
11/19/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	485.00	0.00	224,G56
01/10/2014	99199	99199	UNLISTED SPECIAL SERV	0	1.	485.00	0.00	224,G56
02/21/2014	99199	99199	UNLISTED SPECIAL SERV	0	1.	485.00	0.00	224,G56
02/25/2014	99199	99199	UNLISTED SPECIAL SERV	0	1.	485.00	0.00	224,G56
04/25/2014	99199	99199	UNLISTED SPECIAL SERV	0	1.	485.00	0.00	224,G56
05/27/2014	99199	99199	UNLISTED SPECIAL SERV	1	1.	485.00	90.00	885,W1

Total Actual Charges	:	$2,910.00
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$2,820.00
Contracted % Discount Reduction	:	$0.00
Total Reimbursable Amount	:	$90.00

Summary of Codes

Diagnostic Codes: (1) 959.9 INJURY-SITE NOS

E O M B Codes: 885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT

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

(Continued on next page)

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

BROADSPIRE
a Crawford Company

CLAIM CHECK NUMBER 6826404231

84-79
611

SunTrust Banks, Inc.
55 Park Place, 10th Floor
Trust Company Bank Building
Atlanta GA 30302

8800600242
Void if not presented for payment within 180 days after date of issue

ISSUED AT: SUNRISE
DATE ISSUED: July 22, 2014

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC

AMOUNT: $**********90.00

AMOUNT: Ninety and 00/100 Dollars

PAYMENT FOR: Dates of service: 11/19/2013 - 5/27/2014

CLAIM NUMBER: 186240250-001

COMPANY USE ONLY

CUSTOMER CLAIM NUMBER: 60448

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

BY

⑈6826404231⑈ ⑆061100790⑆ 8800600242⑈

BROADSPIRE
a Crawford Company

8/12/14

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: [redacted]

Date of Injury: 11/15/2011

Bill ID #: BRS-BSCA-284729
EOR Date: 08/08/2014
Previous Bill ID #:
Unique Image ID: 201407255000268
Page: 1

Claim/Seq #:
Juris Claim #:
Patient Ref#: 60448

Adjustor: SRISAA

This Audit was prepared in complicance with the Califomia Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	EMPLOYER: SMC CORP OF AMERICA - SOMPO SMC CORP OF AMERICA - SOMPO 14191 MYFORD ROAD TUSTIN, CA 92780	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: Sompo Japan Insurance Company of Americ Two World Financial Ctr 225 Liberty St, 43rd Floor New York, NY 10281-1058	PAID AUG 19 2014

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
11/19/2013	99199	99199	UNLISTED SPECIAL SERV	0	1.	485.00	0.00	224,G56
01/10/2014	99199	99199	UNLISTED SPECIAL SERV	0	1.	485.00	0.00	224,G56
02/21/2014	99199	99199	UNLISTED SPECIAL SERV	0	1.	485.00	0.00	224,G56
02/25/2014	99199	99199	UNLISTED SPECIAL SERV	0	1.	485.00	0.00	224,G56
04/25/2014	99199	99199	UNLISTED SPECIAL SERV	0	1.	485.00	0.00	224,G56
05/16/2014	99199	99199	UNLISTED SPECIAL SERV	1	1.	485.00	90.00	885,W1
05/27/2014	99199	99199	UNLISTED SPECIAL SERV	0	1.	485.00	0.00	224,G56

Total Actual Charges	:	$3,395.00
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$3,305.00
Contracted % Discount Reduction	:	$0.00
Total Reimbursable Amount	:	$90.00

Summary of Codes

CK #682689131

Diagnostic Codes: (1) 959.9 INJURY-SITE NOS

E O M B Codes: 885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT

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

(Continued on next page)

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

0000213-0000450 0106 001 434427 BSP

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

Broadspire®
A CRAWFORD COMPANY

PAID NOV 20 2014

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

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
186240250-001	9140074839	43506280 BSP0001002	11/11/2014	$270.00	39158

21.96.1.3.44.2

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

Broadspire®
A CRAWFORD COMPANY

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

METABANK
Storm Lake, IA
72-7011/2739

39158

11/11/2014

PAY TO THE ORDER OF JOYCE ALTAM INTERPRETERS INC $270.00

TWO HUNDRED SEVENTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 150 DAYS

MEMO

43506280

⑈39158⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-419867

Carrier

SOMPO JAPAN INSURANCE COMPANY
TWO WORLD FINANCIAL CTR
225 LIBERTY ST, 43RD FLR
NEW YORK, NY 10281-1058

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
External ID: 201411035000092
Invoice Date: 09/24/2014
Patient Account: 60448
Payment Status Code: 1

Claim Number: 186240250-001
DOI/DOL: 11/15/2011
CR Date / BR Date: 11/03/2014 / 11/03/2014
External Claim Number: 201112011 3124858876166
Social Security Number: *****
Employer/Insured: SMC CORPORATION OF AMERICA
Employer/Insured Address:

Policy Admin Information: 017227
Branch ID: FSN

Bill Details

Dates of Service: 11/19/2013 to 08/29/2014
Post Date: 11/07/2014
Client Type of Bill: 26
Adjuster: SRISAA

Bill ICD Version: 9

Dx A:959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Explanation Code(s) Network	Allowance
1	11/19/2013	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
2	01/10/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
3	02/21/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
4	02/25/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
5	04/25/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
6	05/16/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
7	05/27/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
8	06/06/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	395.00	885,W1 0.00	90.00
9	07/18/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	395.00	885,W1 0.00	90.00
10	08/29/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	395.00	885,W1 0.00	90.00

Totals

Total Charges:	4,850.00			
Bill Review Reductions:		4,580.00		
Network Reductions:			0.00	
Recommended Allowance:				270.00

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
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G56 THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL" CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE.
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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

60448

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

PAID DEC 22 2014

Broadspire®

A CRAWFORD COMPANY

0001790-0003706 0106 001 440665 BSP

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

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

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
186240250-001	9140246082	47244842 BSP0001002	12/18/2014	$90.00	127446

15.90.1.3.30.

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-468300

Carrier

SOMPO JAPAN INSURANCE COMPANY
TWO WORLD FINANCIAL CTR
225 LIBERTY ST, 43RD FLR
NEW YORK, NY 10281-1058

Provider

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

Tax ID: 33-0956713
License: 999999999
External ID: 201412095000861
Invoice Date: 11/17/2014
Patient Account: 60448
Payment Status Code: 1

Claimant

Claim Number: 186240250-001
DOI/DOL: 11/15/2011
CR Date / BR Date: 12/09/2014 / 12/09/2014
External Claim Number: 201112011312458876166
Social Security Number: ****
Employer/Insured: SMC CORPORATION OF AMERICA
Employer/Insured Address:

Policy Admin Information: 017227
Branch ID: FSN

Bill Details

Dates of Service: 11/19/2013 to 10/10/2014
Post Date: 12/16/2014
Client Type of Bill: 26
Adjuster: SRISAA

Bill ICD Version: 9

Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Explanation Code(s) Network	Allowance
1	11/19/2013	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
2	01/10/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
3	02/21/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
4	02/25/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
5	04/25/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
6	05/16/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
7	05/27/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
8	06/06/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
9	07/18/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
10	08/29/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
11	10/10/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	395.00	885,W1 0.00	90.00

Totals

Total Charges:	5,335.00		
Bill Review Reductions:		5,245.00	
Network Reductions:			0.00
Recommended Allowance:			90.00

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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

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

0002039-0004206 0106 001 446877 BSP

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

Broadspire®
A CRAWFORD COMPANY

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Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
186240250-001	9140380092	50745217 BSP0001002	01/21/2015	$90.00	204499

PAID JAN 26 2015

72.84.1.3.16

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-509902

Carrier

SOMPO JAPAN INSURANCE COMPANY
TWO WORLD FINANCIAL CTR
225 LIBERTY ST, 43RD FLR
NEW YORK, NY 10281-1058

Provider

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

Tax ID: 33-0956713
License: 999999999
External ID: 201501135000104
Invoice Date: 12/18/2014
Patient Account: 60448
Payment Status Code: 1

Claimant

Claim Number: 186240250-001
DOI/DOL: 11/15/2011
CR Date / BR Date: 01/13/2015 / 01/13/2015
External Claim Number: 201112011312485887 6166
Social Security Number: ****
Employer/Insured: SMC CORPORATION OF AMERICA
Employer/Insured Address:

Policy Admin Information: 017227
Branch ID: FSN

Bill Details

Dates of Service: 11/19/2013 to 11/14/2014
Post Date: 01/19/2015
Client Type of Bill: 26
Adjuster: SRISAA

Bill ICD Version: 9

Dx A:959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Explanation Code(s) Network	Allowance
1	11/19/2013	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
2	01/10/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
3	02/21/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
4	02/25/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
5	04/25/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
6	05/16/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
7	05/27/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
8	06/06/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
9	07/18/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
10	08/29/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
11	10/10/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	224,G56 0.00	0.00
12	11/14/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	395.00	885,W1 0.00	90.00

Totals

Total Charges:	5,820.00		
Bill Review Reductions:		5,730.00	
Network Reductions:			0.00
Recommended Allowance:			90.00

Messages

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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

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

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

Broadspire®
A CRAWFORD COMPANY

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Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
186240250-001	9050309076	139488514 BSP0001002	08/16/2016	$1120.00	1640526

65.69.1.3.18

[redacted]

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-1298901

Carrier

SOMPO JAPAN INSURANCE COMPANY
11405 N COMMUNITY HOUSE RD
SUITE 600N
CHARLOTTE, NC 28277-1502

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
External ID: 6713999JOALININUNKNO4165
Invoice Date: 03/26/2015
Patient Account: 60448
Payment Status Code: 1

Claimant

Claim Number: 186240250-001
DOI/DOL: 11/15/2011
CR Date / BR Date: 08/04/2016 / 08/04/2016
External Claim Number: 201112011312485887616 6
Social Security Number: *****
Employer/Insured: SMC CORPORATION OF AMERICA
Employer/Insured Address:

Policy Admin Information: 017227
Branch ID: FSN

Bill Details

Dates of Service: 11/19/2013 to 07/27/2016
Post Date: 08/12/2016
Client Type of Bill: 74
Adjuster: SRISAA

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/19/2013	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	0.00	224,G56 0.00	0.00
2	01/10/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	0.00	224,G56 0.00	0.00
3	02/21/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	0.00	224,G56 0.00	0.00
4	02/25/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	0.00	224,G56 0.00	0.00
5	04/25/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	0.00	224,G56 0.00	0.00
6	05/16/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	0.00	224,G56 0.00	0.00
7	05/27/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	0.00	224,G56 0.00	0.00
8	06/06/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	0.00	224,G56 0.00	0.00
9	07/18/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	0.00	224,G56 0.00	0.00
10	08/29/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	0.00	224,G56 0.00	0.00
11	10/10/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	0.00	224,G56 0.00	0.00
12	11/14/2014	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	485.00	0.00	224,G56 0.00	0.00
13	01/06/2015	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	0.00	0.00	0.00	485.00
14	02/14/2015	99	99199	A	1	UNLISTED SPECIAL SERV	485.00	0.00	0.00	0.00	485.00
15	07/27/2016	99	99199	A	1	UNLISTED SPECIAL SERV	150.00	0.00	0.00	0.00	150.00

Totals

Total Charges:	6,940.00			
Bill Review Reductions:		5,820.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				1,120.00

Messages

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Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	04/20/2021
Check Amount	:	$5000.00
Check Number	:	5670974043

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
186240250-001 RM Fresno Interpreter	11/15/2011 $5000.00 $5000.00	Rachelle R. Duesing LienAllDOS	628-210-7025 04/07/2021-04/07/2021

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: SOMPO HOLDINGS

Claim Check Number
5670974043
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

Check Date : 04/20/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
******* **$5000.00***

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

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

Claim #: 186240250-001

By

⑈5670974043⑈ ⑆061100790⑆ 8800600242⑈