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		plus additional fees (medicals num of 2 hours, unless noted)	Am	ount billed		Check No.	Check Date	Ī	Total Paid Amt	market rate	Percentage of market rate paid, including P&I	Payment Authority
									6824420928	4/22/2014	\$	360.00		Total Amt	
									6826257747	7/15/2014	\$	90.00	Total Amt	Paid for	
				Medical				Р	6826404231	7/22/2014	\$	90.00	Paid for	medical treatment +	
				services	Initial (\$485), PR2's (\$485 each)	\$	6,790.00	Y M	6826891311	8/12/2014	\$	90.00	medical treatment	Penalties &	
			. / /	(VIETNAMESE)	,			Т	39158	11/11/2014	\$	270.00	(\$6790/ Total	Interest (\$7200) /	
1	60448	11/19/13-2/14/15	4/26/2021					S	127446	12/18/2014	\$	90.00	Amt Billed for medical	Principal Amt	Broadspire
								R C	204499	1/21/2015	\$	90.00	treatment	Billed for medical	
				Additional	Lien filing fee	\$	150.00	V D	1640526	8/16/2016	\$	1,120.00	(\$6790)	treatment	
				items billed	P&I for medical services	\$	5,068.96		5670974043	4/20/2021	\$	5,000.00		(\$6790)	
				тот	TAL AMT BILLED =>	\$	12,008.96		TOTAL AMT E	BILLED =>	\$	7,200.00	100%	106%	
									Average % of M	arket Rate pa	id w	ithout 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

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

TAX ID# 33-0956713 ** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-DOB : BROADSPIRE INS (SCAN-DEPT)

W. C. DEPARTMENT

ATTN: SHELLY ISAKA

Claim #(s):
186240250

P.O. BOX # 14352 LEXINGTON, KY 40512

BILL TO:

Case: vs SMC CORPORATION OF AMERICA

Date Of Injury: CT 1/1/11-11/17/11

DOS	SERVICE	DESCRIPTION	TRUOMA
			
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
/ /	INITIAL EXAM INTERPRETER:	LAN TRINH # 100303	0.00
04/22/14	PMT BY CHECK	DOS 11/19/13-2/25/14*	-360.00
		# 6824420928	
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	485.00
		ORTHO CLINIC	
/ /	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
	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*	-270.00
		# 39158	

Joyce Altman Interpreters, Inc.

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950

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

TAX ID# 33-0956713 ** 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
/ /	$\overline{\text{INTERPRETER}}$:	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*	-1120.00
		=# 1640526	
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

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

TAX ID# 33-0956713 ** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

BROADSPIRE INS (SCAN-DEPT)

W. C. DEPARTMENT ATTN: SHELLY ISAKA P.O. BOX # 14352 LEXINGTON, KY 40512

SS # : XXX-XX-DOB :

Terms: 60 days Claim #(s): 186240250

vs SMC CORPORATION OF AMERICA

Date Of Injury: CT 1/1/11-11/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
========	x x = = = = = = = = = = = = = = = = = =		
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.



Patient Name: Claim/Seq #: Juris Claim #:

Date of Injury: 11/15/2011

Bill ID #: EOR Date:

BRS-BSCA-135461 04/18/2014

Previous Bill ID #:

Unique Image ID: 201404105000063

Page: Adjustor: SRISAA Patient Ref#: 60448 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.

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

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code		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	UNLISTED SPECIAL SERV	1	1,	485.00	90.00	885,W1	
02/21/2014		99199	UNLISTED SPECIAL SERV	1	1.	485.00	90.00	885,W1	
02/25/2014		99199	UNLISTED SPECIAL SERV	1	1,	485.00	90.00	885,W1	
		Total Actual Ch	narges	:		\$1,940.00			
			ount (Please Do Not Balance Forward Reductions	; (;		\$1,580.0	00		
			Discount Reduction	:			\$0.00		
		Total Reimburs		:			\$360.00		

Summary of Codes

INJURY-SITE NOS Diagnostic Codes: (1) 959.9

E O M B Codes: 885

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

WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT W1

Bi			CLAM CHECK 6824420	928
BROAD'S PIRE **Cravityd Company ISSUED AT SUNRISE DATE ISSUED April 22, 2014	PAY TO THE ORDER JOYCE ALTMAN IN OP	TERPRETERS INC	SunTrust Banks, fac. 66 Felk Place, führ Floor Trust Company Benk Building Allante GA 30307	8500600242 Void if net presented for payment within 180 days after date of issue AMOUNT \$********360.00
MOUNT Three hundred sixty and 00/ NAYMENT FOR Dates of sen	100 Dollars vice: 11/19/2013 - 2/25/2014		JOYCE ALTMAN INTE PO BOX 4165 TUSTIN, CA 92781 41	RPRETERS INC
CLAIM NUMBER 186240250-001		CUSTOMER CLAIM NUMBER 60448	BY	Lay.



Patient Name:

Claim/Seq #: Juris Claim #:

Date of Injury: 11/15/2011

BRS-BSCA-244032 07/11/2014

Bill ID #: EOR Date: Previous Bill ID #:

Unique Image ID: 201406295000235

Page:

Adjustor: SRISAA 60448 Patient Ref#: 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 JUL 25 2014

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Maximum Allowable	E O M E Codes		
11/19/2013 01/10/2014 02/21/2014 02/25/2014	99199 99199	99199 99199 99199 99199	UNLISTED SPECIAL SERV UNLISTED SPECIAL SERV UNLISTED SPECIAL SERV UNLISTED SPECIAL SERV	0 0 0 0	1, 1, 1,	485.00 485.00 485.00 485.00	0.00 0.00 0.00	224,G56 224,G56 224,G56 224,G56	•	•
04/25/2014	99199	99199	UNLISTED SPECIAL SERV	1	1,	485.00	90.00	885,W1	·	
			ount (Please Do Not Balance Forward Reduction Discount Reduction	is) :		\$2,425.00 \$2,335.0	\$0.00 \$0.00 \$90.00)		

Summary of Codes

Diagnostic Codes: (1)

959.9

INJURY-SITE NOS

E O M B Codes: 885

224

REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT A CHARGE WAS MADE FOR A DUPLÍCATE PROCEDURE AND/OR SUPPLY.

W1

WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

VERIFY THE AUTHENTICITY	THIS MULTIFIONE SECURITY OO	CUMENT	GROUND AREA CHANGES COLOR G	
BROAD SPIRE SSUED AT SUNRISE DATE ISSUED July 15, 2014	PAY TO THE ORDER JOYCE ALTMAI OF	N INTERPRETERS INC	SinTrust Banks, Inc. 55 Park Piece. 10th Picor Trust Company Bank Building Allanta GA 30302	aB00500242 Void If not presented for payment within 180 days after date of Issue AMOUNT \$*********90.00
AMOUNT Ninety and 00/100 Dollars PAYMENT FOR Dates of se	rvice: 11/19/2013 - 4/25/201	12	JOYCE ALTMAN INTE PO BOX 4165 TUSTIN, CA 92781 41	RPRETERS INC 65
CLAIM NUMBER 186240250-001		COMPANY USE ONLY CUSTOMER CLAIM NUMBER 60448		non.



Patient Name:

Date of Injury: 11/15/2011

BRS-BSCA-251406 07/18/2014 Bill ID #: EOR Date:

Previous Bill ID #:

Unique Image ID: 201407025000469

Page:

Claim/Seq #: Juris Claim #:

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 Patient Ref#: constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	SMC CORP OF AMERICA - SOMPO	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165
DO DOY 4465	CARRIER: Sompo Japan Insurance Company of Americ Two World Financial Ctr 225 Liberty St, 43rd Floor New York, NY 10281-1058	PAID JUL 2 8 2014

Date of Adjusted Service Code	Submitted Code	Description	Units	Diag. Code		Allowable	Codes	
11/19/2013 99199 01/10/2014 99199 02/21/2014 99199 02/25/2014 99199 04/25/2014 99199 05/27/2014 99199	99199 99199 99199 99199 99199	UNLISTED SPECIAL SERV	0 0 0 0	1. 1. 1. 1.	485.00 485.00 485.00 485.00 485.00	0.00 0.00 0.00 0.00	224,G56 224,G56 224,G56 224,G56 224,G56 224,G56 885,W1	
5/2/12014 65165	Total Actual Ch Reduction Amo	ount (Please Do Not Balance Forward Red Discount Reduction	: uctions) : :		\$2,910.00 \$2,820.0	\$0.00 \$90.00)	

Summary of Codes

959.9 Diagnostic Codes: (1)

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.

	GLAM CHECK 6826404231 8479 611
BROAD SPIRE SSUED AT PAY TO THE ORDER DATE ISSUED JUly 22, 2014	Spit Trust Banks, Inc. 55 Park Place, 10th Floor Trust Company Bank Building, Attanta GA 30302 Attanta GA 30302 AMOUNT S***********************************
AMOUNT Ninety and 00/100 Dollars PAYMENT FOR Dates of service: 11/19/2013 - 5/27/2014	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165
CLAIM NUMBER 186240250-001 COMPANY	
CUSTOME 60448	R CLAIM NUMBER

Patient Name:

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

Date of Injury: 11/15/2011

Bill ID #: EOR Date:

Previous Bill ID #:

Unique Image ID: 201407255000268

Page:

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.

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

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

| PAID AUG 19 2014

CK #6826891311

Date of Adjusted Service Code	Submitted Code	Description	Units	Diag. Code		Maximum Allowable	E O M B Codes	
11/19/2013 99199 01/10/2014 99199	99199 99199	UNLISTED SPECIAL SERV UNLISTED SPECIAL SERV	0	1. 1.	485.00 485.00	0.00	224,G56 224,G56	
02/21/2014 99199 02/25/2014 99199	99199 99199	UNLISTED SPECIAL SERV UNLISTED SPECIAL SERV	0 0	1. 1.	485.00 485.00	0.00	224,G56 224,G56	
04/25/2014 99199 05/16/2014 99199	99199 99199	UNLISTED SPECIAL SERV UNLISTED SPECIAL SERV	0 1	1, 1,	485.00 485.00	90.00	224,G56 885,W1	
05/27/2014 99199	99199	UNLISTED SPECIAL SERV	0	1,	485.00	0.00	224.G56	
		ount (Please Do Not Balance Forward Reducti Discount Reduction	: ons) : :		\$3,395.00 \$3,305.0	\$0.00 \$0.00 \$90.00		

Summary of Codes

959.9 Diagnostic Codes: (1)

224

E O M B Codes: 885

INJURY-SITE NOS

REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT

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

0000213-0000450 0106 001 434427 BSP



JOYCE ALTAM INTERPRETERS INC

PO BOX 4165

TUSTIN, CA 92781-4165







PAID NOV 2 0 2014

րիմիկիկիայի միներ մինի կինիկի իրկինի իրինի այլ իրային հիմի

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

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

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



StoneEagle Services, Inc. 111 W. Spring Valley Road, Suite 100 Richardson, TX 75081-4016 METABANK Storm Lake, IA 39158

11/11/2014

PAYTOTHE 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

ù ¦ŏ À

MEMO

Bill Id: BRS-BSCA-419867

Claimant

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 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: 2011120113124858876166

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

Client Type of Bill: 26 Adjuster: SRISAA

Post Date: 11/07/2014

Bill ICD Version: 9

Dx A:959.9

INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx. Units			Explanatio	n Code(s)
					Charges	Review .	Network	Allowance
	11/19/2013	99	99199	A 1	UNLISTED SP 485.00	ECIAL SERV 485.00	224,G56 0.00	0.00
1 2 7	01/10/2014	99	99199	A 3 1	UNLISTED SP	ECIAL SERV	224,G56	0.00
					485.00	485.00	0.00	0.00
	02/21/2014	99	99199	A 1	UNLISTED SP 485.00	ECIAL SERV 485.00	224,G56 0.00	0.00
	02/25/2014	99	99199	$A_{U_{i,j}} = \cup_{i \in I} -1$	UNLISTED SP	ECIAL SERV	224,G56 0.00	0.00
(a/)	04/25/2014	99	99199	A 1	UNLISTED SP	485.00 ECIAL SERV	224,G56	y 00
		-			485.00	485.00	0,00	0.00
	05/16/2014	99	99199	A	UNLISTED SP 485.00	ECIAL SERV 485.00	224,G56 0,00	0.00
(C) - (2.08 + (C) (C)	05/27/2014	99	99199	A 1	UNLISTED SP		224,G56 0.00	0.00
467E	06/06/2014	oo 🌁	00100	Δ 1	485,00	ECIAL SERV	985 W1	0.00
	00,00201		1 // //		# 485.00	395,00	0.00	90.00
	07/18/2014	99	99199	A 1	UNLISTED SP 485.00		885,W1 0.00	90.00
0	08/29/2014	99	99199	-A 1	UNLISTED SP	ECIAL SERV 395.00	885,W1 20.00	90.00
		1	2.00		485,00	373,00		70.00
T	otals							
	J		T3 : Y	Total Charges:	4,850.00	4 500 00		
				Review Reductions:		4,580.00	0.00	
				nmended Allowance:			2100	270.00

Messages

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

885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
G56 THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL"
CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE.

W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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

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

PAID DEC 2 2 2014





0001790-0003706 0106 001 440665 BSP



JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165 TUSTIN, CA 92781-4165

արդերդիրոսիիգըյալընդակիկիինիգիկը

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

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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

Claimant

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

Claim Number: 186240250-001 DOI/DOL: 11/15/2011 CR Date / BR Date: 12/09/2014 / 12/09/2014 External Claim Number: 201112011312485876166 Social Security Number: ****

Employer/Insured: SMC CURPORATION OF AMERICA

Employer/Insured Address:

Policy Admin Information: 017227 Branch ID: FSN

Bill Details

Dates of Service: 11/19/2013 to 10/10/2014

Client Type of Bill: 26

Post Date: 12/16/2014

Adjuster: SRISAA

Bill ICD Version: 9

Dx A:959.9

INJURY-SITE NOS

ine	Date	POS	Rev./Proc. Code	Dx. Un		Review	Explanatio Network	on Code(s) Allowance
					Charges			Milowalice
	11/19/2013	99	99199	Α	1 UNLISTED SPE 485.00	CIAL SERV 485.00	224,G56 0.00	0.00
	01/10/2014	99	99199	A	1 UNLISTED SPE 485.00	CIAL SERV 485,00	224,G56 0.00	0.00
	02/21/2014	99	99199	A	1 UNLISTED SPE 485.00		224,G56 0.00	0.00
	02/25/2014	99	99199	Α	UNLISTED SPE 485.00	CIAL SERV :485.00	224,G56 0.00	0,00
. 682 13	04/25/2014	99	99199	A	1 UNLISTED SPE 485.00		224,G56 0.00	0.00
	05/16/2014	99	99199	A	I UNLISTED SPE 485.00	CIAL SERV 485.00	224,G56 0.00	0.00
\$10.27T	05/27/2014	99	99199	A	I UNLISTED SPE 485.00	CIAL SERV 485.00	224,G56 0.00	0.00
	06/06/2014	99	99199	A	1 UNLISTED SPI 485.00	CIAL SERV 485.00	224,G56 0,00	0.00
(18) e ; .u.	07/18/2014	99	99199	A	1 UNLISTED SPE 485.00		224,G56 0.00	0.00
	08/29/2014	99	99199	A	1 UNLISTED SPI 485,00	CIAL SERV 485.00	+224,G56 0.00	9.00
Au a d	10/10/2014	99	99199	A	I UNLISTED SPE 485.00	CIAL SERV 395.00	885,W1 0.00	90.00
Т	otals			Total Ch	5 225 00			
-11-1				Total Charge Il Review Reduction Network Reduction	s:	5,245.00	0.00	
			Reco	mmended Allowance	2:			90.00

Messages

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
G56 THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL"
CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE.

W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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

15.90.2.3.31.201

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







իթիցեննիկոնգո**յ**իլը։Ակնոկընկորըթիկն

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Claim ID 186240250-001	Client Reference ID 9140380092	SE Transaction ID 50745217 BSP0001002	Date 01/21/2015	Amount \$90.00	Check Number 204499
100240200 001		BSP0001002			

PAID JAN 2 6 2015

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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

Claimant

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

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

Claim Number: 186240250-001 DOI/DOL: 11/15/2011

CR Date / BR Date: 01/13/2015 / 01/13/2015 External Claim Number: 2011120113124858876166
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

Client Type of Bill: 26 Adjuster: SRISAA

Post Date: 01/19/2015

Bill ICD Version: 9

Dx A:959.9

INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx. Unit	s I	escription		Explanatio	
	MIL	- 00				irges	Review	Network	Allowance
1	11/19/2013	99	99199	A		NLISTED SPECIAL : 35.00	SERV 485.00	224,G56 0.00	0.00
2	01/10/2014	99	99199	A	i l	NLISTED SPECIAL 15.00	SERV 485,00	224,G56 0.00	- 0.00
3	02/21/2014	99	99199	A		INLISTED SPECIAL : 35.00	SERV 485.00	224,G56 0.00	0.00
4	02/25/2014	99	99199	A		INLISTED SPECIAL 35.00	SPRV 485,00	224,G56 0.00	0.00
5	04/25/2014	99	99199	A		INLISTED SPECIAL 35.00	SERV 485.00	224,G56 0.00	0.00
6	05/16/2014	99	99199	A). [41	INLISTED SPECIAL 15.00	SERV. 485.00	224,G56 - 0.00	0.00
7	05/27/2014	99	99199	A	l (INLISTED SPECIAL		224,G56 0.00	0.00
8	06/06/2014	99	99199	A		INLISTED SPECIAL 35.00	SERV 485,00	224,O56 0.00	0.00
9	07/18/2014	99	99199	A		INLISTED SPECIAL 35.00	SERV 485.00	224,G56 0.00	0.00
10	08/29/2014		99199	Α	l [4)	INLISTED SPECIAL 35.00	SERV 485.00	224,G56 0.00	0.00
11	10/10/2014		99199	A	1 t	JNLISTED SPECIAL 85.00		224,G56 0.00	0.00
12	11/14/2014	99	99199	A 5 4.		INLISTED SPECIAL 85.00	SERV 395.00	885,W1 0.00	90.00
Т	otals								
				Total Charges: I Review Reductions:		20.00	5,730.00	0.00	
				Network Reductions: mmended Allowance:				0.00	90.00

Messages

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CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE.

W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

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

DCN Number: 201501135000104

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



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





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

0

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Bill Id: BRS-BSCA-1298901

Carrier

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

Provider

Claimant

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

Claim Number: 186240250-001 DOI/DOL: 11/15/2011

CR Date / BR Date: 08/04/2016 / 08/04/2016 External Claim Number: 2011120113124858876166

Social Security Number: *****

Employer/Insured: SMC CURPORATION OF AMERICA

Employer/Insured Address:

Policy Admin Information: 017227 Branch ID: FSN

Bill Details

Dates of Service: 11/19/2013 to 07/27/2016

Client Type of Bill: 74 Adjuster: SRISAA

Post Date: 08/12/2016

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	11/19/201	3 99	99199	A	1	UNLISTED SPEC 485.00	IAL SERV 485.00	0.00	224,G56 0.00	0.00
2	01/10/201	4 99	99199	Ą	. 1	UNLISTED SPEC	IAL SERV 485.00	0.00	224,G56 0.00	0.00
3	02/21/201	4 99	99199	A	1	UNLISTED SPEC 485.00	DO LAZASON CHRIST	0.00	224,G56 0.00	2.00
4	02/25/201	4 99	99199	A150-	-1	UNLISTED SPEC	IAL SERV.	1	224,G56	0.00
5	04/25/201	4 99	99199	A	1	485,00 UNLISTED SPEC		0.00	0.00 224,G56	0,00
6	05/16/201	4 99	99199	A	1	485.00 UNLISTED SPEC	485.00 IAL SERV	0.00	0.00 224.056	0.00
7	05/27/201	4 99	99199	A	1	485.00 UNLISTED SPECI		0.00	0,00 224,G56	0.00
9	06/06/201		99199	•	1. %. :	485.00	485.00	0.00	0.00	0.00
		5.0			14	485.00	485.00	0.00	274,G56 0,00	0.00
9	07/18/201		99199	A	1	UNLISTED SPECI 485.00	485.00	0.00	224,G56 0.00	0.00
10 ×	08/29/201	4 99	99199	^ 4		UNLISTED SPECI 485.00	AL SERV 485.00	0.00	224,G56 0.00	0.00
11	10/10/201	4 99	99199	A	1	UNLISTED SPECT 485.00	AL SERV 485.00	0.00	224,G56 0.00	0.00
12	11/14/201	4 99	99199	A	1	UNLISTED SPECI 485.00	AL SERV 7485.00	0.00	224,G56	0.00
13	01/06/201		99199	Α	1	UNLISTED SPECI 485.00	No. of the contract of the con	0.00	0.00	485.00
14	02/14/201	5 99	99199	Α	1	UNLISTED SPECI	AL SERV	0.00	0.00	
15	07/27/2010	6 99	99199	A	1	UNLISTED SPECI	AL SERV		Water and the second second second	485.00
		······································				150.00	0.00	0.00	0.00	150.00
Tot	als			Total Charg	es: 6	5,940.00				
				Review Reductio	ns:	•	,820.00	0.00		
			Miscell	aneous Reductio mended Allowan	ns:			2.22	0.00	1,120.00
Mes	sages									

224 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
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CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE.

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

DCN Number: 201608045002990

Broadspire*

PO BOX 14352 **LEXINGTON KY 40512-4352**

04/20/2021 **Check Date Check Amount** \$5000.00 5670974043 **Check Number**

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
			and the training of the second

Please Fold on Perforation Before Tearing

Broadspire

PO BOX 14352 LEXINGTON KY 40512-4352

ON BEHALF OF SOMPO HOLDINGS

Check Date

04/20/2021

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS, INC.

Claim Check Number 5670974043 SUNTRUST SUNTRUST BANK ATLANTA SUNTRUST BANK NORTHWEST 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

****** \$5000.00*

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

GA

Claim #: 186240250-001