Market Rate Summary Graph

Payments at market rate for legal dates of service received between 4/1/21 and 4/30/21

	Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
1	78186	6/1/2020	4/19/2021	$ 195.00	Depo Prep	$ 195.00	34976385	3/31/2021	**100%**	AIG
		3/8/2021		$ 195.00	Depo Prep	$ 195.00	34988174	4/8/2021	**100%**	
		3/11/2021		$ 250.00	Depo Review	$ 250.00	34988175	4/8/2021	**100%**	
2	79953	3/25/2021	4/23/2021	$ 250.00	C&R Reading	$ 250.00	34999400	4/16/2021	**100%**	AIG
3	79764	3/5/2021	4/6/2021	$ 250.00	C&R Reading	$ 250.00	03695731	3/31/2021	**100%**	Amtrust-ANA UBI Claims
4	79591	4/8/2021	4/23/2021	$ 195.00	Depo Prep	$ 195.00	0000024300	4/20/2021	**100%**	Benchmark Insurance
5	79912	3/18/2021	4/28/2021	$ 250.00	C&R Reading	$ 250.00	0674978	4/26/2021	**100%**	Berkshire Hathaway
6	80046	4/13/2021	4/30/2021	$ 250.00	C&R Reading	$ 250.00	2739620	4/28/2021	**100%**	Berkshire Hathaway
7	71225	3/25/2021	4/12/2021	$ 390.00	Full Day Board Appearance (WCAB LBO)	$ 390.00	6750624943	4/5/2021	**100%**	Broadspire
8	79721	2/23/2021	4/27/2021	$ 250.00	C&R Reading	$ 180.00	4762313	3/23/2021	**100%**	Broadspire
						$ 70.00	5670928125	4/19/2021		
9	79585	2/2/21-2/16/21	4/23/2021	$ 500.00	2 Stipulation Readings ($250 each)	$ 500.00	0166621141	4/20/2021	**100%**	CCMSI
10	79766	3/9/2021	4/8/2021	$ 250.00	C&R Reading	$ 250.00	0128305996	4/1/2021	**100%**	CCMSI
11	79730	2/18/2021	4/8/2021	$ 195.00	Depo Prep	$ 195.00	DA84668740	4/1/2021	**100%**	Chubb
12	79858	3/10/2021	4/5/2021	$ 250.00	C&R Reading	$ 250.00	3022238	3/31/2021	**100%**	Corvel (Ace American Ins)
13	79967	3/19/2021	4/26/2021	$ 250.00	Depo Review	$ 250.00	9397070	4/22/2021	**100%**	Corvel (Ace American Ins)

Market Rate Summary Graph

Payments at market rate for legal dates of service received between 4/1/21 and 4/30/21

	Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
14	78754	4/1/2021	4/28/2021	$ 195.00	Depo Prep	$ 195.00	160001	4/20/2021	**100%**	Corvel (Alaska National Ins)
15	79752	3/2/2021	4/9/2021	$ 195.00	Depo Prep	$ 195.00	157050	4/2/2021	**100%**	Corvel (Alaska National Ins)
16	80028	4/6/2021	4/26/2021	$ 250.00	C&R Reading	$ 250.00	55467	4/21/2021	**100%**	Corvel (Sirius America Ins Co)
17	79738	2/25/2021	4/1/2021	$ 250.00	C&R Reading	$ 250.00	32662784	3/30/2021	**100%**	Employers Ins
18	79745	2/25/2021	4/2/2021	$ 250.00	C&R Reading	$ 250.00	32691559	3/31/2021	**100%**	Employers Ins
19	79865	3/19/2021	4/19/2021	$ 250.00	C&R Reading	$ 250.00	33036646	4/14/2021	**100%**	Employers Ins
20	78346	6/25/20-8/31/20	4/23/2021	$ 445.00	Depo Prep ($195), Depo Review ($250)	$ 445.00	0170364125	4/16/2021	**100%**	Gallagher Bassett
21	79138	2/8/2021	4/6/2021	$ 195.00	Depo Prep	$ 195.00	0169955637	3/30/2021	**100%**	Gallagher Bassett
22	79601	2/4/2021	4/2/2021	$ 250.00	C&R Reading	$ 250.00	0169917679	3/28/2021	**100%**	Gallagher Bassett
23	79737	2/24/2021	4/8/2021	$ 350.00	Depo Prep & Deposition ($350)	$ 350.00	0170055686	4/2/2021	**100%**	Gallagher Bassett
24	79850	3/11/2021	4/13/2021	$ 250.00	C&R Reading	$250 (CK was issued for $277.50 and vendor returned $27.50)	009949244	4/8/2021	**100%**	Guard Ins
25	79743	2/24/21-3/3/21	4/5/2021	$ 500.00	Depo Review & C&R Reading ($250 each)	$ 500.00	80390	3/26/2021	**100%**	Intercare
26	73901	3/11/2021	4/7/2021	$ 250.00	C&R Reading	$ 250.00	04935950	3/29/2021	**100%**	Liberty Mutual
27	79964	3/19/2021	4/19/2021	$ 250.00	Depo Review	$ 250.00	1000527061	4/15/2021	**100%**	Republic Indemnity

Market Rate Summary Graph

Payments at market rate for legal dates of service received between 4/1/21 and 4/30/21

	Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
28	79572	3/11/2021	4/6/2021	$ 195.00	Depo Prep	$ 195.00	4129451	4/1/2021	**100%**	Sedgwick
29	79765	3/5/2021	4/5/2021	$ 250.00	C&R Reading	$ 250.00	123586608	4/1/2021	**100%**	Sedgwick
30	79918	3/22/2021	4/23/2021	$ 250.00	C&R Reading	$ 250.00	113276119	4/21/2021	**100%**	Sedgwick
31	79965	3/29/2021	4/23/2021	$ 250.00	C&R Reading	$ 250.00	124281508	4/19/2021	**100%**	Sedgwick
32	80029	4/7/2021	5/3/2021	$ 250.00	Depo Review	$ 250.00	119747795	4/28/2021	**100%**	Sedgwick
33	80049	4/15/2021	4/30/2021	$ 195.00	Board Appearance (WCAB RIV)	$ 195.00	121438232	4/28/2021	**100%**	Sedgwick
34	79744	2/25/2021	4/6/2021	$ 250.00	C&R Reading	$ 250.00	CT-548861	4/1/2021	**100%**	SCIF
		3/12/2021	4/12/2021	$ 250.00	C&R Reading	$ 250.00	CT-549169	4/7/2021	**100%**	
35	79962	4/1/2021	4/20/2021	$ 250.00	C&R Reading	$ 250.00	151911	4/1/2021	**100%**	Zenith
		4/9/2021	4/30/2021	$ 250.00	C&R Reading	$ 250.00	162571	4/9/2021	**100%**	
36	79861	3/11/2021	4/23/2021	$ 250.00	C&R Reading	$ 250.00	1102464305	4/16/2021	**100%**	Zurich

Average % of Market Rate paid	**100%**

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

*** INVOICE ***
Date NO#
04/19/21 78186

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
572068951

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: KATHY CRAVEN
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs SAFRAN CABIN INC
Date Of Injury: 1/16/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/20	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/15/20	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/04/21	PMT BY CHECK	DOS 7/15/20* =# 34936877	-250.00
03/08/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI II	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/11/21	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/31/21	PMT BY CHECK	DOS 6/1/20* =# 34976385	-195.00
04/08/21	PMT BY CHECK	DOS 3/8/21* =# 34988174	-195.00
04/08/21	PMT BY CHECK	DOS 3/11/21* =# 34988175	-250.00

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.

P40000280000

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

202103311615

Electronic Service Requested

SINGLE PIECE
962 0.5486 SP 0.560

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

4

Check No.: 34976385
RFP No.: 918681
Check Date: 03/31/2021
Check Amount: 195.00
Insured: ZODIAC US CORPORATION

Claimant:

Claim Office: 572
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000012717061	00068951	001	01/16/2019	MED	O	195.00
				Total Amount		195.00

Reason for Payment
Recon Prev Pay: 250.00 ACT: 78186 060120-07

Use File # 572/00068951 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

AMERICAN HOME ASSURANCE COMPANY

50-937/213

Claim No.: 00068951 Policy No.: 000012717061
Reason for Payment: Recon Prev Pay: 250.00 ACT: 78186 060120-07

CHECK No. 34976385
RFP No. 00918681
DATE 03/31/2021

**********One Hundred Ninety Five Dollars*****

AMOUNT PAID
*******$195.00

Void after 90 Days

Pay TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN
CA, 92781

JPMORGAN CHASE BANK, N.A
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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⑈ 34976385⑈ ⑆021309379⑆ 78BL20539⑈

AIG

EXPLANATION OF BILL REVIEW

AIG CLAIMS, INC.
P.O. BOX 25978
SHAWNEE MISSION KS 66225

Invoice #: 2105601581
Control #: 26210600082002

SINGLE PIECE
962 0.5486 SP 0.560

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

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Tax ID: 330956713
State License #:
NPI #: 9999999999

Rendering Provider:

Tax ID/NPI #:

Claim #: 5720689510000
Claimant:
Date of Injury: 01/16/2019
Claimant SSN:

State Claim #:
Patient Acct #: 78186
Service Dates: 06/01/2020-07/15/2020

Policy #: 000012717061
Employer: ZODIAC US CORPORATION
Insurer: AMERICAN HOME ASSURANCE CO

Date Received: 03/23/2021
Date Reviewed: 03/26/2021
Date Processed: 03/30/2021

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/01/2020	T1013	T1013	8.00	195.00	195.00	0.00	195.00	
07/15/2020	T1013	T1013	8.00	250.00	250.00	0.00	250.00	
		Totals		445.00	445.00	0.00	445.00	

Diagnosis:
T1490 INJURY, UNSPECIFIED

* -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. (Z400)
* -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)
* -Medical bills and reconsideration requests should be directed to P.O. Box 25978, Shawnee Mission, KS 66225. (Z657)
* -The Payment Status Code reflects the recommended allowance as a result of our Bill Review analysis. The actual payment will be determined by the Payor. (ZCA1)
* -Request for Independent Bill Review. After a health care provider, health care facility, or billing agent, assignee submits a

If you have questions about this review please call AIG at: 877-802-5246

CONTINUED

EXPLANATION OF BILL REVIEW

AIG

AIG CLAIMS, INC.
P.O. BOX 25978
SHAWNEE MISSION KS 66225

Invoice #: 2105601581
Control #: 26210600082002

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, a health care provider, health care facility, or billing agent, assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of the service of the EOR. The Request for Independent Bill Review must conform to the requirements of the title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent, assignee fails to request an independent bill review 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 ha
s contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final. (ZD49)
* -This claim has been processed on a policy underwritten by AMERICAN HOME ASSURANCE COMPANY

Negotiated/ PPO Savings:	0.00
Recommended Amount:	445.00
Previously Paid:	250.00
Payment:	195.00

Check #:	34976385
Check Date:	03/31/2021
Method of Payment:	Check
Payment Status Code:	1

**Medical bill EOR and payment status information is now available online at www.aig.com/epbi.
Click "Provider Sign Up" on the Sign in screen.**

If you have questions about this review please call AIG at: 877-802-5246

P4000028000

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

202104080162

Electronic Service Requested

MIXED AADC 926
2736 0.9028 MB 0.436

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

124

Check No.: 34988174
RFP No.: 923764
Check Date: 04/08/2021
Check Amount: 195.00
Insured: ZODIAC US CORPORATION

Claimant:

Claim Office: 572
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

ENV 2736 1 OF 4 F

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000012717061	00068951	001	01/16/2019	MED	O	195.00
				Total Amount		195.00

Reason for Payment ✓
ORG: 640.00 ACT: 78186 060120-030821

Use File # 572/00068951 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

AMERICAN HOME ASSURANCE COMPANY

50-937/213

Claim No.: 00068951 Policy No.: 000012717061
Reason for Payment: ORG: 640.00 ACT: 78186 060120-030821

CHECK No. 34988174
RFP No. 00923764
DATE 04/08/2021

**********One Hundred Ninety Five Dollars*****

AMOUNT PAID
*******$195.00

Void after 90 Days

Pay TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN
CA, 92781

0642974

JPMORGAN CHASE BANK, N.A
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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⑈34988174⑈ ⑆021309379⑆ 7864205390⑈

AIG

EXPLANATION OF BILL REVIEW

Invoice #: 2108800256
Control #: 26210890064700

AIG CLAIMS, INC.
P.O. BOX 25978
SHAWNEE MISSION KS 66225

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Tax ID: 330956713
State License #:
NPI #: 9999999999

Rendering Provider:

Tax ID/NPI #:

Claim #: 5720689510000
Claimant:
Date of Injury: 01/16/2019
Claimant SSN:

State Claim #:
Patient Acct #: 78186
Service Dates: 06/01/2020-03/08/2021

Policy #: 000012717061
Employer: ZODIAC US CORPORATION
Insurer: AMERICAN HOME ASSURANCE CO

Date Received: 03/16/2021
Date Reviewed: 03/30/2021
Date Processed: 04/07/2021

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/01/2020	T1013	T1013	0.00	195.00	0.00	0.00	0.00	1 ,2 ,3 ,4
07/15/2020	T1013	T1013	0.00	250.00	0.00	0.00	0.00	1 ,2 ,3
03/08/2021	T1013	T1013	8.00	195.00	195.00	0.00	195.00	
			Totals	640.00	195.00	0.00	195.00	

Diagnosis:
T1490 INJURY, UNSPECIFIED

1 - 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.
2 -DUPLICATE CHARGE (X143)
3 -The provider has billed for the exact services on a previous bill.
4 -The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.
* -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent, assignee does not request a second review within 90 days of the service of the explanation of review, the bill

If you have questions about this review please call AIG at: 877-802-5246

CONTINUED

P4000028000

202104080163

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

MIXED AADC 926
2736 0.9028 MB 0.436

JOYCE ALTMAN INTERPRETERS INC 124
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 34988175
RFP No.: 923819
Check Date: 04/08/2021
Check Amount: 250.00
Insured: ZODIAC US CORPORATION

Claimant:

Claim Office: 572
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

ENV 2736 3 OF 4 F

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000012717061	00068951	001	01/16/2019	MED	O	250.00
				Total Amount		250.00

Reason for Payment
ORG: 890.00 ACT: N/A 060120-031121

Use File # 572/00068951 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

AMERICAN HOME ASSURANCE COMPANY

50-937/213

Claim No.: 00068951 Policy No.: 000012717061
Reason for Payment: ORG: 890.00 ACT: N/A 060120-031121

CHECK No. 34988175
RFP No. 00923819
DATE 04/08/2021

**********Two Hundred Fifty Dollars*****

AMOUNT PAID
*******$250.00

Void after 90 Days

Pay TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN
CA, 92781

0642975

JPMORGAN CHASE BANK, N.A
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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⑈34988175⑈ ⑆021309379⑆ 7864205394⑈

P400028003

AIG

EXPLANATION OF BILL REVIEW

AIG CLAIMS, INC.
P.O. BOX 25978
SHAWNEE MISSION KS 66225

Invoice #: 2109000243
Control #: 26210910069300

MIXED AADC 926
2736 0.9028 MB 0.436

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165
124

ENV 2736 4 OF 4 F

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Claim #: 5720689510000
Claimant:
Date of Injury: 01/16/2019
Claimant SSN:

Tax ID: 330956713
State License #:
NPI #: 9999999999

State Claim #:
Patient Acct #: N/A
Service Dates: 06/01/2020-03/11/2021

Date Received: 03/23/2021
Date Reviewed: 04/01/2021
Date Processed: 04/07/2021

Rendering Provider:

Tax ID/NPI #:

Policy #: 000012717061
Employer: ZODIAC US CORPORATION
Insurer: AMERICAN HOME ASSURANCE CO

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
06/01/2020	T1013	T1013	0.00	195.00	0.00	0.00	0.00	1 ,2 ,3 ,4
07/15/2020	T1013	T1013	0.00	250.00	0.00	0.00	0.00	1 ,2 ,3 ,4
03/08/2021	T1013	T1013	0.00	195.00	0.00	0.00	0.00	1 ,2 ,3
03/11/2021	T1013	T1013	8.00	250.00	250.00	0.00	250.00	
			Totals	890.00	250.00	0.00	250.00	

Diagnosis:
T149 UNSPECIFIED INJURY

1 - 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.
2 -DUPLICATE CHARGE (X143)
3 -The provider has billed for the exact services on a previous bill.
4 -The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.
* -In accordance with section 9789.12.2(a) of the California Official Medical Fee Schedule, reimbursement is based on the non-facility site of service calculation. (PNFC)
* -California is a jurisdictional state. This review has been conducted based on the Official Medical Fee Schedule (OMFS) or other criteria that apply to your bill within California jurisdiction. (Z005)
* -California Labor Code Section 4600.2 allows a carrier to enter into a contractual agreement with a pharmacy network . AIG and AIG Claims, Inc. have entered into a contractual agreement with TMESYS a Pharmacy Benefit Network. As of March 1, 2011 all pharmacy transactions should be processed through TMESYS. For questions regarding how to process transactions through TMESYS please call 1-800-682-4491. (Z356)
* -Request for Second Review. After an EOR is received on an original bill submission, a healthcare provider, healthcare facility, or billing agent, assignee that disputes the amount paid may submit an appeal, reconsideration, Request for Second Review to the claims administrator within 90 days of the service of the explanation or review. The Request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Billing Guide, and regulations at title 8. California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility,

If you have questions about this review please call AIG at: 877-802-5246

CONTINUED

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

*** INVOICE ***
Date NO#
04/23/21 79953

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
57201230

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: KUILE OVERTON
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs GENESIS SUPREME RV INC.
Date Of Injury: 2/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
04/16/21	PMT BY CHECK	DOS 3/25/21* # 34999400	-250.00

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.

P-0000028001

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

202104160105

Electronic Service Requested

1 OF 1

ENV 40117

ALL FOR AADC 926
40117 0.3820 AB 0.416

JOYCE ALTMAN INTERPRETERS INC
PO BOX 1460
TUSTIN, CA 92781-1460

534

Check No.: 34999400
RFP No.: 928755
Check Date: 04/16/2021
Check Amount: 250.00
Insured: DECISIONHR I, INC.

Claimant:

Claim Office: 572
Insuring Company: AMERICAN HOME ASSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000020771159	00071230	001	02/01/2019	EXP	O	250.00
					Total Amount	250.00

Reason for Payment
032521-032521

Use File # 572/00071230 on all correspondence for prompt processing.
For check information call: 877-802-5246

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

AMERICAN HOME ASSURANCE COMPANY

50-937/213

Claim No: 00071230 Policy No.: 000020771159
Reason for Payment 032521-032521

*********Two Hundred Fifty Dollars***

CHECK No.	34999400
RFP No.	00928755
DATE	04/16/2021
AMOUNT PAID	
	*******$250.00

Void after 90 Days

9498381

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 1460
TUSTIN
CA, 92781

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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

⑈34999400⑈ ⑆021309379⑆ 7864205390⑈

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

*** INVOICE ***
Date NO#
04/06/21 79764

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3158435

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

Case: vs ALEJOS PRESTO TRATTORIA/CY CAS
Date Of Injury: CT 2/12/18-2/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
03/31/21	PMT BY CHECK	DOS 3/5/21* # 03695731	-250.00

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.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03695731
3158435-1
SWC1200506

DATE	AMOUNT
3/31/2021	$250.00

Two Hundred Fifty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈03695731⑈ ⑆021309379⑆ 79026246 3⑈

Check Number	03695731
Claim Number:	3158435-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1200506/Cy Castro Corporation
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	2/18/2019
Location:	8343 Lincoln Blvd. Los Angeles CA 90045 -
Examiner Code:	21440

Amount:	$250.00
Dates of Service:	3/5/2021-3/5/2021
Explanation:	INVOICE 79764 ✓
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

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

*** INVOICE ***
Date NO#
04/23/21 79591

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
7111673

BILL TO:
BENCHMARK (LAS VEGAS)
W. C. DEPARTMENT
ATTN: PATRICIA GALVAN
P.O. BOX 46350
LAS VEGAS, NV 89114

Case: ___ vs BARON HR/CRAFT SOLUTIONS
Date Of Injury: 9/6/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/10/20	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
01/20/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/17/21	PMT BY CHECK	DOS 9/5/20-1/20/21* # 0000023894 BENCHMA	-445.00
04/08/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI III	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/20/21	PMT BY CHECK	DOS 4/8/21* # 0000024300 BENCHMARK	-195.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Benchmark Insurance Company of NV Direct
Claims Account - (800) 362-5198
7881 W Charleston Blvd., Suite 210
Las Vegas NV 89117

Wells Fargo
Minneapolis, MN
17-1/910

Check Number
0000024300
Issue Date: 04/20/2021
VOID After 60 Days

Form 914-BG

For Expense from 04/08/2021 to 04/08/2021. Inv# 79591
Claim: 7111673 / paid under Expense

Pay *One Hundred Ninety-Five and 00/100 Dollars* $ *******195.00

To The Order Of
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781

David L. Ochlan
Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈0000024300⑈ ⑆091000191⑆ 3987025537⑈

Claim: 7111673 / Accident date: 09/06/2019, Jurisdiction State: California.
Insured: Craft Solutions, Inc., Policy: BWC19326101.

The payment is for Language Interpreter - paid under Expense from 04/08/2021 to 04/08/2021.
Check: 0000024300, issued: 04/19/2021, for: $195.00, for: Expense, Invoice: Inv# 79591

To the Order of: Joyce Altman Interpreters, Inc
: P.O. BOX 4165
: TUSTIN, CA 92781

Please contact Patricia Galvan, telephone: (909) 843-9663 Ext: 8989 in CA \ Ontario Ontario CA, if you have questions regarding this payment.

Send to Adjuster

0000852989

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

*** INVOICE ***
Date NO#
04/28/21 79912

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
22046183

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

Case: vs LEONS LANDSCAPING TREE SERVICE
Date Of Injury: 11/4/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/26/21	PMT BY CHECK	DOS 3/18/21* # 0674978	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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M

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/26/2021
Check Number : 0674978
Check Amount : $250.00

D2BJ22

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

du15a
00028

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22046183		11/04/2020	79912	Interpreter Fees -	03/18/2021	03/18/2021	$250.00

28-28
4014

Oak River Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

D2BJ22

DATE	CHECK NO.
04/26/2021	0674978
VOID AFTER 90 DAYS	$250.00

PAY TWO HUNDRED FIFTY & XX / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 927814165

R McDaniel

Security features included. Details on back.

⑈0674978⑈ ⑆121000248⑆ 4121400683⑈

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

*** INVOICE ***
Date NO#
04/30/21 80046

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
44071161

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: BRITTANY DE LA CRUZ
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs MEALS ON WHEELS ORANGE COUNTY
Date Of Injury: 7/1/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
04/28/21	PMT BY CHECK	DOS 4/28/21* =# 2739620	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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M

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/28/2021
Check Number : 2739620
Check Amount : $610.00

X4CJ2R

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

e9a5a
00119

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment $
44054828		08/19/2019	78510	Interpreter Fees -	03/09/2021	03/09/2021	$180.00
44054828		08/19/2019	78510	Interpreter Fees -	03/01/2021	03/01/2021	$180.00
44071161		07/01/2020	80046	Interpreter Fees -	04/13/2021	04/13/2021	$250.00

119-119
4014

Redwood Fire and Casualty Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

X4CJ2R

04/28/2021	2739620
VOID AFTER 90 DAYS	$610.00

PAY SIX HUNDRED TEN & XX / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 927814165

R McDaniel

Security features included. Details on back.

⑈2739620⑈ ⑆121000248⑆ 4121526388⑈

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

*** INVOICE ***
Date NO#
04/12/21 71225

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
177072743-001

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

Case: vs NOBLE HOUSE/SAN DIEGO PARADISE
Date Of Injury: 4/8/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/08/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
04/05/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
03/21/18	LEGAL_WCAB	STATUS CONF @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/12/18	PMT BY CHECK	DOS 2/8/17-3/21/18* # 6750030693	-469.50
04/20/18	PENALTIES	FOR DATE OF SERVICE 2/8/17	23.48
04/12/18	INTEREST	FOR DATE OF SERVICE 2/8/17	19.72
04/20/18	PENALTIES	FOR DATE OF SERVICE 4/5/17	23.48
04/12/18	INTEREST	FOR DATE OF SERVICE 4/5/17	17.95
06/06/18	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
06/27/18	PMT BY CHECK	DOS 4/20/18-6/6/18* # 6750081132	-241.13
10/10/18	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
11/02/18	PMT BY CHECK	DOS 11/2/18* # 6750165918	-156.50
11/05/18	COSTS	MONIES CREDITED TOWARD COSTS #6750165201	156.50
11/05/18	PMT BY CHECK	DOS 10/10/18* # 6750165201	-156.50
05/08/19	LEGAL_WCAB	STATUS CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	VERA R. DARLING 301418	0.00
11/05/18	CREDIT_MCTC	APPLIED TO DOS 5/8/19 # 6750165201	-156.50
03/25/21	LEGAL_WCAB	FULL DAY TRIAL (VENUE: WCAB AHM)	390.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/05/21	PMT BY CHECK	DOS 2/817-3/25/21* # 6750624943	-390.00

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

*** INVOICE ***
Date NO#
04/12/21 71225

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
177072743-001

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

Case: vs NOBLE HOUSE/SAN DIEGO PARADISE
Date Of Injury: 4/8/08

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Broadspire
A CRAWFORD COMPANY

m

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	04/05/2021
Check Amount	:	$390.00
Check Number	:	6750624943

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
177072743-001 BP WC Brea Professional Service	04/08/2008 $390.00 $390.00	Linda J. Santens 71225	628-212-1168 02/08/2017-03/25/2021

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Claim Check Number
6750624943
BANK OF AMERICA N.A.
401 EAST LAS OLAS BLVD
FT. LAUDERDALE FL 33301-2033

64-1278
611
3299111676

ON BEHALF OF: ZURICH INS GRP
INSURER: ZURICH AMERICAN INSURANCE COMPANY

Check Date : 04/05/2021

Void If not presented for payment within 180 days after the date of issue

Amount
********* **$390.00***

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
*** Three Hundred Ninety and 00/100 Dollars ***************************************

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

By

Claim #: 177072743-001

⑈6750624943⑈ ⑆061112788⑆ 329 911 1676⑈

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

*** INVOICE ***
Date NO#
04/27/21 79721

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189098269

BILL TO:
BROADSPIRE INS (SCAN-DEPT)

ATTN: SANDRA MAGANA
P.O. BOX 14352
LEXINGTON, KY 40512

Case: vs SELECT STAFFING
Date Of Injury: 9/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
03/23/21	PMT BY CHECK	DOS 2/23/21* =# 4762313	-180.00
04/19/21	PMT BY CHECK	DOS 3/23/21* # 5670928125	-70.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Broadspire Services, Inc.
PO Box 189080
Plantation, FL 33318-9080

Broadspire®
A CRAWFORD COMPANY

JOYCE ALTMAN INTERPRETERS, INC.
PO BOX # 4165
TUSTIN, CA 92781-0000

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 the payment, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire Services, Inc. at 1-800-800-7885.

Claim ID:	189098269-001
Client Reference ID:	9150518065
VP Trans ID:	996077859 BSP0001002
Date:	03/23/2021
Amount:	$180.00
Check Number:	4762313

79721

PAID
MAR 25 2021

Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-3016914

Carrier

XL INSURANCE AMERICA, INC.
70 SEAVIEW AVE
STAMFORD, CT 06902

Provider

JOYCE ALTMAN INTERPRETERS, INC.
PO BOX # 4165
TUSTIN, CA 92781-0000

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 03/08/2021
Patient Account: 79721
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189098269-001
DOI/DOL: 09/12/2019
CR Date / BR Date: 03/11/2021 / 03/11/2021
External Claim Number: 2019[illegible]50967029509
Social Security Number: ****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: BROADSPIRE/TELEPLUS - EMPLOYBR
545 E ALLUVIAL AVE
FRESNO, CA 93720
Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 02/23/2021
Post Date: 03/19/2021
Client Type of Bill: 74
Adjuster: SSMAGA

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	02/23/2021	99	00014	A	8	INTERPRETER OTHER 15	250.00	70.00	0.00	W1,885 0.00	180.00

Totals

Total Charges:	250.00
Bill Review Reductions:	70.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00

Messages

885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
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 including but not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

9960077859

Broadspire
A CRAWFORD COMPANY

APR 2 6 2021

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	04/19/2021
Check Amount	:	$70.00
Check Number	:	5670928125

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# 79721	Adjuster Phone# Invoice Date Service Dates
189098269-001 BP WC Brea All Other WC Medical	09/12/2019 $70.00 $70.00	Sandra S. Magana	628-207-4351 03/23/2021-03/23/2021

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

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

Check Date : 04/19/2021

Claim Check Number
5670928125
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST
GA

64-79
611
8800600242

PAYABLE IF DESIRED
AT WELLS FARGO
BANK, N.A. CALIFORNIA

Void If not presented for payment within 180 days after the date of Issue

Amount
********** $70.00*

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
*** Seventy and 00/100 Dollars **********

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

By

Claim #: 189098269-001

⑈5670928125⑈ ⑆061100790⑆ 8800600242⑈

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

*** INVOICE ***
Date NO#
04/23/21 79585

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
19K40J108873

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: STEVE ALLEE
P.O. BOX 53550
IRVINE, CA 92619

Case: vs SAMUEL HALE LLC
Date Of Injury: 10/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/21	LEGAL_MISC	STIPULATION READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
02/16/21	LEGAL_MISC	STIPULATION READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
04/20/21	PMT BY CHECK	DOS 2/2/21-2/16/21* # 0166621141	-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.

CCMSI OBO CLEAR SPRING PROPERTY & CASUALTY COMPANY
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check No. 0166621141

Date: 04/20/2021

Batch#: 304405028

Amount

$****500.00

Void After 180 Days

Amount: FIVE HUNDRED AND 00 / 100*****

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

Bradley J. Golden

⑈0166621141⑈ ⑆071000039⑆ 866662264 2⑈

M

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
19K40J108873		500.00	0.00	500.00	79585 ✓	STALLEE
10/05/2019					79585 DS 02.02.21-02.16.21	IRVINE

Batch#: 304405028

Loc: SEACREST MAINTENANCE SERVICES, LLC DBA SOL PACIFIC

Check# 166621141

Check Amount: $**500.00**

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

*** INVOICE ***
Date NO#
04/08/21 79766

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19D68F850389

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: MICHELLE BENAVIDES
P.O. BOX 53550
IRVINE, CA 92619

Case: vs STAFFMARK
Date Of Injury: 1/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/09/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
04/01/21	PMT BY CHECK	DOS 3/9/21* # 0128305996	-250.00

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.

THE FACE OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF VOID IS VISIBLE

CCMSI obo Staffmark
2 East Main St., Suite 208
Danville, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check No. 0128305996

Date: 04/01/2021

Batch#: 304356448

Amount

$****250.00

Void After 180 Days

Amount: TWO HUNDRED FIFTY AND 00 / 100*****

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

Rodney J. Golden

⑈0128305996⑈ ⑆071000039⑆ 866662264 2⑈

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
19D68F850389		250.00	0.00	250.00		BENAVIDES
01/18/2019					Invoice #79766 DOS 03/09/21	IRVINE

Batch#: 304356448

Loc: BR10 San Diego CA

Check# 128305996

Check Amount: $**250.00**

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

*** INVOICE ***
Date NO#
04/08/21 79730

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
C877C9599524

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

Case: vs ELITE STAFFING
Date Of Injury: CT 9/18/17-9/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/26/21	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/01/21	PMT BY CHECK	DOS 2/18/21* # DA84668740	-195.00

BALANCE 250.00

* 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.

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

DATE 04/01/21
CHECK NO. **DA84668740**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company CHUBB

5900A11DA 00 00294 DA84668740

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

FILE ID 877C9599524
DOLLARS $********195.00

*** NOT NEGOTIABLE ***
Invoice # 79730
Agency Claim # 20190501140609549957995

FOR
02/18/21 THRU 02/18/21 79730
CLAIMANT

DATE OF EVENT
09/18/17

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

PDMLTDMCD-001396-01-01-00

BOA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

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

CHUBB

Chubb
ACE Property and Casualty Insurance Company

64-1278
611

DATE 04/01/21

DA84668740

FILE ID
877C9599524

CWA13103210000100330

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay ****ONE HUNDRED NINETY FIVE DOLLARS AND 00 CENTS****

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

$********195.00

FOR
02/18/21 THRU 02/18/21 79730

CLAIM OFFICE
PORTLAND WC

CHUBB

POLICYHOLDER
ELITE LABOR SERVICES, LTD.

CLAIMANT

DATE OF EVENT
09/18/17

AUTHORIZED SIGNATURE

Bank of America

NBS-1GS-11

COPYRIGHT CAUTION ANTI-FRAUD PROTECTION

⑈6184668740⑈ ⑆061112788⑆ 003299786402⑈

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

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

*** INVOICE ***
Date NO#
04/05/21 79858

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-17-000988

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: LINDA SAULL
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BBSI SAN DIEGO
Date Of Injury: 3/8/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	VERONICA CAMPBELL # 100675	0.00
03/31/21	PMT BY CHECK	DOS 3/10/21* # 3022238	-250.00

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.

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

AS ADMINISTRATOR OF:
Ace American Insurance Company

CORVEL

bankcode=BBLPT
11-24
1210(8)

WELLS FARGO BANK PORTLAND, OR

CHECK NUMBER	CHECK DATE
3022238	03/31/21

PAY EXACTLY: *Two hundred fifty and 00/100 Dollars*

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

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

⑈003022238⑈ ⑆121000248⑆ 4174 566505⑈

DETACH HERE

CORVEL

DETACH HERE

Claim No.	D/A	Claimant	From	Thru	Remittance
BB-17-000988	03/08/2017		03/10/2021	03/10/2021	*******$250.00

Invoice Reference/Comments

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 79967

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-20-001253

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CHRISTIN SLATEN
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs PE CONSTRUCTION INC
Date Of Injury: 3/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/21	LEGAL_REVIEW	DEPO REVIEW @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
04/22/21	PMT BY CHECK	DOS 3/19/21* # 9397070	-250.00

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.

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

AS ADMINISTRATOR OF:
Ace American Insurance Company
Claim#: BB-20-001253

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
9397070	04/22/21

PAY EXACTLY: *Two hundred fifty and 00/100 Dollars*

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈000937070⑈ ⑆121000248⑆ 4121 514012⑈

M

DETACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: P & E CONSTRUCTION INC.-9069521-
329 W Grove Ave
Orange, CA 92865

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6427687 - 1
Reprice: CA, 92781
Billed Date: 04/09/2021
Business Rcvd: 04/13/2021
MBR Rcvd: 04/13/2021
MBR Date: 04/22/2021
Date Approved: 04/22/2021
DOS From - To: 03/19/2021 - 03/19/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3490
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 79967
Provider Tax Id: 33-0956713

Claim #: BB-20-001253
Processor Initials: KS
DOI: 03/30/2020
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
03/19/21	T1013 01, G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
Sub-Totals for Bill: 6427687					$250.00			$0.00	$250.00

Totals for Bill:6427687 $250.00

Line Item Reason Codes and Descriptions
01 Certified /Registered Half day except LA or SD Co
MV0 Market Value
RZZ Payer/ Provider agreement in place

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

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

*** INVOICE ***
Date NO#
04/28/21 78754

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
KH530000

BILL TO:
ALASKA NATIONAL INS. (MERID)
W. C. DEPARTMENT
ATTN: LAURA NUNEZ
2501 E STATE AVE, STE 100
MERIDIAN, ID 83642

Case: vs LE CHEF BAKERY
Date Of Injury: 9/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/20	INITIAL EXAM	DR BRUCE BAPTIE @ AMERICHIRO*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/26/20	PR2/REEVAL	DR FARAH AMERI @ AMERICHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/05/20	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/13/20	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/09/20	FOLLOW-UP	W/ ACUPUNCT BRUCE BAPTIE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/02/21	PMT BY CHECK	DOS 12/9/20* # 146228	-180.00
12/23/20	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/01/21	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/25/21	PMT BY CHECK	DOS 2/1/21* # 155504	-180.00
04/01/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/12/21	P AND S	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/14/21	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/20/21	PMT BY CHECK	DOS 4/1/21* # 160001	-195.00

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

*** INVOICE ***
Date NO#
04/28/21 78754

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
KH530000

BILL TO:
ALASKA NATIONAL INS. (MERID)
W. C. DEPARTMENT
ATTN: LAURA NUNEZ
2501 E STATE AVE, STE 100
MERIDIAN, ID 83642

Case: , vs LE CHEF BAKERY
Date Or Injury: 9/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1330.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CORVEL CORPORATION
ALASKA NATIONAL INSURANCE COMPANY
MANAGED CARE
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= ANIMC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
160001	04/20/21

Claim#: KH53000

PAY EXACTLY: *One hundred ninety five and 00/100 Dollars*

*******$195.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0000160001⑈ ⑆121000248⑆ 4002 143311⑈

ETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: Alaska National Insurance Company
2501 E State Ave
Suite 100
Meridian, ID 83642-8037

Employer: Le Pafe Inc.
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6427291 - 1
Reprice: CA, 92781
Billed Date: 04/08/2021
Business Rcvd: 04/13/2021
MBR Rcvd: 04/13/2021
MBR Date: 04/20/2021
Date Approved: 04/20/2021
DOS From - To: 04/01/2021 - 04/01/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: lhn

Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 78754
Provider Tax Id: 33-0956713

Claim #: KH53000
Processor Initials: CH
DOI: 09/01/2019
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/01/21	T1013 01, G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	11	$195.00		A	$0.00	$195.00
Sub Totals for Bill: 6427291					$195.00			$0.00	$195.00

Totals for Bill:6427291 $195.00

Line Item Reason Codes and Descriptions
01 Certified /Registered Half day except LA or SD Co MV0 Market Value

RZZ Payer/ Provider agreement in place

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

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

*** INVOICE ***
Date NO#
04/09/21 79752

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
KC91500

BILL TO:
ALASKA NATIONAL INS. (MERID)
W. C. DEPARTMENT
ATTN: LYDIA VELASQUEZ
2501 E STATE AVE, STE 100
MERIDIAN, ID 83642

Case: vs MISSION COMMUNITY HOSPITAL MAN
Date Of Injury: 2/1[illegible]/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/02/21	PMT BY CHECK	DOS 3/2/21* # 157050	-195.00

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.

CORVEL CORPORATION
ALASKA NATIONAL INSURANCE COMPANY
MANAGED CARE
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= ANIMC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
157050	04/02/21

Claim#: KC91500

*********$195.00**

PAY EXACTLY: *One hundred ninety five and 00/100 Dollars*

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0000157050⑈ ⑆121000248⑆ 4002 143311⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: Alaska National Insurance Company
2501 E State Ave
Suite 100
Meridian, ID 83642-8037

Employer Mission Community Hospital, Managed by Deanco
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6382201 - 1
Reprice: CA, 91770
Billed Date: 03/19/2021
Business Rcvd: 03/22/2021
MBR Rcvd: 03/22/2021
MBR Date: 03/26/2021
Date Approved: 04/02/2021
DOS From - To: 03/02/2021 - 03/02/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: lvv
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 79752
Provider Tax Id: 33-0956713

Claim #: KC91500
Processor Initials: CH
DOI: 02/11/2020
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
03/02/21	T1013 01, G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$195.00		A	$0.00	$195.00
Sub-Totals for Bill: 6382201					**$195.00**			**$0.00**	**$195.00**
Totals for Bill:6382201									**$195.00**

Line Item Reason Codes and Descriptions
01 Certified /Registered Half day except LA or SD Co
MV0 Market Value

RZZ Payer/ Provider agreement in place

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

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	80028

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1282-WC-20-0000980

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: STEVEN SABONO
P.O. BOX 669
CHINO, CA 91708

Case: URIBE vs KONA MOTEL
Date Of Injury: 5/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/21	LEGAL_REVIEW	DEPO REVIEW @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
04/21/21	PMT BY CHECK	DOS 4/6/21* # 55467	-250.00

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.

CORVEL ENTERPRISE COMP, INC.
PIE INSURANCE SERVICES
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

bankcode=PIE
11-24
1210(8)

WELLS FARGO BANK PORTLAND, OR

CHECK NUMBER	CHECK DATE
55467	04/21/21

AS ADMINISTRATOR OF:
Sirius America Insurance Company

PAY EXACTLY: *Two hundred fifty and 00/100 Dollars*

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

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

⑈0000055467⑈ ⑆121000248⑆ 4332 938588⑈

DETACH HERE

DETACH HERE

CORVEL

Claim No.	D/A	Claimant	From	Thru	Remittance
1282-WC-20-0000980	05/16/2020		04/06/2021	04/06/2021	*******$250.00

Invoice Reference/Comments

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

*** INVOICE ***
Date NO#
04/01/21 79738

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2020435353

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

Case: vs LAVADO LLC
Date Of Injury: CT 10/7/19-10/7/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/25/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/30/21	PMT BY CHECK	DOS 2/25/21* =# 32662784	-250.00

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.

M

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

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

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

Claim ID:	Multiple Claims
Client Reference ID:	241365338
VP Trans ID:	1001438265
	EIG0001001
Date:	03/30/2021
Amount:	$250.00
Check Number:	32662784

EIG.RM.STD.OT

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

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Lakeland FL, 33802-2036

VPay
1-855-523-9634

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

32662784

03/30/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$250.00

TWO HUNDRED FIFTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1001438265

⑈32662784⑈ ⑆273970116⑆ 17000129941⑈

ENDORSEMENT AREA: Know your endorser. Require identification.
The endorsement of this check, the payee, under penalty of fine and/or imprisonment, certifies entitlement to this payment for benefits or services, circumstances affecting such entitlement have not changed and no false statements or representations have been made in support of the claim for payment. False representations could result in civil and criminal penalties.

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Colored Background	Single color or uneven color gradient in the check background

Employers Preferred Insurance Company 505

Process Date: 03/29/2021
Control Number: 306774336
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 241365338 **Payment Date: 03/30/2021**

Claim Number:	2020435353		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 9941672#5628181	Claimant SSN:	XXX-X	
Provider Ref:	79738	Geo Zip: 90001	Date Of Injury:	08/31/2020	
Provider License:	99999999		Claims Received Date:	03/22/2021	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
02/25/21	11	T1013		SIGN LANGUAGE/	120.000	250.00	0.00	0.00	0.00	250.00	5076
				99919 Changed to T1013 Better Defining Services Performed							
				TOTALS:		**250.00**	**0.00**	**0.00**	**0.00**	**250.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**250.00**	

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

CARRIER EXPLANATION REASON CODE

5076 -BYPASS NETWORK

2111-H-1226910-0 49274539

1001438265

Employers Preferred Insurance Company 505

Process Date: 03/29/2021
Control Number: 306774336
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 241365338 **Payment Date: 03/30/2021**

Claim Number:	2020435353		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 9941672#5628181	Claimant SSN:		
Provider Ref:	79738	Geo Zip: 90001	Date Of Injury:	08/31/2020	
Provider License:	99999999		Claims Received Date:	03/22/2021	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Carrier/Insurer: EMPLOYERS PREFERRED INSURANCE COMPANY

Employer Name: LAVADO LLC (EIG 267591101), Employer ID: EIG 267591101, Employer Address: 837 S PRAIRIE AVE, INGLEWOOD, CA 90301

Payer Name: EMPLOYERS PREFERRED INSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 592222527

Claimant Address: 713 S FLOWER ST APT 3 INGLEWOOD, CA 903015322, Claimant D.O.B.: 03/16/1990

Payment Information: Payment Status Code:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT
REQUEST FOR SECOND REVIEW
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
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 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.

Note to Provider regarding appeals process: Please send appeal requests to Conduent, along with this EOR, the medical bill and all supporting documentation.

Conduent
PO Box 32045
Lakeland, FL 33802
(866) 851-7739
billinginquiries@conduent.com

Conduent is neither the employer nor the insurance carrier, nor is it responsible for payment of the medical services contained in this explanation of benefits.

49274539

2111-H-1226910-0

*** Workers Compensation ***

1001438265

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

*** INVOICE ***
Date NO#
04/02/21 79745

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2020433327

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

Case: vs ERIKAS KIMBERLYS DBA
Date Of Injury: 8/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/25/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/31/21	PMT BY CHECK	DOS 2/25/21* =#32691559	-250.00

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.

m

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000284-0001407 D0106 001 980301 EIG

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

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79745

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Claim ID:	2020433327
Client Reference ID:	241365845
VP Trans ID:	1002311755
	EIG0001001
Date:	03/31/2021
Amount:	$250.00
Check Number:	32691559

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

EIG.RM.STD.OT

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EMPLOYERS
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Employers Preferred Insurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

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

32691559

03/31/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$250.00**

TWO HUNDRED FIFTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1002311755

⑈32691559⑈ ⑆273970116⑆ 17000129918⑈

1002311755

0000284-0001409

EMPLOYERS®

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PO BOX 32036
Lakeland FL, 33802-2036

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 927814165

Insurer Name:	Employers Preferred Insurance Company
Payee/Provider:	JOYCE ALTMAN INTERPRETERS INC
Client Reference ID:	241365845
Amount:	$250.0

Injured Employee	Claim Number	Payment Id	Invoice Number	Account Number	Payment From	Payment Through	Billed Amount	Allowed Amount	Comment
	2020433327	241365845	79745 ✓		02/25/2021	02/25/2021	250.00	250.00	INTERPRETING SVC FOR COMPROMISE RELEASE

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

*** INVOICE ***
Date NO#
04/19/21 79865

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020424458

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

Case: vs FARAH RESTAURANT INC CAFE ATHE
Date Of Injury: 3/1/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/14/21	PMT BY CHECK	DOS 3/19/21* =# 33036646	-250.00

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.

m

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000034-0000161 D0106 001 984604 EIG

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

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Claim ID:	Multiple Claims
Client Reference ID:	251071604
VP Trans ID:	1013318231
	EIG0001002
Date:	04/14/2021
Amount:	$250.00
Check Number:	33036646

79865

EIG.RM.STD.OT

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

VPay
1-855-523-9634

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

33036646

04/14/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$250.00**

TWO HUNDRED FIFTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1013318231

⑈33036646⑈ ⑆273970116⑆ 17000129 9⑈

Employers Assurance Company 506

Process Date: 04/13/2021
Control Number: 306801211
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 251071604 **Payment Date: 04/14/2021**

Claim Number:	2020424458		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	79865	Geo Zip: 90001	Date Of Injury:	03/01/2020	
Provider License:	99999999		Claims Received Date:	04/07/2021	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
03/19/21	11	T1013		SIGN LANGUAGE/I	1.000	250.00	0.00	0.00	0.00	250.00	5076
		99919 Changed to T1013 Better Defining Services Performed									
		TOTALS:				**250.00**	**0.00**	**0.00**	**0.00**	**250.00**	
		TOTAL RECOMMENDED ALLOWANCE:								**250.00**	

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

CARRIER EXPLANATION REASON CODE

5076 -BYPASS NETWORK

2111-H-1233726-0 49352978

1013318231

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

*** INVOICE ***
Date NO#
04/23/21 78346

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
005497001297-WC-01

BILL TO:
GALLAGHER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: CINDY MORENO
P.O. BOX 2840
CLINTON, IA 52733

Case: vs THE COMMERCE CASINO AND HOTEL
Date Of Injury: CT 11/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/20	LEGAL_PREP	DEPO PREP @ COURT REPORTERS	195.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
08/31/20	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ANABEL MUNGUIA # 301374	0.00
04/16/21	PMT BY CHECK	DOS 6/25/20-8/31/20* # 0170364125	-445.00

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.

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

005497 PAGE 1 OF 1 005831

MDG2009 00004613 1 MB .450

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005497 001297 WC 01 (28)
CLAIMANT:
DESCRIPTION: INV#-78346

BRANCH NO.: 138
ACC DATE: 20Nov19

NO.: 0170364125
VN: 0000129884
DATE: 16Apr21

DATES OF SERVICE: 25Jun20 **THRU** 31Aug20
BENEFIT PERIOD: **THRU**

AMOUNT: 445.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004613 004937 001 001

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39602

GALLAGHER BASSETT SERVICES INC
FOR ARCH INDEMNITY INS

CHECK NO. 0170364125 005831
VN. 0000129884
DATE: 16Apr21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **445.00

CLAIM NO.: 005497 001297 WC 01 (28) **BRANCH NO.:** 138

PAY FOUR HUNDRED FORTY-FIVE AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0170364125⑈ ⑆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#
04/06/21 79138

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011503032160-WC-01

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

Case: vs WEST COAST PRIME MEATS LLC
Date Of Injury: 3/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/20	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/29/20	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/05/21	PMT BY CHECK	DOS 10/29/20-12/29/20 # 0168769567	-445.00
02/08/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI II	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/23/21	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/30/21	PMT BY CHECK	DOS 2/8/21* # 0169955637	-195.00

BALANCE 250.00

* 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.

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

011503 PAGE 1 OF 1 001765

MDG2009 00003202 1 MB .450

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 011503 032160 WC 01 (26000-001)
CLAIMANT:
DESCRIPTION: INV#-79138

BRANCH NO.: 094
ACC DATE: 22Mar19

NO.: 0169955637
VN: 0000867584
DATE: 30Mar21

DATES OF SERVICE: 08Feb21 **THRU** 08Feb21
BENEFIT PERIOD: **THRU**

AMOUNT: 195.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003202 003424 001 003

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

39602

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE CO

CHECK NO. 0169955637 001765
VN. 0000867584
DATE: 30Mar21 62-20/311

CLAIM NO.: 011503 032160 WC 01 (26000-001) **BRANCH NO.:** 094

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **195.00

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

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

Donna M. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0169955637⑈ ⑆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#
04/02/21 79601

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
006537008659WC01

BILL TO:
GALLAGHER BASSETT (CLINTON)

ATTN: TORY BROWN
P.O. BOX 2934
CLINTON, IA 52733

Case: vs SCHILLING PARADISE CORP
Date Of Injury: 1/7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
03/28/21	PMT BY CHECK	DOS 2/4/21* # 0169917679	-250.00

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.

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

0101533 01 RE 0.447 **AUTO H4 0 1559 92781-416565 -P01534 C01

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

DIRECT INQUIRIES TO:

PHONE: 1-818-638-2330
GB-CARRIER CALIFORNIA SOU
PO BOX 2934
CLINTON IA 52733-2934

GALLAGHER BASSETT SERVICES INC FOR CHUBB/FEDERAL

CLAIM NO. 006537 008659 WC 01 BRANCH NO. 243 CHECK NO. 0169917679

CLAIMANT: ACC. DATE 07-Jan-2019 VN. 0000372391

DESCRIPTION: INV#-79601 ✓ DATE: 28-Mar-2021

DATE OF SERVICE: 04-Feb-2021 TO 04-Feb-2021 PAYMENT AMOUNT: $250.00

RE0101533-0002_of_0002 1559-0001591 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0169917679 ATTACHED BELOW

GALLAGHER BASSETT SERVICES INC FOR CHUBB/FEDERAL INSURANCE CO

CHECK NO. 0169917679
VN. 0000372391
DATE: 03/28/2021

CLAIM NO. 006537 008659 WC 01 (593375001) BRANCH NO.: 243

Two Hundred Fifty and 00/100 Dollars

62-20
311

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

$$$$$$$$$$$$250.00

NOT VALID AFTER 90 DAYS

Donna M. Karte
AUTHORIZED SIGNATURE

Or Payable at
Citibank, FSB California

Citibank

⑈0169917679⑈ ⑆031100209⑆ 4007490 1⑈

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

*** INVOICE ***
Date NO#
04/08/21 79737

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004909004453WC01

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

Case: vs G2 SECURE STAFF LLC
Date Of Injury: 9/5/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/21	LEGAL_MISC	DEPOSITION & DEPO PREP @ L/O HARDING SIMPKINS	350.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
04/02/21	PMT BY CHECK	DOS 2/24/21* # 017066686	-350.00

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.

GALLAGHER BASSETT-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

004909 PAGE 1 OF 1 005515

MDG2009 00004545 1 MB .450

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

GALLAGHER BASSETT SERVICES INC
FOR EVEREST NATIONAL INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 004909 004453 WC 01 (LAX)
CLAIMANT:
DESCRIPTION: INV#-79737

BRANCH NO.: 174
ACC DATE: 05Sep20

NO.: 0170055686
VN: 0000148257
DATE: 02Apr21

DATES OF SERVICE: 24Feb21 **THRU** 24Feb21
BENEFIT PERIOD: **THRU**

AMOUNT: 350.00

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004545 004841 001 001

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

39602

GALLAGHER BASSETT SERVICES INC
FOR EVEREST NATIONAL INS CO.

CHECK NO. 0170055686 005515
VN. 0000148257
DATE: 02Apr21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **350.00

CLAIM NO.: 004909 004453 WC 01 (LAX) **BRANCH NO.:** 174
PAY THREE HUNDRED FIFTY AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0170055686⑈ ⑆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#
04/13/21 79850

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FEWC015106-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: MARY VILLA
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs PRONAN GENERAL CONSTRUCTION
Date Of Injury: 6/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/08/21	PMT BY CHECK	DOS 3/11/21* # 009949244	-250.00

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.

009949244

M

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

GDN43139A05A0AA.000692.01.01.000000

04/08/2021 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
(E034) 27.50 FEWC015106-001 DOL:06/19/2019
Inv/Case#:79850
:03/11/2021
(E034) 250.00 FEWC015106-001 DOL:06/19/2019
Inv/Case#:79850
:09/03/2019-05/29/2020

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company

P.O. Box AH
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

009949244

DATE 04/08/2021

AMOUNT ********$277.50

NOT VALID AFTER 180 DAYS

⇨⇨⇨⇨⇨PAY ONLY $277.50
DOLLAR TWO SEVEN SEVEN PERIOD FIVE ZERO

■ TWO HUNDRED SEVENTY-SEVEN DOLLARS AND 50 CENTS**********

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

VOID OVER $277.50

⑈009949244⑈ ⑆121000248⑆ 2000519409116⑈

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

*** INVOICE ***
Date NO#
04/05/21 79743

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
20-133279

BILL TO:
INTERCARE INS (FRESNO)
W. C. DEPARTMENT
ATTN: MICHELLE CASTIO
P.O. BOX # 40009
FRESNO, CA 93755

Case: vs SANTA MARIA HARVESTING
Date Of Injury: 8/15/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/21	LEGAL_REVIEW	DEPO REVIEW @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
03/03/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/26/21	PMT BY CHECK	DOS 2/24/21-3/3/21* # 80390	-500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P8528028003

M

Administered by Intercare Holdings Insur
P.O. Box 579
Roseville, CA 95661

202103290112

Electronic Service Requested

ALL FOR AADC 926
30573 0.3820 AB 0.416

Joyce Altman Interpeters 499
PO BOX 4165
TUSTIN, CA 92781-4165

Payee: Joyce Altman Interpeters
Company Name: XL Insurance America (AARIS-AGG
Facility: Santa Maria Harvesting, LLC
Policy ID: RWC300126003
IRS/SSN: XXXXX6713
Administrator: MICASTILLO
Claim #: 20-133279
Account #:
Check #: 80390
Check Total: $500.00
Check Date: 03/26/2021
Injury Date: 08/15/2020
From/Through Date: 02/24/21-03/03/21
Claimant Name:
Invoice #: 79743 ✓
Description: Interpreter: Non-Medical Relat
Document #: 1391292-01
Primary ICD-9:
Received Date: 03/20/2021
Reviewed Date: 03/22/2021
PPO Name:
Pharmacy #:
DRG Code:

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	02/24/21-02/24/21	99199	100	250.00	T1013	250.00	0.00	250.00	
	SIGN LANGUAGE/ORAL INTEPR SERVIC								
002	03/03/21-03/03/21	99199	100	250.00	T1013	250.00	0.00	250.00	
	SIGN LANGUAGE/ORAL INTEPR SERVIC								
	Totals:			500.00		500.00	0.00	500.00	

Reason Code Description

This analysis constitutes the claim administrators objection to fees in excess of OMFS and/or Title 8 of the California Code of Regulation Section 9795 and/or 9789.10 - 9789.110. The provider shall not attempt to collect expenses for medical treatment from the injured worker, LC 4600. If you disagree with our objections, you have the right to file a lien/application with the WCAB to adjudicate the matter

2CS P.O. Box 358 Roseville, CA 95661 (800)281-8186

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

intercare XL Insurance America
INTERCARE HOLDINGS INSURANCE SERVICES
P.O. Box 579 Roseville, CA 95661, (916) 677-2500

61-629
622

Cadence Bank N.A.
2800 Post Oak Boulevard, Ste. 3600
Houston TX 77056

CHECK NO.: 80390
CHECK DATE: 03/26/2021
Void After 90 Days

AMOUNT
*****$500.00

PAY Five Hundred Dollars

TO THE ORDER OF: Joyce Altman Interpeters

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits. ADVERTENCIA: Es necesario que usted le avise a su patron o a su compania de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.

Alan B. Arnett

Two Signatures Required over $5,000

71603386

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

⑈80390⑈ ⑆062206295⑆ 5500238661⑈

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

*** INVOICE ***
Date NO#
04/07/21 73901

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC648-C49312

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)

ATTN: MOHAMMAD ALOSTAZ
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs LAZ PARKING CALIFORNIA LLC
Date Of Injury: 1/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN R. # 301566	0.00
05/29/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
05/24/19	PMT BY CHECK	DOS 4/30/18-5/29/18* # 03668742	-406.50
03/11/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/29/21	PMT BY CHECK	DOS 3/11/21* # 04935950	-250.00

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.

M

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
818-240-1234

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	04935950	03/29/21
	CHECK AMOUNT ****$250.00	BLOCK NUMBER 003984

OSN: EE3001032903-004369

CLAIM #: WC 648-C49312
CONTRACT #: WA7-61D-260451-025

CONTROL #: 000002604 ID: CRCEC33
PROVIDER #: 33095671394853

PAYEE: JOYCE ALTMAN INTERPRETERS INC

DATE OF INJURY: 06/27/16
EMPLOYEE:

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

EMPLOYER: LAZ PARKING LTD
DATES OF SERVICE 03/11/21-03/11/21
LOCATION CODE: LOSAN17050

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
03/11/21	03/11/21	MISC		250.00	250.00	

NOTE: INV#73901 ✓

TOTAL CHARGES	250.00
TOTAL PAYABLE:	250.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	250.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

BNA *003399*
818-240-1234
PO BOX 8016
WAUSAU, WI 54402

Liberty Mutual. INSURANCE

BANK OF AMERICA
HARTFORD, CT

*PAY*TWO*HUNDRED*FIFTY*DOLLARS*NO*CENTS*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
648	189	CLAIM WC 648-C49312	04935950	03/29/21

PAY $ 250.00

VOID IF NOT PRESENTED WITHIN 90 DAYS OF DATE OF CHECK

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

⑈04935950⑈ ⑆011900445⑆00000006758⑈

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

*** INVOICE ***
Date NO#
04/19/21 79964

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
R00090997

BILL TO:
REPUBLIC INDEMNITY (W.H. 4275)
W. C. DEPARTMENT
ATTN: HELENA KOZAKIEWICZ
P.O. BOX 4275
WOODLAND HILLS, CA 91365

Case: vs FISH MARKET RESTAURANT
Date Of Injury: 10/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/21	LEGAL_REVIEW	DEPO REVIEW @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
04/15/21	PMT BY CHECK	DOS 3/19/21* # 1000527061	-250.00

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.

REPUBLIC INDEMNITY COMPANY OF AMERICA
P.O. Box 4275
Woodland Hills, CA 91365
818-990-9860

Republic Indemnity

Date: 04/15/2021
Check #: 1000527061
Payment Amount: 250.00

003170 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00090997		79964	04/09/2021	03/19/21	03/19/21	0.00	250.00	
	643 Deposition or WCAB Interpreter							
						Total	250.00	

PLEASE DETACH BEFORE DEPOSITING CHECK

SHADED AREA MUST GRADUALLY CHANGE FROM BLUE AT TOP TO GREEN AT BOTTOM

REPUBLIC INDEMNITY COMPANY OF AMERICA
P.O. Box 4275
Woodland Hills, CA 91365
818-990-9860

Republic Indemnity

11-24/1210

Date: 04/15/2021
Check #: 1000527061

Pay Exactly **Two Hundred Fifty and 00/100 -US Dollars **

Amount
$***250.00**

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 180 DAYS

Authorized Signer

WELLS FARGO BANK, N.A.

Security Details on Back

⑈1000527061⑈ ⑆121000248⑆ 4584708143⑈

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

*** INVOICE ***
Date NO#
04/06/21 79572

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301923949210001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14563)
W. C. DEPARTMENT
ATTN: RONDA ROBERTSON
P.O. BOX 14563
LEXINGTON, KY 40512

Case: vs RALPHS GROCERY COMPANY
Date Of Injury: 4/10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/12/21	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/09/21	PMT BY CHECK	DOS 1/26/21* # 4117448	-195.00
03/10/21	PMT BY CHECK	DOS 2/12/21* # 4118055	-250.00
03/11/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/01/21	PMT BY CHECK	DOS 3/11/21* # 4129451	-195.00

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.

Sedgwick Claims Management Services, Inc
P O Box 14563
Lexington, KY 40512-4563

DATE	CHECK AMOUNT	CHECK NUMBER
04/01/2021	195.00	4129451
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
300 Sedgwick Claims Management Services, Inc		01 of 01

0003326-0009851 0106 001 980396

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

Claimant Name			Loss Date	Claim Number
			04/10/2019	30192394921-0001
Amt Paid:	195.00	Description:		
Amt Billed:	195.00	Invoice:	100585	ICN:256003700.339
Dates:	03/11/2021 - 03/11/2021	Comment:	depo prep interpreting	

SWK:RM:SDM:00:NP

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

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Kroger

Sedgwick CMS

ORIGIN 3001978
Bank of America
Atlanta, GA

VOID AFTER 60 DAYS

DATE: 04/01/2021

4129451

64-1278 / 611 GA

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

$195.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Carin L. Fike

MEMO: MP

⑈4129451⑈ ⑆061112788⑆ 3299045999⑈

1002711910

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

*** INVOICE ***
Date NO#
04/05/21 79765

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
4020060D3F4-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)

ATTN: LOREN SHARP
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs AMAZON
Date Of Injury: 5/1/19 - 5/6/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/01/21	PMT BY CHECK	DOS 3/5/21* =# 123586608	-250.00

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.

M

Sedgwick Claims Management Services, Inc
PO Box 14421
Lexington, KY 40512-4153

0001315-0006135 0106 001 980731 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
04/01/2021	250.00	123586608
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
225 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		05/06/2020	4020060D3F4-0001
Amt Paid: 250.00	Description:	Interpreter	
Amt Billed: 250.00	Invoice:	5320210326078520	ICN:1981-1680180
Dates: 03/05/2021 - 03/05/2021	Comment:		

79765

SWK.RM.SDM.00.NP

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Sedgwick as agent for Amazon.Com
American Zurich Insurance Company

ORIGIN 2251981
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/01/2021

123586608
62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Debra Davenport

MEMO: MP

Day One Insurance, Inc., Principal
Sedgwick Claims Management Services, Inc., Agent By:

1003507766

⑈123586608⑈ ⑆031100225⑆ 207995005970 3⑈

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
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Security Features	Results of document alteration
MicroPrint Line	MP Small type on lines appears as dotted line when photocopied
Security Screen	Absence of "Original Document" verbiage on back of checks
Colored Background	Single color or uneven color gradient in the check background

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

*** INVOICE ***
Date NO#
04/23/21 79918

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30193862352-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: LINDA LAROSA
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs MERRICK ENGINEERING INC
Date Of Injury: 7/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/21/21	PMT BY CHECK	DOS 3/22/21* # 113276119	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

DATE	CHECK AMOUNT	CHECK NUMBER
04/21/2021	250.00	113276119
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

0002186-0008463 0106 001 986684

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

Claimant Name			Loss Date	Claim Number
			07/28/2019	30193862352-0001
Amt Paid:	250.00	Description:		
Amt Billed:	0.00	Invoice:	79918	ICN:301938623520001
Dates:	03/22/2021 - 03/22/2021	Comment:		

SWK.RM.SDM.00.NP

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Sedgwick as Agent for Everest National
Insurance Co - CA1
Everest National Insurance

ORIGIN 6005201 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/21/2021

113276119

62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Everest National Insurance Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1018908848

⑈113276119⑈ ⑆031100225⑆ 20799500597 03⑈

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

*** INVOICE ***
Date NO#
04/23/21 79965

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30193760980001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: DREMA NICHOLS
P.O. BOX 14442
LEXINGTON, KY 40512

Case: vs ASCENA RETAIL GROUP INC
Date Of Injury: 8/26/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/29/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/19/21	PMT BY CHECK	DOS 3/29/21* # 124281508	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0002787-0012095 0106 001 985985 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
04/19/2021	250.00	124281508
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
784 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name	Loss Date	Claim Number
	08/26/2019	30193376098-0001
Amt Paid: 250.00	Description:	
Amt Billed: 250.00	Invoice: 79965	ICN:256784286.34
Dates: 03/29/2021 - 03/29/2021	Comment:	

SWK.RM.SDM.00.NP

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Sedgwick as agent for Premium Brands Services LLC
Safety National Casualty Corporation

ORIGIN 7843404
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/19/2021

124281508
62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Debra Davenport

MEMO: MP

Premium Brands Services LLC, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈124281508⑈ ⑆031100225⑆ 2079950059703⑈

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

*** INVOICE ***
Date NO#
05/03/21 80029

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
302061163780001

BILL TO:
SEDGWICK CLAIMS (14151 LEX)

ATTN: CHRISTIN PARK
P.O. BOX 14151
LEXINGTON, KY 40512

Case: , vs EMBASSY SUITES BY HILTON NAPA
Date Of Injury: 2/27/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/07/21	LEGAL_REVIEW	DEPO REVIEW @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
04/16/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/28/21	PMT BY CHECK	DOS 4/7/21* # 119747795	-250.00

BALANCE 250.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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M

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

DATE	CHECK AMOUNT	CHECK NUMBER
04/28/2021	250.00	119747795
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

0003597-0013283 0106 001 988841

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

Claimant Name			Loss Date	Claim Number
			02/27/2020	30206116378-0001
Amt Paid:	250.00	Description:		
Amt Billed:	250.00	Invoice:	123	ICN:302061163780001
Dates:	04/07/2021 - 04/07/2021	Comment:		

80029

SWK.RM.SDM.00.NP

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HBM Global Risk Corp.
ACE American Insurance Company

ORIGIN 6004263
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/28/2021

119747795
62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

HBM Global Risk Corp., Principal
Sedgwick Claims Management Services, Inc., Agent By:

1024087094

⑈119747795⑈ ⑆031100225⑆ 207995005970 3⑈

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

*** INVOICE ***
Date NO#
04/30/21 80049

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
40200715723-0001

BILL TO:
SEDGWICK CLAIMS (14841 - LEX)

ATTN: VICTORIA GREEN
P.O. BOX 14841
LEXINGTON, KY 40512

Case: vs SYCAMORE LABOR INC
Date Of Injury: 7/7/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/21	LEGAL_WCAB	EXP. HEARING (VENUE: WCAB RIVERSIDE)	195.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/28/21	PMT BY CHECK	DOS 4/15/21* # 121438232	-195.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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m

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

0003597-0013281 0106 001 988841 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
04/28/2021	195.00	121438232

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
665 Sedgwick Claims Management Services, Inc	01 of 01

Claimant Name			Loss Date	Claim Number
			07/07/2020	40200715723-0001
Amt Paid:	195.00	Description:		
Amt Billed:	0.00	Invoice:	80049 ✓	ICN:402007157230001
Dates:	04/15/2021 - 04/15/2021	Comment:		

SWK.RM.SDM.00.NP

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Sedgwick as agent for
Arch Insurance Company - Rolocap Program
Arch Insurance Company

ORIGIN 6657375 Wells Fargo

VOID AFTER 60 DAYS

DATE: 04/28/2021

121438232

62-22
311

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

$195.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Debra Davenport

MEMO: MP

ARCH, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1024076623

⑈121438232⑈ ⑆031100225⑆ 20799500597 03⑈

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

*** INVOICE ***
Date NO#
04/12/21 79744

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06524926

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: ANALYN ASISTIA
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs DJ CONSTRUCTION SERVICES
Date Of Injury: 11/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/25/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
03/12/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP (ADENDUM)	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
04/01/21	PMT BY CHECK	DOS 2/25/21* # CT-548861	-250.00
04/07/21	PMT BY CHECK	DOS 3/12/21* # CT-549169	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Explanation of Review (EOR)

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

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CT-548861**
Issue Date: 04/01/21
Doc #: 036243604

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Charges	Amount Reduced	Reduction Codes	PPO Savings	Allowances
Patient Name:					**Claim #:** 06524926		**Date of Injury:** 11/01/19		
SSN: XXX-XX-	Employer name: D J CONSTRUCTION JUGE				Employer ID: 0000009050189190				
	MPN NAME: State Fund MPN				MPN ID: 3136				
1	SF1-SPCA-541182	02/25/21	999Q9	Legal Int - Half D	250.00	.00	G5 922	.00	250.00
						Total Allowances:			**$250.00**

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

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Bakersfield District Office
PO BOX 65005
Fresno, CA 93650-5005

CT-548861
Union Bank
Los Angeles, California

90-4150
1222

28029011

Medical
NT

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
April 01, 2021	**$********250.00**

PAY ****Two Hundred Fifty and 00/100 Dollars****ONLY

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

Please negotiate at your local Union Bank Branch.

⑈5209548861⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CT-548861**

Issue Date: 04/01/21
Doc #: 036243604

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	PPO Savings	Allowances	Penalty & Interest	Totals
SF1-SPCA-541182	06524926	79744	250.00	.00	.00	250.00	.00	250.00

Provider NPI: Rendering Provider NPI: Rendering Provider:

Patient Acct #: ReviewerID: þ© Carrier Receive Date: 03/11/21 Review Date: 03/29/21 Payment Code: 1 UB04:

EOR Reduction Code Explanation:

922 : Per CA code of Regulations, Title 8 9795.3(b)(1):
For appeals board hearings, arbitration and depositions, the interpreter fees must be billed and paid at the greater of:
1. The rate for one half day or one full day as defined in the Superior Court fee schedule for interpreters in the county where the service was provided; or
2. The market rate.
We have paid you based on your market rate agreement with State Fund for legal interpreting services.

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

0139998036243604001 2

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CT-549169**

Issue Date: 04/07/21
Doc #: 036259519

m

Medical

797414

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Charges	Amount Reduced	Reduction Codes	PPO Savings	Allowances
Patient Name:					**Claim #:** 06524926		**Date of Injury:** 11/01/19		
SSN: XXX-XX-	Employer name: D J CONSTRUCTION JUGE				Employer ID: 0000009050189190				
	MPN NAME: State Fund MPN				MPN ID: 3136				
1	SF1-SPCA-541991	03/12/21	999Q9	Legal Int - Half D	250.00	.00	G5 375 922	.00	250.00
					Total Allowances:				**$250.00**

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

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Medical
NT

Bakersfield District Office
PO BOX 65005
Fresno, CA 93650-5005

CT-549169
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
April 07, 2021	**$********250.00**

PAY ****Two Hundred Fifty and 00/100 Dollars****ONLY

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

Please negotiate at your local Union Bank Branch.

280096734

⑈520954916⑈ ⑆122241501⑆ ⑈908100104 3⑈

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

*** INVOICE ***
Date NO#
04/30/21 79962

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
880362

BILL TO:
ZENITH INSURANCE (VAN NUYS)
W. C. DEPARTMENT
ATTN: OSCAR FLORES
P.O. BOX # 9055
VAN NUYS, CA 91409-9055

Case: vs FAIAL FARMS
Date Of Injury: 10/17/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/01/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/09/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP (ADDENDUM)	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/15/21	PMT BY CHECK	DOS 4/1/21* # 151911	-250.00
04/28/21	PMT BY CHECK	DOS 4/9/21* # 162571	-250.00

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.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

April 15, 2021
Our Ref : 880362
Your Ref : 79962

RE: [redacted] (FAIAL FARMS LP) DOI:10/17/20

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
04/01/21	FEE	250.00	250.00	0.00	
	TOTAL $	250.00	250.00	0.00	

Please find attached our check # 151911 for $250.00.
This check covers bills from April 1, 2021 through April 1, 2021.

If you have any questions, please address them to the undersigned.

Sincerely,
Oscar Flores
Claims Examiner

ZENITH P.O. Box 9055, Van Nuys, CA 91409 (559) 432-6660

THIS CHECK IS VOID WITHOUT A MULTI-COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

TheZenith

DEKALB COUNTY OFFICE
BANK OF AMERICA, N.A.
Atlanta, Dekalb County, GA, 30345

BR 151911

64-1278
611

DATE OF CHECK	CLAIM NUMBER	DATE OF INJURY	PAYMENT FROM	PAYMENT THRU
April 15, 2021	880362	October 17, 2020	April 1, 2021	April 1, 2021

CLAIMANT

PAYMENT TYPE: Language Translation/All Other Spec

PAY ** Two Hundred and Fifty Dollars **

AMOUNT: **$250.00

VOID AFTER 180 DAYS
All Checks Require Two Signatures

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Antonio Gaitan Kaivan Grundy

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈151911⑈ ⑆061112788⑆ 329777815⑈

M

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

April 28, 2021
Our Ref : 880362
Your Ref : 79962 ✓

RE: (FAIAL FARMS LP) DOI:10/17/20

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
04/09/21	FEE	250.00	250.00	0.00	
	TOTAL $	250.00	250.00	0.00	

Please find attached our check # 162571 for $250.00.
This check covers bills from April 9, 2021 through April 9, 2021.

If you have any questions, please address them to the undersigned.

Sincerely,
Oscar Flores
Claims Examiner

ZENITH P.O. Box 9055, Van Nuys, CA 91409 (559) 432-6660

THIS CHECK IS VOID WITHOUT A MULTI-COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

TheZenith

DEKALB COUNTY OFFICE
BANK OF AMERICA, N.A.
Atlanta, Dekalb County, GA, 30345

BR 162571

DATE OF CHECK	CLAIM NUMBER	DATE OF INJURY	PAYMENT FROM	PAYMENT THRU
April 28, 2021	880362	October 17, 2020	April 9, 2021	April 9, 2021

64-1278
611

CLAIMANT

PAYMENT TYPE: Language Translation/All Other Spec

PAY ** Two Hundred and Fifty Dollars **

AMOUNT
**$250.00

VOID AFTER 180 DAYS
All Checks Require Two Signatures

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Antonio Gaitan KariVan Grundy

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈162571⑈ ⑆061112788⑆ 329777815⑈

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

*** INVOICE ***
Date NO#
04/23/21 79861

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080380144

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

Case: vs INFINITY HR WEST/PROCLEAN ML
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/16/21	PMT BY CHECK	DOS 3/11/21* # 1102464305	-250.00

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.

m

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

1010041100411

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

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

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

00411

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0380144 001 ZM	WC 0278889	79861		08/11/17	03/11/21-03/11/21

Check Number	1102464305	**Date Issued**	04/16/21	**Amount**	$***250.00
Insured	Pro Clean Inc				
Claimant					
Nature of Payment	INVOICE# 79861				
Issued To	JOYCE ALTMAN INTERPRETERS, INC PO BOX # 4165				
Requested By	Sandeep Gaud				
File Supervisor	Gloria Holmes	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	250.00		
TOTAL	**$250.00**		

THE FACE OF THIS DOCUMENT HAS A BLUE BACKGROUND - NOT A WHITE BACKGROUND. SIMULATED WATERMARK ON BACK. HOLD AT AN ANGLE TO VIEW.

ZURICH

ZURICH AMERICAN INSURANCE COMPANY
ON BEHALF OF American Zurich Ins. Co.

PO BOX 968046
SCHAUMBURG IL 60196 8046

56-1544/441

Claim Number	Date Issued	CHECK NO.
208-0380144 001 ZM	04/16/21 VOID AFTER 10/13/21	1102464305

Amount : ***TWO HUNDRED FIFTY AND 00/100 ----------***

PAY TO THE JOYCE ALTMAN INTERPRETERS, INC
ORDER OF PO BOX # 4165
TUSTIN CA 92781 4165

$***250.00

JPMORGAN CHASE BANK, N.A.
COLUMBUS OH

** THE BACKGROUND IS COLORED **

⑈1102464305⑈ ⑆044115443⑆ 528291201⑈