Market Rate Summary Graph

Payments for Exotic medical dates of service at Market Rate, received between 8/1/19 and 5/29/20

	Invoice	Service Date(s)	Invoice Date	Language	Type of service	Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Payment Authority
1	62693	5/30/14	5/28/20	Armenian	**Surgery**	**$ 970.00**	PYMTS RCVD	131576849 6	5/20/20	$ 1,120.00	**100%**	The Hartford
					Lien Filing Fee	$ 150.00						
					TOTAL AMT BILLED =>	**$1,120.00**		**TOTAL AMT PAID =>**		**$ 1,120.00**		

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#
05/28/20 62693

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMA12724C

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: KENNON STEPHENS
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs ALLIED NATIONWIDE SECURITY
Date Of Injury: 7/20/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/30/14	SURGERY	DR PELTON : KNEE @ MONROVIA HOSPITAL (6HRS)	970.00
/ /	INTERPRETER:	SAEED SAIDIAN # 700564 LANG: ARMENIAN)	0.00
10/08/15	LIEN FIL FEE	LIEN FILING FEE	150.00
05/20/20	PMT BY CHECK	DOS 5/30/14-10/8/15* # 131576849 6	-1120.00

BALANCE 0.00

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

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2308211

MB 01 001746 72846 B 5 A

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

PAID
MAY 2 2020
MAY 28 2020
BY: .....
BY: .....

001746 1/1

M

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
62693 07/20/2013	16WE QY5708 YMQC 12724	ALLIED NATIONWIDE SECURITY, INC.		$1,120.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 05/30/2014 10/08/2015	$1,120.00

Claim Handler: MARION WEISKER
8664019222 x2308211
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:

Issue Date	05/20/2020	Check Number	131576849 6	Total Check Amount	$1,120.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

123427023