Market Rate Summary Graph

Payments for legal DOS on litigated cases or cases settled in-house at market rate or less than market rate, received between 4/1/21 and 4/30/21

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
1	68276	1/18/16-4/19/16	4/9/2021	**Legal services**	C&R Reading ($250), Board Appear. (WCAB LBO) ($156.50)	**$ 406.50**	PYMTS RCVD	260539970	3/7/2016	$ 90.00	Total Amt Paid for legal services ($406.50) / Total Amt Billed for legal services ($406.50)	N/A	Employers Ins
								260555318	4/15/2016	$ 95.00			
								260570423	5/25/2016	$ 156.50			
								32808132	4/5/2021	$ 65.00			
				TOTAL AMT BILLED =>		**$ 406.50**		**TOTAL AMT PAID =>**		**$ 406.50**	**100%**		
2	78248	9/19/19-7/7/20	4/23/2021	**Legal services**	C&R Reading ($250), 2 Board Appear. (WCAB-LBO) ($156.50 each)	**$ 563.00**	PYMTS RCVD	132442735 3 The Hartford	3/4/2021	$ 625.00	Total Amt Paid for legal services ($563)/ Total Amt Billed for legal services ($563)	Total Amt Paid for legal services + Unpaid Settlement Penalties & Interest ($756.15) / Principal Amt Billed for legal services ($563)	Preferred Employers
				Additional items billed	Additional costs collected	$ 1,937.00							
					P&I for unpaid settlement	**$ 193.15**		6000151227 Preferred Employers	4/13/2021	$ 2,068.15			
				TOTAL AMT BILLED =>		**$ 2,693.15**		**TOTAL AMT PAID =>**		**$ 2,693.15**	**100%**	**134%**	
3	77251	12/9/16-8/4/20	4/19/2021	**Legal services**	4 Board Appear. (WCAB-SBR) ($195 each), depo review ($250), depo prep ($156.50)	**$ 1,186.50**	PYMTS RCVD	896D 88891601	1/25/2017	$ 156.50	Total Amt Paid for legal services ($1172.50)/ Total Amt Billed for legal services ($1186.50)	N/A	Travelers
								896D 89571370	6/28/2017	$ 242.00			
								896D 94327527	8/25/2020	$ 156.50			
								896D 94895487	2/8/2021	$ 4.50			
								896D 94898856	2/9/2021	$ 313.00			
								896D 95131015	4/16/2021	$ 300.00			
				TOTAL AMT BILLED =>		**$ 1,186.50**		**TOTAL AMT PAID =>**		**$ 1,172.50**	**99%**		

Market Rate Summary Graph

Payments for legal DOS on litigated cases or cases settled in-house at market rate or less than market rate, received between 4/1/21 and 4/30/21

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
4	78988	10/25/16-2/26/18	4/7/2021	**Legal services**	**3 Board Appear. (WCAB-POM) ($156.50 each)**	**$ 469.50**	**PYMTS RCVD**	896D 89186743 Travelers	3/31/2017	$ 3,186.50	Total Amt Paid for legal services ($469.50)/ Total Amt Billed for legal services ($469.50)	N/A	Travelers
				Medical services	2 Initials ($230 each), initial acup ($230), 5 PR2's ($180 each), 8 f/u acup ($180 each)	$ 3,030.00		1102455725 Zurich	3/30/2021	$ 975.00			
				Additional items billed	Lien filing fee	$ 150.00							
					Additional costs collected	$ 1,637.00		896D 95082504 Travelers	4/2/2021	$ 975.00			
				TOTAL AMT BILLED =>		**$ 5,286.50**		**TOTAL AMT PAID =>**		**$ 5,136.50**	**100%**		
5	70604	10/19/16-5/6/20	4/9/2021	**Legal services**	Full day Board Appear. (WCAB AHM) ($313), Board Appear. (WCAB AHM) ($195), C&R Reading ($250), 8 Board Appear. (WCAB AHM) ($156.50 each), 2nd witness (WCAB AHM) ($156.50)	**$ 2,166.50**	**PYMTS RCVD**	66-554949	4/6/2021	$ 2,034.50	Total Amt Paid for legal services ($2034.50) / Total Amt Billed for legal services ($2166.50)	N/A	UEF
				TOTAL AMT BILLED =>		**$ 2,166.50**		**TOTAL AMT PAID =>**		**$ 2,034.50**	**94%**		

Market Rate Summary Graph

Payments for legal DOS on litigated cases or cases settled in-house at market rate or less than market rate, received between 4/1/21 and 4/30/21

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
6	75388	9/30/14-9/9/20	4/16/2021	**Legal services**	**Board Appear. (WCAB-LBO)($156.50), C&R Reading ($250)**	**$ 406.50**	PYMTS RCVD						
				Medical services	4 initials ($230 each), initial acup ($230), 17 PR2's ($180 each), 5 f/u acup ($180 each), F.C.E ($150), P&S ($230), EMG & NCV ($150), 2 f/u chiro tx, rehab physical therapy	$ 5,910.00		66-602178	4/13/2021	$ 3,283.00	Total Amt Paid for legal services ($313) / Total Amt Billed for legal services ($406.50)	N/A	UEF
				Additional items billed	Lien filing fee	$ 150.00							
				TOTAL AMT BILLED =>		**$ 6,060.00**		**TOTAL AMT PAID =>**		**$ 3,283.00**	**77%**		

Average % of Market Rate paid without P&I	**95%**

Average % of Market Rate paid with P&I	**95%**

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 68276

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2014256495

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

Case: vs KOREA HOUSE BBQ/TOFU
Date Of Injury: 8/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/16	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/07/16	PMT BY CHECK	DOS 1/18/16* # 260539970	-90.00
04/15/16	PMT BY CHECK	DOS 1/18/16* # 260555318	-95.00
04/19/16	LEGAL WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/25/16	PMT BY CHECK	DOS 1/18/16-4/19/16* =# 260570423	-156.50
04/05/21	PMT BY CHECK	DOS 4/5/21* # 32808132	-65.00

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.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

Check Date: 03/07/2016
Check Number: 260539970
Total Billed:
Total Paid: $90.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2014256495		UN501303156826	01/18/2016	01/18/2016	250.00	90.00

PAID MAR 09 2016

The Explanation of Review (EOR) will be sent under separate cover.

[redacted]

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

Check Date: 04/15/2016
Check Number: 260555318
Total Billed:
Total Paid: $95.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2014256495		UN501303233404	01/18/2016	01/18/2016	250.00	95.00

The Explanation of Review (EOR) will be sent under separate cover.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

WELLS FARGO BANK
260570423

56-382
412

DATE:05/25/2016

Pay One Hundred Fifty Six Dollars And 50/100

AMOUNT
**********$156.50

TO THE ORDER OF:

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

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000
VOID AFTER 6 MONTHS

⑈260570423⑈ ⑆041203824⑆ 9637481517⑈

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

PAID JAN 27 2016

Check Date: 05/25/2016
Check Number: 260570423
Total Billed:
Total Paid: $156.50

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2014256495		UN501303319359	01/18/2016	04/19/2016	406.50	156.50
2014276121						

The Explanation of Review (EOR) will be sent under separate cover.

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000004-0000059 D0716 001 981721 EIG

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

EMPLOYERS®
America's small business insurance specialist®

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:	2014256495
Client Reference ID:	270345267
VP Trans ID:	1006060105
	EIG0001003
Date:	04/05/2021
Amount:	$65.00
Check Number:	32808132

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

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

EMPLOYERS
America's small business insurance specialist®

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

VPay
1-855-523-9634

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

32808132

04/05/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$65.00**

SIXTY FIVE DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1006060105

⑈32808132⑈ ⑆273970116⑆ 17000129916⑈

1006060105

EMPLOYERS®

America's small business insurance specialist®

PO BOX 32036
Lakeland FL, 33802-2036

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 927814165

Insurer Name:	Employers Compensation Insurance Company
Payee/Provider:	JOYCE ALTMAN INTERPRETERS INC
Client Reference ID:	270345267
Amount:	$65.0

Injured Employee	Claim Number	Payment Id	Invoice Number	Account Number	Payment From	Payment Through	Billed Amount	Allowed Amount	Comment
	2014256495	270345267	FULL FINAL		01/18/2016	04/19/2016	65.00	65.00	Stip to pay Lien 4-1-21 covers ALL DOS

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 78248

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
PEGWC000000084702

BILL TO:
PREFERRED EMPLOYERS (SAN DIEG)
W. C. DEPARTMENT
ATTN: AMANDA MORALES
P.O. BOX # 85838
SAN DIEGO, CA 92186

Case: vs MONSIEUR MARCEL
Date Of Injury: 3/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/19/19	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/13/19	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
07/07/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/04/21	COSTS	ADD'L COSTS AWARDED	1937.00
03/04/21	PMT BY CHECK	DOS 3/1/21-3/2/21* # 132442735 3 HARTFO	-625.00
04/05/21	PENALTIES_U	FOR UNPAID STLM'T	187.50
04/05/21	INTEREST_U	FOR UNPAID STLM'T	5.65
04/13/21	PMT BY CHECK	DOS 4/12/21* # 6000151227 PREFERRED	-2068.15

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 HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2304177

MB 01 001155 26247 B 4 D

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

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
11/13/2018	72WEC AA5G3I Y2EC 01542	WOOLEE INC		$625.00
Nature of Benefits: Doctor		Nature of Payment: Payment Reason - Doctor	Service Dates 03/01/2021 03/02/2021	$625.00

Claim Handler: SHERI ANGELLO 8664019222 x2304177 Centralized Workers Compensation Claim Center PO Box 14267 Lexington, KY 40512-4267	Additional Comments:

Issue Date	03/04/2021	Check Number	132442735 3	Total Check Amount	$625.00

Please keep the above information for your records.

[redacted]

PAID MAR 10 2021

PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
P.O. Box 85838
San Diego, CA 92186-5838
888-472-9001

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

BNA110608867_10000000092

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Apr 13 2021	6000151227	0000099708	CL	10045	1	6000151227

Policy Number	WKN160343-3
Insured	STROUK GROUP L L C
Date of Loss	10/11/2018
Reported Date of Loss	11/22/2018
Claims System ID	bnuCCV9:97075996
Claim Number	PEG WC 000000073709
Claimant Name	
Supplier Invoice Date	04/12/2021
Supplier Invoice Number	IbnuCCV9:97075996
Service Dates	04/12/2021 04/12/2021
Adjuster Name	Medical PEG WC 000000073709
Agency Code	
Agency Name	
Pay Amount	$ 2,500.00
Memo / Description	Medical PEG WC 000000073709

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 2,500.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 2,500.00 ***

WARNING! DO NOT ACCEPT THIS CHECK UNLESS YOU CAN SEE A TRUE WATERMARK WHEN HOLDING THE CHECK TO THE LIGHT AND PINK LOCK AND KEY ICONS THAT FADE WHEN WARMED

WRBC

Berkley Insurance Company
PREFERRED EMPLOYERS GROUP
Preferred Employers Insurance Company
For Questions Please Call: 888-472-9001
Claim No: PEG WC 000000073709
In Payment Of:

BANK OF AMERICA MERRILL LYNCH
90-4182/1211

6000151227

Date **04/13/2021** **Pay Amount** **$ 2,500.00 ***

Pay ****** TWO THOUSAND FIVE HUNDRED AND XX/100 DOLLAR ******

To The Order Of

JOYCE ALTMAN INTERPRETERS INC

THIS CHECK EXPIRES AND IS VOID 90 DAYS FROM ISSUE DATE

Authorized Signature

Authorized Signature

PAYEE NAME ON FILE AT THE BANK

THIS CHECK CLEARS THROUGH POSITIVE PAY

⑈6000151227⑈ ⑆121141822⑆ 7313129966⑈

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 77251

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E7R3342

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: ROGER FLORES
P.O. BOX 660055
DALLAS, TX 75266

Case: vs UNIVERSITY OF REDLANDS
Date Of Injury: CT 5/2/15 - 9/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/09/16	LEGAL_PREP	DEPO PREP @ L/O FLOYD, SKEREN & KELLY	156.50
/ /	INTERPRETER:	ROSA MARIA ARROYO # 300714	0.00
01/25/17	PMT BY CHECK	DOS 12/9/16* # 896D 88891601	-156.50
01/27/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI (1/2 DAY)	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/12/17	LEGAL_WCAB	MSC @ WCAB SBR	195.00
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
06/28/17	PMT BY CHECK	DOS 1/27/17-6/12/17* # 896D 89571370	-242.00
10/08/18	LEGAL_WCAB	MSC @ WCAB SBR	195.00
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
12/09/19	LEGAL_WCAB	STATUS CONFERENCE @ WCAB SBR	195.00
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
08/04/20	LEGAL_WCAB	TRIAL (VENUE: WCAB SBR) Amended	195.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
08/25/20	PMT BY CHECK	DOS 8/4/20* # 896D 94327527	-156.50
02/08/21	PMT BY CHECK	DOS 6/12/17* # 896D 94895487	-4.50
02/09/21	PMT BY CHECK	DOS 10/8/18-12/9/19* # 896D 94898856	-313.00
04/16/21	PMT BY CHECK	DOS 3/30/21* # 896D 95131015	-300.00
04/19/21	BLCE OFF SET	BALANCE OFF SET	-14.00

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

*** INVOICE ***
Date NO#
04/19/21 77251

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E7R3342

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: ROGER FLORES
P.O. BOX 660055
DALLAS, TX 75266

Case: vs UNIVERSITY OF REDLANDS
Date Of Injury: CT 5/2/15 - 9/29/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

000377

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SB00181

896D 88891601

TRAVELERS

DATE: 01/25/17
LOSS DATE: 09/29/16
FILE NUMBER: 152 CB E7R3342 T

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

EMPLOYEE

ACCOUNT NAME:
UNIVERSITY OF REDLANDS

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 12/9/2016

TOTAL PAID: $156.50
TAX INFO: 330956713 Y C
PAY MISC: 70948
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

JAN 30 2017

FOR ADDITIONAL INFORMATION, CONTACT: ROGER FLORES AT (909)612-3000

025010196
DETACH CHECK

UNSUMM
OVRFLWS2:121295
DETACH CHECK

[redacted]

000643

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SB00309

896D 89571370

TRAVELERS

DATE: 06/28/17
LOSS DATE: 09/29/16
FILE NUMBER: 152 CB E7R3342 T

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

EMPLOYEE

ACCOUNT NAME:
UNIVERSITY OF REDLANDS

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

THIS BILL HAS BEEN REPRICED. THE EXPLANATION FOR THE REPRICING HAS BEEN SENT UNDER SEPARATE COVER.

FROM: 01/27/17 TO: 06/12/17

70948
TOTAL PAID: $242.00

PAID
JUL 06 2017

FOR ADDITIONAL INFORMATION, CONTACT: MAYRA A. MORALES AT (909)612-3957

179010334
DETACH CHECK

UNSUMM
CVRPUNS2-121295
DETACH CHECK

[redacted]

)16000

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SA07949

896D 94327527

TRAVELERS

DATE: 08/25/20
LOSS DATE: 09/29/16
FILE NUMBER: 152 CB E7R3342 T

EMPLOYEE

ACCOUNT NAME:
UNIVERSITY OF REDLANDS

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 8/4/2020

TOTAL PAID: $156.50
TAX INFO: 330956713 Y C
PAY MISC: 77251
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
AUG 3 1 2020

PV. .....

FOR ADDITIONAL INFORMATION, CONTACT: MAYRA A. MCINTOSH AT (909)612-3957

8008027
_ DETACH CHECK

UNSUMM -111311
OVRPUNS2-121295
DETACH CHECK

009892

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SA04897

896D 94895487

TRAVELERS

DATE: 02/08/21
LOSS DATE: 09/29/16
FILE NUMBER: 152 CB E7R3342 T

EMPLOYEE

ACCOUNT NAME:

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 6/12/2017

TOTAL PAID: $4.50
TAX INFO: 330956713 Y C
PAY MISC: DOS 06/12/2017
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
FEB 16 2021
BY: .....

FOR ADDITIONAL INFORMATION, CONTACT: MAYRA A. MCINTOSH AT (909)612-3957

039004963
DETACH CHECK

UNSUMM -111311
OVRPUNS2-121295
DETACH CHECK

[redacted]

014165

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA07022

896D 94898856

TRAVELERS

DATE: 02/09/21
LOSS DATE: 09/29/16
FILE NUMBER: 152 CB E7R3342 T

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

EMPLOYEE

ACCOUNT NAME:

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 10/8/2018 TO: 12/9/2019

TOTAL PAID: $313.00
TAX INFO: 330956713 Y C
PAY MISC: 77251
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
FEB 17 2021
BY

FOR ADDITIONAL INFORMATION, CONTACT: MAYRA A. MCINTOSH AT (909)612-3957

040007118
DETACH CHECK

UNSUMM -111311
OVRPUNS2-121295
DETACH CHECK

[redacted]

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SE00787

896D 95131015

TRAVELERS

DATE: 04/16/21
LOSS DATE: 09/29/16
FILE NUMBER: 152 CB E7R3342 T
REFERENCE #: 1028151015SW
EMPLOYEE

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

ACCOUNT NAME:
UNIVERSITY OF REDLANDS

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 03/30/21

TOTAL PAID: $300.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: MAYRA A. MCINTOSH AT (909)612-3957

106014420
DETACH CHECK

UNSUMM -11131
OVRPUNS2-121295
DETACH CHECK

THIS DOCUMENT HAS A RED BACKGROUND - BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Citibank, N.A.
One Penns Way
New Castle DE 19720

TRAVELERS
P O BOX 660055
DALLAS TX 75266-0055
(909)612-3957

896D 95131015 62-20 311

DATE	ACCOUNT NUMBER	FILE NUMBER
04/16/21	J99	152 CB E7R3342 T

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

THREE HUNDRED AND 00/100 ---------- PAY: $******300.00 MAM2

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

003745
SE00787

Douglas K. Russell
AUTHORIZED SIGNATURE

VOID VOID VOID VOID VOID VOID

⑈95131015⑈ ⑆031100209⑆ 3862289 2⑈

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 78988

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EUJ8260

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: JEANNETTE MENDEZ
P.O. BOX 660055
DALLAS, TX 75266

Case: vs FLYING FOOD GROUP
Date Of Injury: 3/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/16	INITIAL EXAM	-DR NEGIN RAMESHNI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/03/16	INITIAL ACUP	-W/ ACUPUNCT YOUN RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/09/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
11/10/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/16/16	INITIAL EXAM	-DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/17/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/01/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/08/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/15/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/21/16	PR2/REEVAL	-BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/22/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/05/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/12/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/19/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/23/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

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

*** INVOICE ***
Date NO#
04/07/21 78988

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
EUJ8260

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: JEANNETTE MENDEZ
P.O. BOX 660055
DALLAS, TX 75266

Case: vs FLYING FOOD GROUP
Date Of Injury: 3/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/26/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/30/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/06/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/13/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
02/20/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/21/17	INITIAL EXAM	-PHYISCAL TX W/DR CHRISTIAN MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/22/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/27/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/02/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/16/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/22/17	INITIAL EXAM	PSYCHE EVAL W/DR PARVIN SALKELD @ EPC*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/23/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/31/17	PMT BY CHECK	DOS 10/25/16-1/26/17* # 896D 89186743	-3186.50
03/29/17	EMG TESTING	& NCV BY DR GROSS: BIL U/E*	150.00

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

*** INVOICE ***
Date NO#
04/07/21 78988

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EUJ8260

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: JEANNETTE MENDEZ
P.O. BOX 660055
DALLAS, TX 75266

Case: vs FLYING FOOD GROUP
Date Of Injury: 3/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/06/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/05/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/13/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/21/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/27/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/04/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/10/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/11/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/18/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/25/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/01/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/02/17	EMG TESTING	& NCV BY DR GROSS: L/E @ EPC*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/07/17	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/08/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/09/17	FOLLOW UP	PHYSICAL TX W/DR MENDOZA*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

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

*** INVOICE ***
Date NO#
04/07/21 78988

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
EUJ8260

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: JEANNETTE MENDEZ
P.O. BOX 660055
DALLAS, TX 75266

Case: vs FLYING FOOD GROUP
Date Of Injury: 3/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/12/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/13/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/18/17	P AND S	DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/26/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/16/20	LIEN FIL FEE	LIEN FILING FEE	150.00
03/22/21	PENALTIES	FOR DATE OF SERVICE 2/21/17	13.50
03/22/21	INTEREST	FOR DATE OF SERVICE 2/21/17	41.40
03/22/21	PENALTIES	FOR DATE OF SERVICE 3/22/17	34.50
03/22/21	INTEREST	FOR DATE OF SERVICE 3/22/17	104.93
03/22/21	PENALTIES	FOR DATE OF SERVICE 7/18/17	34.50
03/22/21	INTEREST	FOR DATE OF SERVICE 7/18/17	96.60
03/30/21	PMT BY CHECK	DOS 11/18/16-3/27/21* # 1102455725 ZURICH	-975.00
04/05/21	BLCE OFF SET	BALANCE OFF SET - FOR MEDICAL DOS	-5465.43
04/05/21	COSTS	ADD'L COSTS AWARDED	1637.00
04/02/21	PMT BY CHECK	DOS 3/23/21* # 896D 95082504 TRAVELERS	-975.00

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

*** INVOICE ***
Date NO#
04/07/21 78988

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EUJ8260

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: JEANNETTE MENDEZ
P.O. BOX 660055
DALLAS, TX 75266

Case: vs FLYING FOOD GROUP
Date Of Injury: 3/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

000895

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SB00432

896D 89186743

TRAVELERS

DATE: 03/31/17
LOSS DATE: 03/03/13
FILE NUMBER: 152 CB EUJ8260 N

EMPLOYEE

ACCOUNT NAME:
FLYING FOOD FARE INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Other

SERVICE DATE: 10/25/2016 TO: 1/26/2017

TOTAL PAID: $3186.50
TAX INFO: 330956713 Y C
PAY MISC: 70729
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

APR 03 2017

FOR ADDITIONAL INFORMATION, CONTACT: TAYLOR ORNELAS AT (909)612-3038

090010463
DETACH CHECK

DETACH CHECK

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

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

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

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781 4165

00342

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0347166 001 ZM	WC 0170500			09/08/15	11/18/16-03/27/21

Check Number	1102455725	Date Issued	03/30/21	Amount	$***975.00
Insured	Flying Food Group Inc				
Claimant					
Nature of Payment	FULL & FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS PO BOX 4165				
Requested By	Manoj Tiwari				
File Supervisor	Gloria Holmes	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	975.00		

TOTAL $975.00

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.
208-0347166 001 ZM	03/30/21 VOID AFTER 09/26/21	1102455725

Amount : ***NINE HUNDRED SEVENTY-FIVE AND 00/100 ----------***

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

$***975.00

JPMORGAN CHASE BANK, N.A.
COLUMBUS OH

** THE BACKGROUND IS COLORED **

⑈1102455725⑈ ⑆044115443⑆ 528291201⑈

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055

SE00775

896D 95082504

TRAVELERS

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

DATE: 04/02/21
LOSS DATE: 03/03/13
FILE NUMBER: 152 CB EUJ8260 N
REFERENCE #: 1028066586SW
EMPLOYEE

ACCOUNT NAME:
FLYING FOOD FARE INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 03/23/21

TOTAL PAID: $975.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

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

092013851
DETACH CHECK

UNSUMM -11131
OVRPUNS2-12129!
DETACH CHECK

THIS DOCUMENT HAS A RED BACKGROUND - BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Citibank, N.A.
One Penns Way
New Castle DE 19720

TRAVELERS
P O BOX 660055
DALLAS TX 75266-0055
(909)612-3811

896D 95082504 62-20 311

DATE	ACCOUNT NUMBER	FILE NUMBER
04/02/21	J99	152 CB EUJ8260 N

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

NINE HUNDRED SEVENTY FIVE AND 00/100 ---------- PAY: $******975.00 JAM

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

003808
SE00775

Douglas K. Russell
AUTHORIZED SIGNATURE

VOID VOID VOID VOID VOID VOID

⑈95082504⑈ ⑆031100209⑆ 3862289 2⑈

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 70604

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
UEF10037951

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

Case: vs A1 METAL POLISHING A CALI.
Date Of Injury: 4/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/16	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
01/04/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
03/01/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
05/03/17	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
07/19/17	LEGAL_WCAB	TRIAL @ WCAB AHM	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
12/06/17	LEGAL_WCAB	TRIAL @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
01/10/18	LEGAL_WCAB	TRIAL @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
03/21/18	LEGAL_WCAB	FULL DAY TRIAL @ WCAB ANAHEIM	313.00
/ /	INTERPRETER:	CONSUELO ARCHIGA # 301725 AM	0.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624 (P.M.)	0.00
03/21/18	LEGAL_MISC	2ND WITNESS INTERPRETER ROGER REGALADO # 100759	156.50
/ /	-	AS ORDERED BY JUDGE	0.00
09/05/18	LEGAL_WCAB	TRIAL @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	MICHAEL BELTRAN # 301812	0.00
03/12/19	AME	DR CLIVE SEGIL, M.D.*	230.00
/ /	INTERPRETER:	MARIO RODRIGUEZ # 500279	0.00
02/26/20	LEGAL_WCAB	MSC @ WCAB ANAHEIM	195.00
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
05/06/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/01/20	BLCE OFF SET	OFF SET AME DOS 3/12/19 OK'D BY JOYCE	-230.00
04/06/21	PMT BY CHECK	DOS 10/19/16-5/6/20*	-2034.50

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 70604

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
UEF10037951

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

Case: vs A1 METAL POLISHING A CALI.
Date Of Injury: 4/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 66-554949 UEF	
04/09/21	BLCE OFF SET	BALANCE OFF SET	-132.00

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.

STATE OF CALIFORNIA 66-554949

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

FUND NO. 0571 FUND NAME UNINSURED EMPLOYERS BEN

7350

MO. 04 DAY 06 YR. 2021

90-1342/1211

66554949

DOLLARS $****2034. CENTS 50

TO: 554949
--- JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-85(1/99) CONTROLLERS WARRANT

⑈121113423⑈ 66554949⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

66-554949

ISSUE DATE: 04/06/2021
UNINSURED EMPLOYERS BENEFITS TRUST FUND
P.O. BOX 429397
SAN FRANCISCO, CA 94142-9397
TEL: (510) 286-7067

PAYEE NAME: JOYCE ALTMAN INTERPRETERS INC
CLAIM#: UEF10037951
CLAIMANT:
C/O:
FROM: 10-19-2016 THRU: 05-06-2020
INVOICE#: 70604

STUBNOTES ITEMS	GROSS AMOUNT
5 - IN FULL SATISFACTION OF LIEN	2034.50
0 - INTERPRETER FEE	0.00
NOT TO BE USED FOR MARKET RATE REVIEW	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
TOTAL AMOUNT PAID :	

ADJUSTER NAME: PATT KADRLIK

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

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

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

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

*** INVOICE ***
Date NO#
04/16/21 75388

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
UEF9376790

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

Case: vs SOMERSET AUTO BODY CENTER
Date Of Injury: 9/11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/30/14	INITIAL EXAM	DR RANDY HIGHASHI @ ADVANCE CARE SPECIALIST* ACS	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/03/14	INITIAL EXAM	DR ARMAND GHODS @ ACS*	230.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
10/08/14	PR2/REEVAL	DR BIPIN BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/20/14	F/U CHIRO TX	CHIRO TX W/DR GHODS @ ACS*	90.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
10/22/14	R.P.T.	REHAB PHYSICAL THERAPY W/ MICHAEL PARKER*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/27/14	INITIAL EXAM	DR ZAIN VALLY @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/31/14	F/U CHIRO TX	CHIRO TREATMENT @ ACS W/DR GHODS*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/05/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/11/14	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/21/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR TONY MENDOZA @ ACS*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320 (INITIAL)	0.00
12/03/14	PR2/REEVAL	DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	RAMON VALDES # 101016	0.00
12/23/14	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 500257	0.00
01/21/15	EMG TESTING	& NCV BY DR GROSS: U/E @ ACS*	150.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00

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

*** INVOICE ***
Date NO#
04/16/21 75388

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
UEF9376790

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

Case: vs SOMERSET AUTO BODY CENTER
Date Of Injury: 9/11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/15	PR2/REEVAL	DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/29/15	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ ACS*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/03/15	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/17/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
02/26/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
03/05/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/12/15	PR2/REEVAL	DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/17/15	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
03/24/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	LUIS VALDVERDE # 004204	0.00
04/02/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/15/15	PR2/REEVAL	DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/28/15	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
05/06/15	INITIAL EXAM	DR PETER MENDELSOHN @ ACS*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/27/15	PR2/REEVAL	DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/09/15	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00

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

*** INVOICE ***
Date NO#
04/16/21 75388

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
UEF9376790

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

Case: vs SOMERSET AUTO BODY CENTER
Date Of Injury: 9/11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/15	PR2/REEVAL	DR MENDELSOHN @ ACS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/21/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/01/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/06/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/18/15	P AND S	DR RAMESHNI @ ADVANCE CARE* (TRANSFER OF CARE)	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/04/17	LIEN FIL FEE	LIEN FILING FEE	150.00
07/10/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/09/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/13/21	PMT BY CHECK	DOS 9/30/14-9/9/20* # 66-602178 UEF	-3283.00
04/16/21	BLCE OFF SET	BALANCE OFF SET	-3183.50
		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 BACK OF THIS DOCUMENT

STATE OF CALIFORNIA 66-602178

THE TREASURER OF THE STATE WILL PAY OUT OF THE FUND NO. 0571 FUND NAME UNINSURED EMPLOYERS BEN

IDENTIFICATION NO. 7350 MO. 04 DAY 13 YR. 2021

90-1342/1211

66602178

DOLLARS	CENTS
$****3283.	00

FORM CD-85(1/99) CONTROLLERS WARRANT

TO: 602178
--- JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

⑆121143231⑆ 66602178⑈

66-602178

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

ISSUE DATE: 04/13/2021
UNINSURED EMPLOYERS BENEFITS TRUST FUND
P.O. BOX 429397
SAN FRANCISCO, CA 94142-9397
TEL: (510) 286-7067

PAYEE NAME: JOYCE ALTMAN INTERPRETERS INC
CLAIM#: UEF9376790
CLAIMANT:
C/O:
FROM: 09-30-2014 THRU: 09-09-2020
INVOICE#: 75388

STUBNOTES ITEMS	GROSS AMOUNT
	3283.00
5 - IN FULL SATISFACTION OF LIEN	0.00
0 - INTERPRETER FEE	0.00
NOT TO BE USED FOR MARKET RATE REVIEW	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
TOTAL AMOUNT PAID :	

ADJUSTER NAME: RODNEY CADIENTE

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

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

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