Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
1	76324	2/15/2021	4/27/2021	$ 180.00	**F/u physio therapy**	$ 180.00	03709374	4/12/2021	**100%**	Amtrust-ANA UBI Claims
		2/16/2021		$ 180.00	**PR-2**	$ 180.00	03719714	4/20/2021	**100%**	Amtrust-ANA UBI Claims
2	77463	3/27/2020	4/12/2021	$ 180.00	**2 f/u physio therapy ($180 each), f/u acup ($180),** IBR Fee awarded by Maximus	$ 90.00	009602340	6/16/2020	**100%**	Argonaut
						$90 of total pymt of $450	124020109	4/6/2021		
		4/6/2020		$ 180.00		$ 90.00	009602350	6/16/2020		
						$90 of total pymt of $450	124020109	4/6/2021		
		4/24/2020		$ 180.00		$ 90.00	009602365	6/16/2020		
						$90 of total pymt of $450	124020109	4/6/2021		
3	77663	9/19/2020	4/23/2021	$ 180.00	**P&S**	$ 180.00	12177	1/12/2021	**100%**	Athens Administrators
						$ 180.00	13033	4/19/2021		
4	76586	1/25/2021	4/8/2021	$ 180.00	**F/u acup**	$ 180.00	0672028	4/5/2021	**100%**	Berkshire Hathaway
5	76911	2/2/2021	4/20/2021	$ 180.00	**PR-2**	$ 180.00	1215148	4/16/2021	**100%**	Berkshire Hathaway

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
6	76933	1/28/2021	4/29/2021	$ 180.00	**F/u physio therapy**	$ 180.00	1212406	4/7/2021	**100%**	Berkshire Hathaway
		1/28/2021		$ 180.00	**F/u physio therapy**	$180 of total pymt of $360 (ck includes a separate case)	1212831	4/8/2021	**100%**	
		1/26/2021		$ 180.00	**F/u physio therapy**	$ 180.00	1213215	4/9/2021	**100%**	
		2/4/2021		$ 180.00	**F/u physio therapy**	$180 of total pymt of $540 (ck includes multiple cases)	1214343	4/14/2021	**100%**	
		2/9/21-2/10/21		$ 360.00	**F/u physio therapy ($180), PR2 ($180)**	$360 of total pymt of $720 (ck includes multiple cases)	1215563	4/19/2021	**100%**	
		1/4/2021-3/10/21		$ 1,080.00	**4 f/u acup ($180 each), 2 PR-2s ($180 each)**	$1080 of total pymt of $1620 (ck includes multiple cases)	1217697	4/26/2021	**100%**	
		3/2/2021-3/10/21		$ 360.00	**F/u acup ($180) PR2 ($180)**	$360 of total pymt of $720 (ck includes a separate case)	1218076	4/27/2021	**100%**	
7	78098	3/3/2021	4/28/2021	$ 180.00	**F/u physio therapy**	$ 180.00	1217697	4/26/2021	**100%**	Berkshire Hathaway
8	78510	3/1/21-3/9/21	4/30/2021	$ 360.00	**PR-2, f/u acup ($180 each)**	$360 of total pymt of $610	2739620	4/28/2021	**100%**	Berkshire Hathaway
9	78270	2/3/2021	4/16/2021	$ 180.00	**F/u physio therapy**	$ 180.00	1161036	4/14/2021	**100%**	Berkshire Hathaway

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
10	78884	1/21/2021	4/28/2021	$ 180.00	**PR-2**	$ 180.00	1210886	4/1/2021	**100%**	Berkshire Hathaway
		2/2/2021		$ 180.00	**Shockwave**	$180 of total pymt of $540 (ck includes multiple cases)	1214343	4/14/2021	**100%**	
		2/4/2021-2/9/21		$ 360.00	**2 f/u acup ($180 each)**	$ 360.00	1215148	4/16/2021	**100%**	
		2/11/2021		$ 180.00	**F/u acup**	$180 of total pymt of $720 (ck includes multiple cases)	1215563	4/19/2021	**100%**	
		2/16/2021		$ 180.00	**Shockwave**	$ 180.00	1216908	4/22/2021	**100%**	
		2/23/21-3/2/21		$ 360.00	**PR-2, shockwave ($180 each)**	$360 of total pymt of $1620 (ck includes multiple cases)	1217697	4/26/2021	**100%**	
11	78969	1/26/2021	4/27/2021	$ 180.00	**PR-2**	$ 180.00	1159973	4/12/2021	**100%**	Berkshire Hathaway
		2/2/2021		$ 180.00	**F/u acup**	$ 180.00	1161070	4/14/2021	**100%**	
		2/9/2021		$ 180.00	**F/u acup**	$ 180.00	1162878	4/19/2021	**100%**	
		2/16/2021		$ 180.00	**F/u acup**	$ 180.00	1164736	4/22/2021	**100%**	

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
12	79036	1/27/2021	4/29/2021	$ 180.00	**F/u acup**	$180 of total pymt of $360 (ck includes a separate case)	1212831	4/8/2021	**100%**	Berkshire Hathaway
		2/3/2021		$ 180.00	**F/u acup**	$180 of total pymt of $540 (ck includes multiple cases)	1214343	4/14/2021	**100%**	
		2/10/2021		$ 180.00	**F/u chiro tx**	$180 of total pymt of $720 (ck includes multiple cases)	1215563	4/19/2021	**100%**	
		2/17/2021		$ 180.00	**F/u acup**	$180 of total pymt of $360 (ck includes a separate case)	1217307	4/23/2021	**100%**	
		3/3/21-2/24/21		$ 360.00	**2 F/u acup ($180 each)**	$360 of total pymt of $720 (ck includes a separate case)	1218076	4/27/2021	**100%**	
13	79259	2/22/2021	4/27/2021	$ 180.00	**F/u chiro**	$180 of total pymt of $360 (ck includes a separate case)	1217307	4/23/2021	**100%**	Berkshire Hathaway
14	67994	10/5/2016	4/27/2021	$ 180.00	**PR-2**	$90 of total pymt of $240	4631035	1/21/2021	**100%**	Broadspire
						$ 90.00	4836927	4/23/2021		
15	76472	10/30/2020	4/26/2021	$ 180.00	**PR2**	$ 90.00	4574101	12/17/2020	**100%**	Broadspire
						$ 90.00	4803082	4/8/2021		
		9/25/2020		$ 180.00	**PR2**	$ 90.00	4500511	11/9/2020	**100%**	
						$ 90.00	4836993	4/23/2021		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
16	76815	11/3/2020	4/16/2021	$ 180.00	**F/u acup**	$ 90.00	4558388	12/9/2020	**100%**	Broadspire
						$ 90.00	4794843	4/6/2021		
		11/10/2020		$ 180.00	**F/u acup**	$ 90.00	4583477	12/23/2020	**100%**	
						$ 90.00	4803115	4/8/2021		
		11/17/2020		$ 180.00	**F/u acup**	$ 90.00	4588598	12/28/2020	**100%**	
						$ 90.00	4799303	4/7/2021		
		1/26/2021		$ 180.00	**F/u acup**	$ 180.00	4786868	4/2/2021	**100%**	
		2/2/2021		$ 180.00	**F/u acup**	$ 180.00	4786869	4/2/2021	**100%**	
		2/9/2021		$ 180.00	**F/u acup**	$ 180.00	4818759	4/15/2021	**100%**	
		2/16/2021		$ 180.00	**F/u acup**	$ 180.00	4818832	4/15/2021	**100%**	
17	76977	9/29/2020	4/26/2021	$ 180.00	**F/u acup**	$ 90.00	4499594	11/9/2020	**100%**	Broadspire
						$ 90.00	4836106	4/23/2021		
18	77276	10/29/2020	4/12/2021	$ 180.00	**PR-2**	$ 90.00	4566198	12/14/2020	**100%**	Broadspire
						$ 90.00	4803020	4/8/2021		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
19	77742	10/28/2020	4/26/2021	$ 180.00	F/u physio therapy	$ 90.00	4570969	12/16/2020	100%	Broadspire
						$ 90.00	4803177	4/8/2021		
		9/30/2020		$ 180.00	F/u physio therapy	$ 90.00	4497800	11/6/2020	100%	
						$ 90.00	4818616	4/15/2021		
		10/6/2020		$ 180.00	PR2	$ 90.00	4520534	11/18/2020	100%	
						$ 90.00	4818615	4/15/2021		
		10/12/2020		$ 180.00	F/u physio therapy	$ 90.00	4525275	11/20/2020	100%	
						$ 90.00	4818617	4/15/2021		
		11/11/2020		$ 180.00	F/u physio therapy	$ 90.00	4606584	1/6/2021	100%	
						$ 90.00	4818622	4/15/2021		
		10/13/2020		$ 180.00	F/u acup	$ 180.00	4533822	11/25/2020	100%	
							4824796	4/19/2021		
		10/3/2020		$ 180.00	PR2	$ 90.00	4563615	12/11/2020	100%	
						$ 90.00	4830877	4/21/2021		
		11/3/2020		$ 180.00	PR2	$ 90.00	4675725	2/10/2021	100%	
						$ 90.00	4836996	4/23/2021		
		11/4/2020		$ 180.00	F/u physio therapy	$ 90.00	4636003	1/22/2021	100%	
						$ 90.00	4836997	4/23/2021		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
20	78055	2/2/2021	4/5/2021	$ 180.00	**F/u acup**	$ 180.00	4784236	4/2/2021	**100%**	Broadspire
21	78075	5/21/2020	4/16/2021	$ 180.00	**F/u chiro tx**	$ 90.00	4259178	7/9/2020	**100%**	Broadspire
						$ 90.00	4808883	4/12/2021		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
22	78113	9/23/2020	4/27/2021	$ 180.00	**F/u physio therapy**	$ 90.00	4485919	11/3/2020	**100%**	Broadspire
						$ 90.00	4795056	4/6/2021		
		8/31/2020		$ 180.00	**F/u physio therapy**	$ 90.00	4432614	10/7/2020	**100%**	
						$ 90.00	4803118	4/8/2021		
		9/1/2020		$ 180.00	**PR2**	$ 90.00	4440520	10/12/2020	**100%**	
						$ 90.00	4803119	4/8/2021		
		9/9/2020		$ 180.00	**F/u physio therapy**	$ 90.00	4459135	10/20/2020	**100%**	
						$ 90.00	4803117	4/8/2021		
		8/5/2020		$ 180.00	**F/u physio therapy,** IBR Fee awarded by Maximus	$ 90.00	4382770	9/11/2020	**100%**	
						$90 of total pymt of $270	5670798795	4/9/2021		
		9/30/2020		$ 180.00	**F/u physio therapy**	$ 90.00	4503395	11/10/2020	**100%**	
						$ 90.00	4831030	4/21/2021		
		10/1/2020		$ 180.00	**PR2**	$ 90.00	4509522	11/12/2020	**100%**	
						$ 90.00	4830917	4/21/2021		
		10/17/2020		$ 180.00	**PR2**	$ 90.00	4542496	12/2/2020	**100%**	
						$ 90.00	4830919	4/21/2021		
		10/29/2020		$ 180.00	**PR2**	$ 90.00	4606579	1/6/2021	**100%**	
						$ 90.00	4830945	4/21/2021		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
22 CONTINUED	78113	10/6/2020	4/27/2021	$ 180.00	F/u acup	$ 90.00	4523074	11/19/2020	100%	Broadspire
						$ 90.00	4836956	4/23/2021		
		11/3/2020		$ 180.00	F/u acup	$ 90.00	4640839	1/26/2021	100%	
						$ 90.00	4836998	4/23/2021		
		11/11/2020		$ 180.00	F/u physio therapy	$ 90.00	4606578	1/6/2021	100%	
						$ 90.00	4836999	4/23/2021		
		11/30/2020		$ 180.00	PR2	$ 90.00	4640964	1/26/2021	100%	
						$ 90.00	4837060	4/23/2021		
		12/10/2020		$ 180.00	F/u acup	$ 90.00	4672614	2/9/2021	100%	
						$ 90.00	4837000	4/23/2021		
		12/14/2020		$ 180.00	F/u physio therapy	$ 90.00	4685758	2/15/2021	100%	
						$ 90.00	4837063	4/23/2021		
		12/15/2020		$ 180.00	F/u acup	$ 90.00	4688609	2/16/2021	100%	
						$ 90.00	4837062	4/23/2021		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
23	78954	1/20/2021	5/11/2021	$ 180.00	**F/u physio therapy**	$ 180.00	4786879	4/2/2021	**100%**	Broadspire
		2/10/2021		$ 180.00	**PR2**	$ 180.00	4809048	4/12/2021	**100%**	
		2/24/2021		$ 180.00	**EMGTesting**	$ 180.00	4834574	4/22/2021	**100%**	
		11/5/2020		$ 180.00	**F/u acup**	$ 90.00	4640838	1/26/2021	**100%**	
						$ 90.00	4837064	4/23/2021		
		11/25/2020		$ 180.00	**F/u acup**	$ 90.00	4623955	1/15/2021	**100%**	
						$ 90.00	4837001	4/23/2021		
		11/30/2020		$ 180.00	**F/u acup**	$ 90.00	4640963	1/26/2021	**100%**	
						$ 90.00	4837002	4/23/2021		
		12/9/2020		$ 180.00	**F/u acup**	$ 90.00	4672641	2/9/2021	**100%**	
					F/u acup	$ 90.00	4837003	4/23/2021	**100%**	
		12/16/2020		$ 180.00	**F/u acup**	$ 90.00	4688607	2/16/2021	**100%**	
					F/u acup	$ 90.00	4837061	4/23/2021	**100%**	
24	79057	1/25/2021	4/29/2021	$ 180.00	**Initial acup**	$ 180.00	4815458	4/14/2021	**100%**	Broadspire
		2/22/2021		$ 180.00	**F/u acup**	$ 180.00	4842488	4/27/2021	**100%**	
25	75988	2/3/2021	4/13/2021	$ 180.00	**F/u chiro tx**	$ 180.00	0161674661	4/8/2021	**100%**	CCMSI
26	78086	1/29/2021	4/13/2021	$ 180.00	**PR-2**	$ 180.00	0166620628	4/8/2021	**100%**	CCMSI
27	78627	2/26/2021	4/29/2021	$ 180.00	**F/u acup**	$ 180.00	DA84752700	4/23/2021	**100%**	Chubb
		2/19/2021		$ 180.00	**F/u acup**	$ 180.00	DA84758845	4/26/2021	**100%**	

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
28	78951	9/15/20-2/11/21	4/27/2021	$ 4,500.00	**Initial ($180), initial acup ($180), initial physio therapy ($180), 7 f/u physio therapy ($180 each), 3 PR2's ($180 each), 12 f/u acup ($180 each)**	$ 4,500.00	0005376447	4/15/2021	**100%**	Chubb
		2/18/2021		$ 180.00	**F/u acup**	$ 180.00	0005380940	4/19/2021	**100%**	
29	77612	11/2/2020 & 2/1/21	4/14/2021	$ 360.00	**F/u acup ($180), f/u chiro tx ($180)**	$180 of total pymt of $270 (pursuing remaining balance)	101880724	4/6/2021	**100%**	Compwest
30	77879	2/19/2020	4/12/2021	$ 180.00	**Initial ($180), 2 f/u acup ($180 each)**	$90 of total pymt of $270	101573699	8/27/2020	**100%**	CompWest
						$90 of total pymt of $450	101876530	4/1/2021		
		3/14/2020		$ 180.00		$90 of total pymt of $270	101573699	8/27/2020		
						$90 of total pymt of $450	101876530	4/1/2021		
		4/11/2020		$ 180.00		$90 of total pymt of $270	101573699	8/27/2020		
						$90 of total pymt of $450	101876530	4/1/2021		
31	78580	11/6/20-11/13/20	4/26/2021	$ 360.00	**F/u acup ($180), f/u physio tx ($180)**	$ 180.00	101758478	1/7/2021	**100%**	CompWest
						$ 180.00	101898330	4/19/2021	**100%**	
32	78362	2/8/2021	4/19/2021	$ 180.00	**F/u acup**	$ 180.00	9387881	4/13/2021	**100%**	Corvel (Ace American Ins)
33	78536	1/21/2021	4/20/2021	$ 180.00	**F/u physio therapy**	$ 180.00	9376036	3/29/2021	**100%**	Corvel (Ace American Ins)
		1/26/2021		$ 180.00	**F/u physio therapy**	$ 180.00	9392375	4/16/2021	**100%**	

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
34	78765	1/18/21-1/26/21	4/26/2021	$ 360.00	**PR2 ($180), NCV ($180)**	$ 360.00	1167474	4/19/2021	**100%**	Corvel (Ace American Ins)
		2/23/2021		$ 180.00	**PR-2**	$ 180.00	1168051	4/22/2021	**100%**	
35	77128	1/27/2021	4/20/2021	$ 180.00	**PR-2**	$ 180.00	158538	4/13/2021	**100%**	Corvel (Alaska National Ins)
		2/3/2021		$ 180.00	**F/u chiro tx**	$ 180.00	158539	4/13/2021	**100%**	
36	79176	2/2/21-2/4/21	4/27/2021	$ 360.00	**2 f/u physio tx ($180 each)**	$ 360.00	158524	4/13/2021	**100%**	Corvel (Alaska National Ins)
		2/9/2021		$ 180.00	**F/u physio therapy**	$ 180.00	158525	4/13/2021	**100%**	
		2/15/2021		$ 180.00	**F/u acup**	$ 180.00	158526	4/13/2021	**100%**	
		2/22/2021		$ 180.00	**F/u physio therapy**	$ 180.00	159742	4/20/2021	**100%**	
37	78581	1/21/2021	4/26/2021	$ 180.00	**F/u physio therapy**	$ 180.00	9378990	3/31/2021	**100%**	Corvel (BBSI)
		2/3/2021		$ 180.00	**F/u chiro tx**	$ 180.00	9390804	4/15/2021	**100%**	
		2/12/21-2/15/21		$ 360.00	**PR-2, f/u chiro tx ($180 each)**	$ 360.00	9395266	4/20/2021	**100%**	
38	77798	2/2/2021	4/28/2021	$ 180.00	**F/u acup**	$ 180.00	5016	4/2/2021	**100%**	Corvel (Safety National Casualty)
		2/9/2021		$ 180.00	**F/u acup**	$ 180.00	5098	4/14/2021	**100%**	
		2/16/2021		$ 180.00	**F/u acup**	$ 180.00	5108	4/15/2021	**100%**	
		2/23/2021		$ 180.00	**F/u acup**	$ 180.00	5148	4/22/2021	**100%**	
		3/2/2021		$ 180.00	**F/u acup**	$ 180.00	5158	4/23/2021	**100%**	
39	78465	9/30/2020	4/5/2021	$ 180.00	**PR2**	$ 90.00	31012	11/23/2020	**100%**	Corvel (Sirius America Ins Co)
						$ 90.00	51345	4/1/2021		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
40	76592	8/14/2019	4/22/2021	$ 230.00	**Initial ($230),** IBR Fee awarded by Maximus, IBR Related Costs Obtained	$90 of total pymt of $540	24363745	2/13/2020	**100%**	Employers Ins
						$140 of total pymt of $2100	33106736	4/15/2021		
41	77702	1/29/20-2/6/21	3/25/2021	$ 6,120.00	**3 Initials ($180 each), initial psyche eval ($180), initial physio therapy ($180), 9 f/u physio tx ($180 each), 9 PR2s ($180 each), 10 f/u acup ($180 each), EMG testing ($180)**	$ 6,120.00	33186557	4/20/2021	**100%**	Employers Ins
42	77929	6/15/2020	4/20/2021	$ 180.00	**F/u acup ($180),** IBR Fee awarded by Maximus	$ 90.00	27381885	7/24/2020	**100%**	Employers Ins
						$90 of total pymt of $270	33124942	4/16/2021		
43	78006	2/5/2021	4/27/2021	$ 180.00	**F/u acup**	$ 180.00	32662475	3/30/2021	**100%**	Employers Ins
		2/19/2021		$ 180.00	**F/u acup**	$ 180.00	33106252	4/15/2021	**100%**	
		3/5/2021		$ 180.00	**F/u acup**	$ 180.00	33308200	4/23/2021	**100%**	
44	78041	2/8/2021	5/24/2021	$ 180.00	**F/u physio therapy**	$ 180.00	32783816	4/2/2021	**100%**	Employers Ins
45	78667	1/11/2021	4/30/2021	$ 180.00	**F/u acup**	$ 180.00	32808325	4/5/2021	**100%**	Employers Ins
		2/15/2021		$ 180.00	**F/u acup**	$ 180.00	32944357	4/9/2021	**100%**	
		3/8/2021		$ 180.00	**F/u acup**	$ 180.00	33382960	4/28/2021	**100%**	

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
46	78780	8/19/20-10/24/20	4/8/2021	$ 3,420.00	**Initial ($180), initial acup ($180), initial physio tx ($180), 8 f/u physio tx ($180 each), 7 f/u acup ($180 each), PR2 ($180)**	$ 3,420.00	32783634	4/2/2021	**100%**	Employers Ins
47	78632	1/25/2021	4/8/2021	$ 180.00	**F/u chiro tx**	$ 90.00	8817639530	3/30/2021	**100%**	Farmers
						$ 90.00	8817639533	3/30/2021		
		2/1/2021		$ 180.00	**F/u chiro tx**	$ 90.00	8817640333	3/31/2021	**100%**	
						$ 90.00	8817640334	3/31/2021		
48	63303	7/1/14-9/18/17	4/27/2021	$ 3,920.00	**Initial ($180), 18 PR2's($180 each), epiduaral ($150), injection ($150),** lien filing fee	$ 3,920.00	0170510287	4/22/2021	**100%**	Gallagher Bassett
49	75906	12/18/2020	4/14/2021	$ 180.00	**PR2**	$ 180.00	0170152056	4/7/2021	**100%**	Gallagher Bassett
		12/22/2020		$ 180.00	**F/u chiro tx**	$ 180.00	0170152055	4/7/2021	**100%**	
		1/15/2020		$ 180.00	**F/u physio therapy**	$ 180.00	0170152059	4/7/2021	**100%**	
		1/21/2020		$ 180.00	**F/u acup**	$ 180.00	0170152058	4/7/2021	**100%**	
		1/22/2021		$ 180.00	**PR2**	$ 180.00	0170152054	4/7/2021	**100%**	
		2/7/2020		$ 180.00	**F/u physio therapy**	$ 180.00	0170152057	4/7/2021	**100%**	
50	76042	2/24/2020	4/13/2021	$ 180.00	**F/u acup**	$ 180.00	0170082845	4/4/2021	**100%**	Gallagher Bassett

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
51	77574	1/8/20-2/26/21	4/27/2021	$ 5,010.00	**Initial acup ($180), 22 f/u acup ($180 each), initial chiro tx 3 f/u chiro tx ($180 each),** lien filing fee	$ 5,010.00	0170403384	4/19/2021	**100%**	Gallagher Bassett
52	77706	12/8/20-1/11/21	4/19/2021	$ 720.00	**Initial acup ($180), 2 f/u physio therapy ($180 each), PR2 ($180)**	$ 720.00	0170175914	4/8/2021	**100%**	Gallagher Bassett
53	78565	7/29/20-1/27/21	4/6/2021	$ 1,590.00	**Initial ($180), Initial acup ($180), 2 f/u acup ($180 each), 4 physio tx ($180 each),** lien filing fee	$ 1,590.00	0169954798	3/30/2021	**100%**	Gallagher Bassett
54	78588	1/18/2021	4/7/2021	$ 180.00	**F/u acup**	$ 180.00	0169954261	3/30/2021	**100%**	Gallagher Bassett
55	78995	1/7/2021	4/2/2021	$ 180.00	**PR-2**	$ 180.00	0169850877	3/25/2021	**100%**	Gallagher Bassett
56	79417	1/6/2021	4/16/2021	$ 180.00	**PR2**	$ 180.00	009950765	4/12/2021	**100%**	Guard Ins
57	76030	8/3/2020	4/16/2021	$ 180.00	**PR2**	$ 90.00	131928718 2	9/16/2020	**100%**	The Hartford
						$ 90.00	132509870 1	3/25/2021		
		8/19/2020		$ 180.00	**PR2**	$ 90.00	132004447 6	10/9/2020	**100%**	
						$90 of total pymt of $270	132559411 3	4/9/2021		
58	77681	2/8/2021	4/12/2021	$ 180.00	**F/u chiro tx**	$ 180.00	132548745 7	4/7/2021	**100%**	The Hartford

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
59	76888	1/19/2021	4/20/2021	$ 180.00	**F/u acup**	$ 180.00	3543443	3/30/2021	**100%**	Ins. Co. of the West
		1/21/2021		$ 180.00	**F/u acup**	$ 180.00	3553803	4/6/2021	**100%**	
		1/27/2021		$ 180.00	**PR2**	$ 180.00	3553798	4/6/2021	**100%**	
		2/2/2021		$ 180.00	**F/u physio therapy**	$ 180.00	3559985	4/9/2021	**100%**	
60	77299	1/20/2021	4/23/2021	$ 180.00	**F/u acup**	$ 180.00	3539689	3/26/2021	**100%**	Ins. Co. of the West
		1/21/2021		$ 180.00	**F/u physio therapy**	$ 180.00	3553801	4/6/2021	**100%**	
		1/27/2021		$ 180.00	**F/u acup**	$ 180.00	3553799	4/6/2021	**100%**	
		1/28/2021		$ 180.00	**F/u physio therapy**	$ 180.00	3553796	4/6/2021	**100%**	
		2/5/2021		$ 180.00	**F/u physio therapy**	$ 180.00	3565929	4/14/2021	**100%**	
61	78148	2/2/2021	4/27/2021	$ 180.00	**F/u acup**	$ 180.00	3559986	4/9/2021	**100%**	Ins. Co. of the West
		2/9/2021		$ 180.00	**F/u acup**	$ 180.00	3571934	4/19/2021	**100%**	
		2/4/2021		$ 180.00	**F/u acup**	$ 180.00	3565928	4/14/2021	**100%**	
62	78461	1/21/2021	4/19/2021	$ 180.00	**F/u acup**	$ 180.00	3553800	4/6/2021	**100%**	Ins. Co. of the West
		1/25/2021		$ 180.00	**F/u physio therapy**	$ 180.00	3553797	4/6/2021	**100%**	
		1/28/2021		$ 180.00	**F/u acup**	$ 180.00	3553802	4/6/2021	**100%**	
		2/2/2021		$ 180.00	**F/u acup**	$ 180.00	3559987	4/9/2021	**100%**	
63	78912	1/15/2021	4/19/2021	$ 180.00	**PR2**	$ 180.00	3539691	3/26/2021	**100%**	Ins. Co. of the West
		1/20/2021		$ 180.00	**F/u acup**	$ 180.00	3539692	3/26/2021	**100%**	
		1/19/2021		$ 180.00	**F/u physio therapy**	$ 180.00	3543442	3/30/2021	**100%**	
		2/1/2021		$ 180.00	**F/u chiro tx**	$ 180.00	3557514	4/8/2021	**100%**	

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
64	79105	9/25/20-1/15/21	4/27/2021	$ 1,080.00	**Initial ($180), initial acup ($180), PR2 ($180), 3 f/u acp ($180 each)**	$ 1,080.00	3571935	4/19/2021	**100%**	Ins. Co. of the West
65	78623	12/11/20-12/18/20	4/26/2021	$ 360.00	**2 F/u acup ($180 each)**	$ 360.00	04975023	4/21/2021	**100%**	Liberty Mutual
66	78068	1/27/2021	4/6/2021	$ 180.00	**EMG/NCV Testing**	$ 180.00	220614907	3/26/2021	**100%**	Matrix
67	78742	1/27/2021	4/9/2021	$ 180.00	**F/u acup**	$ 180.00	540947	4/2/2021	**100%**	Mitsui Sumitomo
68	78634	11/10/2020	4/20/2021	$ 180.00	**PR-2**	$ 90.00	16113754	12/29/2020	**100%**	Nationwide
						$ 90.00	16511270	4/12/2021		
69	61336	3/5/14-6/24/14	4/12/2021	$ 920.00	**Initial ($230), 3 PR-2s ($180 each),** lien filing fee	$ 920.00	81787887	4/6/2021	**100%**	Sedgwick
70	77095	2/16/2021	4/13/2021	$ 180.00	**F/u acup**	$ 180.00	171391	4/7/2021	**100%**	Sedgwick
71	77699	10/16/2020	4/13/2021	$ 180.00	**F/u acup**	$ 90.00	117300913	12/16/2020	**100%**	Sedgwick
						$ 90.00	123211124	4/7/2021		
72	78306	6/5/20-6/11/20	4/12/2021	$ 360.00	**Initial ($180), Initial chiro ($180)**	$180 of total pymt of $450 (ck includes other DOS)	122410074	12/18/2020	**100%**	Sedgwick
						$ 180.00	123456334	4/6/2021		
73	79563	4/22/20-6/3/20	4/27/2021	$ 540.00	**Initial ($180), 2 PR-2s ($180 each)**	$ 540.00	122938469	4/21/2021	**100%**	Sedgwick

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
74	75836	11/17/2020	4/21/2021	$ 180.00	**F/u physio therapy**	$ 90.00	50141417	1/12/2021	**100%**	Sentry
						$ 90.00	50355774	4/14/2021		
		12/1/2020		$ 180.00	**PR2**	$ 90.00	50160190	1/20/2021	**100%**	Sentry
						$ 90.00	50355775	4/14/2021		
75	77313	11/2/19-12/1/20	1/14/2021	$ 5,910.00	**Initial ($230), initial ($180), initial psyche eval ($230), initial acup ($230), initial chiro tx ($180), initial physio therapy ($180), 6 f/u physio tx ($180 each), 8 PR2s ($180 each), 12 f/u acup ($180 each)**	$ 5,910.00	00203161	4/22/2021	**100%**	SSA Pacific (Employer)
76	76602	1/4/2021	4/30/2021	$ 180.00	**F/u acup**	$ 180.00	36997	4/28/2021	**100%**	Tristar
		1/9/2021		$ 180.00	**PR-2**	$ 180.00	36998	4/28/2021	**100%**	
		2/1/2021		$ 180.00	**F/u physio tx**	$ 180.00	36999	4/28/2021	**100%**	
		2/2/2021		$ 180.00	**F/u acup**	$ 180.00	37000	4/28/2021	**100%**	
		2/4/2021		$ 180.00	**F/u acup**	$ 180.00	37001	4/28/2021	**100%**	
		2/6/2021		$ 180.00	**PR-2**	$ 180.00	37002	4/28/2021	**100%**	

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
		1/6/2021		$ 180.00	**F/u physio therapy**	$ 180.00	0001608108	3/29/2021	**100%**	
		1/20/2021		$ 180.00	**F/u chiro tx**	$ 180.00	0001608107	3/29/2021	**100%**	
		1/27/2021		$ 180.00	**F/u chiro tx**	$ 180.00	0001608109	3/29/2021	**100%**	
		2/1/2021		$ 180.00	**F/u chiro tx**	$ 180.00	0001608110	3/29/2021	**100%**	
		7/1/2020		$ 180.00		$ 90.00	0001469772	8/6/2020		
						$90 of total pymt of $720	0001617571	4/12/2021		
		7/10/2020		$ 180.00		$ 90.00	0001473692	8/13/2020		
						$90 of total pymt of $720	0001617571	4/12/2021		
77	78063	7/13/2020	5/6/2021	$ 180.00	**Initial ($180), PR-2 ($180), 2 f/u physio therapy ($180 each), 2 f/u acup ($180 each),** IBR Fee awarded by Maximus	$ 90.00	0001473693	8/13/2020		UTICA
						$90 of total pymt of $720	0001617571	4/12/2021		
		7/20/2020		$ 180.00		$ 90.00	0001483741	8/31/2020	**100%**	
						$90 of total pymt of $720	0001617571	4/12/2021		
		7/21/2020		$ 180.00		$ 90.00	0001483735	8/31/2020		
						$90 of total pymt of $720	0001617571	4/12/2021		
		7/22/2020		$ 180.00		$ 90.00	0001483738	8/31/2020		
						$90 of total pymt of $720	0001617571	4/12/2021		
78	78203	1/30/21-2/17/21	4/23/2021	$ 360.00	**PR 2 ($180), f/u physio therapy ($180)**	$ 360.00	1102454559	3/26/2021	**100%**	Zurich
		2/17/2021		$ 180.00	**PR2**	$ 180.00	1102463946	4/15/2021	**100%**	

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#
04/27/21 76324

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3074242-1

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

Case: vs GRJ FASHIONS
Date Of Injury: 12/1/11 - 2/27/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/29/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	RAQUEL ISUNZA # 500258	0.00
07/01/19	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/02/19	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/09/19	FOLLOW-UP	W/ ACUPUNCT KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/11/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
07/22/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/24/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	EDUARDO REYES # 004539	0.00
07/29/19	FOLLOW-UP	W/ ACUPUNCT PREIBE @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/31/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/07/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE & FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/09/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/20/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/22/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/29/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/27/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00

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

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P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs GRJ FASHIONS
Date Of Injury: 12/1/11 - 2/27/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/19	FOLLOW-UP	W/ ACUPUNCT SOONHO PARK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/12/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/13/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/07/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/09/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/16/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/21/20	FOLLOW-UP	W/ ACUPUNCT BO CHO @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/23/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/27/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR *	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/28/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/04/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
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Date NO#
04/27/21 76324

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P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs GRJ FASHIONS
Date Of Injury: 12/1/11 - 2/27/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		FMR*	
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTA # 101254	0.00
02/12/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/11/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/13/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/18/20	FOLLOW-UP	W/ ACUPUNCT SUNGWON HWONG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/19/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/21/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/24/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/25/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/26/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/27/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/03/20	FOLLOW-UP	W/ ACUPUNCT S. HWONG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/05/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/13/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/27/21 76324

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
3074242-1

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

Case: vs GRJ FASHIONS
Date Of Injury: 12/1/11 - 2/27/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/17/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/19/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/20/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/24/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/04/20	INITL CHIRO	TREATMENT W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/25/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/01/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/17/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/10/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/15/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/22/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/24/20	F/U PHYSIO	THERAPY DR PEZESKHIAN @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
09/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00

Joyce Altman Interpreters, Inc.
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BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: DENNIS POSADA
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs GRJ FASHIONS
Date Of Injury: 12/1/11 - 2/27/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/13/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/14/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/15/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/24/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/05/21	PR2/REEVAL	DR RUSSMAN & SHOCK WAVE TX W/ DR TCHAKALIAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/13/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/20/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/18/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/27/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/01/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHIAN @FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/03/21	F/U CHIRO TX	CHIRO TX DR @ PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/08/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/10/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/15/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SILVANA CORIA # 010641	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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W. C. DEPARTMENT
ATTN: DENNIS POSADA
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs GRJ FASHIONS
Date Of Injury: 12/1/11 - 2/27/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/21	PR2/REEVAL	DR MAGGIE PEZESHKIAN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/12/21	PMT BY CHECK	DOS 2/15/21* # 03709374	-180.00
04/20/21	PMT BY CHECK	DOS 2/16/21* # 03719714	-180.00

BALANCE 12880.00

* 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.

void void void

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03709374
3074242-1
SWC1151638

DATE	AMOUNT
4/12/2021	$180.00

One Hundred Eighty 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

⑈03709374⑈ ⑆021309379⑆ 79026263⑈

Check Number	03709374
Claim Number:	3074242-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1151638/Hernandez Ricardo Partner Carranza Gabriel Partner a Partnership
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/31/2018
Location:	6750 Foster Bridge Blvd, #I Bell CA 90201 -
Examiner Code:	33356

Amount:	$180.00
Dates of Service:	2/15/2021-2/15/2021
Explanation:	INV 76324
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

VOID VOID VOID

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 77463

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
51W306038

BILL TO:
ARGONAUT INSURANCE (TX-469010)
W. C. DEPARTMENT
ATTN: JERRY MELARA
P.O. BOX # 469010
SAN ANTONIO, TX 78246

Case: vs MOTHERS NUTRITIONAL CTR WAREHO
Date Of Injury: 2/21/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/19	INITIAL EXAM	DR MOHAMMED HASSANIN @ FMR*	230.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/07/20	INITIAL ACUP	W/ ACUPUNCT TAE KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/10/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/15/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/17/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/23/20	PR2/REEVAL	W/DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/04/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/07/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/21/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/24/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/10/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/13/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/27/20	PMT BY CHECK	DOS 12/12/19-2/7/20* = # 009601225	-720.00

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 77463

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
51W306038

BILL TO:
ARGONAUT INSURANCE (TX-469010)
W. C. DEPARTMENT
ATTN: JERRY MELARA
P.O. BOX # 469010
SAN ANTONIO, TX 78246

Case: vs MOTHERS NUTRITIONAL CTR WAREHO
Date Of Injury: 2/21/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/20	PMT BY CHECK	DOS 2/17/20-2/17/20* = # 009601254	-90.00
04/27/20	PMT BY CHECK	DOS 2/21/20-2/21/20* = # 009601268	-90.00
03/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/29/20	PMT BY CHECK	DOS 2/24/20* =# 009601331	-90.00
03/25/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/27/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANA DUARTE # 011036	0.00
05/06/20	PMT BY CHECK	DOS 2/28/20* =# 009601497	-90.00
04/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/18/20	PMT BY CHECK	DOS 3/10/20* # 009601741	-90.00
04/24/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/01/20	PMT BY CHECK	DOS 3/13/20* =# 009602037	-6.00
06/01/20	PMT BY CHECK	DOS 3/20/20* =# 009602043	-90.00
06/01/20	PMT BY CHECK	DOS 3/25/20* =# 009602022	-90.00
06/16/20	PMT BY CHECK	DOS 3/27/20* =# 009602340	-90.00
06/16/20	PMT BY CHECK	DOS 4/06/20* =# 009602350	-90.00
06/16/20	PMT BY CHECK	DOS 4/24/20* =# 009602365	-90.00
08/13/20	PMT BY CHECK	DOS 3/13/20* =# 009603473	-84.00
10/29/20	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/15/20	PR2/REEVAL	DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/16/20	INITIAL PSYC	EVAL W/DR ANTONY FRANCISCO @ FMR*	180.00

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

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Date	NO#
04/12/21	77463

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51W306038

BILL TO:
ARGONAUT INSURANCE (TX-469010)
W. C. DEPARTMENT
ATTN: JERRY MELARA
P.O. BOX # 469010
SAN ANTONIO, TX 78246

Case: vs MOTHERS NUTRITIONAL CTR WAREHO
Date Of Injury: 2/21/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JORGE SANDOVAL # 005511585	0.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/22/20	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/05/20	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/30/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/02/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/03/20	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
11/04/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/09/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/02/20	PMT BY CHECK	DOS 10/15/20* =# 009605609	-90.00
12/02/20	PMT BY CHECK	DOS 10/16/20* =# 009605610	-90.00
12/02/20	PMT BY CHECK	DOS 10/19/20* =# 009605611	-90.00
12/02/20	PMT BY CHECK	DOS 10/20/20* =# 009605615	-90.00
11/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/12/20	PMT BY CHECK	DOS 10/22/20* =# 009605836	-90.00
12/12/20	PMT BY CHECK	DOS 10/28/20* =# 009605838	-90.00
12/12/20	PMT BY CHECK	DOS 11/5/20* =# 009605837	-90.00
11/18/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
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ARGONAUT INSURANCE (TX-469010)
W. C. DEPARTMENT
ATTN: JERRY MELARA
P.O. BOX # 469010
SAN ANTONIO, TX 78246

Case: vs MOTHERS NUTRITIONAL CTR WAREHO
Date Of Injury: 2/21/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/19/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/18/20	PMT BY CHECK	DOS 11/2/20* # 009605946	-90.00
12/16/20	PMT BY CHECK	DOS 10/30/20* # 009605914	-90.00
12/23/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
12/23/20	RMB IBR FEE	DOS 3/13/20-3/25/20 # 5933717	-180.00
12/23/20	PMT BY CHECK	DOS 3/13/20-3/25/20 # 5933717	-180.00
12/23/20	PMT BY CHECK	DOS 11/3/20* =# 00960631	-90.00
12/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/30/20	PMT BY CHECK	DOS 11/4/20* =# 009606117	-90.00
12/30/20	PMT BY CHECK	DOS 11/9/20* =# 009606118	-90.00
01/07/21	PMT BY CHECK	DOS 11/16/20* =# 009606242	-90.00
12/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/09/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/11/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/16/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/21/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/22/20	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00

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SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
51W306038

BILL TO:
ARGONAUT INSURANCE (TX-469010)
W. C. DEPARTMENT
ATTN: JERRY MELARA
P.O. BOX # 469010
SAN ANTONIO, TX 78246

Case: vs MOTHERS NUTRITIONAL CTR WAREHO
Date Of Injury: 2/21/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/04/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/05/21	FOLLOW-UP	W/ ACUPUNCT LEE KYUNGMI @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/07/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/11/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/16/21	PMT BY CHECK	DOS 12/9/20* =# 123321744	-90.00
01/13/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/14/21	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/18/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/24/21	PMT BY CHECK	DOS 12/11/20* =# 123321965	-90.00
02/24/21	PMT BY CHECK	DOS 12/15/20* =# 123321967	-90.00
02/24/21	PMT BY CHECK	DOS 12/16/20* =# 123321966	-90.00
01/21/21	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/25/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/01/21	PMT BY CHECK	DOS 12/8/20* =#123868028	-90.00
01/26/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/28/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/29/21	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00

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 77463

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
51W306038

BILL TO:
ARGONAUT INSURANCE (TX-469010)
W. C. DEPARTMENT
ATTN: JERRY MELARA
P.O. BOX # 469010
SAN ANTONIO, TX 78246

Case: vs MOTHERS NUTRITIONAL CTR WAREHO
Date Of Injury: 2/21/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/02/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/01/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/04/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/08/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/10/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/11/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/15/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/19/21	PMT BY CHECK	DOS 1/7/21* =# 124019358	-90.00
02/22/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/01/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/06/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
04/06/21	RMB IBR FEE	DOS 3/27/20-4/24/20 # 124020109	-180.00
04/06/21	PMT BY CHECK	DOS 3/27/20-4/24/20 # 124020109	-270.00

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

*** INVOICE ***
Date NO#
04/12/21 77463

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
51W306038

BILL TO:
ARGONAUT INSURANCE (TX-469010)
W. C. DEPARTMENT
ATTN: JERRY MELARA
P.O. BOX # 469010
SAN ANTONIO, TX 78246

Case: vs MOTHERS NUTRITIONAL CTR WAREHO
Date Of Injury: 2/21/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 8240.00

* 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.

Argonaut Great Central Insurance Company
On Behalf of: ARGONAUT INSURANCE COMPANY
PO Box 469010
San Antonio, TX 78246

Check Date: 06/16/2020
Check Number: 009602340
Check Amount: $90.00

Sign up today for Electronic Funds Transfer (EFT). Argonaut Great Central Insurance Company now uses JopariPay to speed payments directly to your bank account. Visit http://provider.jopari.net and sign up by entering your registration code, -T6DCHR

T6DCHR

MDG2020 00000021 00

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

Payment Summary

POLICY NUMBER	CLAIM NUMBER	LOSS DATE	PERIOD COVERING	ISSUE DATE	CHECK NO.	AMOUNT
WC 9328646-06	51W306038	02/21/2018	03/27/2020 - 03/27/2020	06/16/2020	009602340	$90.00

CLAIMANT	INSURED
	MOTHER'S NUTRITIONAL CENTER, INC.

PAID TO	INVOICE #	TAX ID	ISS. BY
JOYCE ALTMAN INTERPRETERS INC	77463	330956713	JOPARI

FOR
INTERPRETING SERVICES

RECEIVED
JUN 26 2020
BY: .....

PAID
JUN 29 2020
BY: .....

See attached page(s) for Explanations of Review

000000 01 06 000021 000165 P

Argonaut Great Central Insurance Company
On Behalf of: ARGONAUT INSURANCE COMPANY
PO Box 469010
San Antonio, TX 78246

Check Date: 06/16/2020
Check Number: 009602350
Check Amount: $90.00

Sign up today for Electronic Funds Transfer (EFT). Argonaut Great Central Insurance Company now uses JopariPay to speed payments directly to your bank account. Visit http://provider.jopari.net and sign up by entering your registration code, -S6DCHM

Payment Summary

POLICY NUMBER	CLAIM NUMBER	LOSS DATE	PERIOD COVERING	ISSUE DATE	CHECK NO.	AMOUNT
WC 9328646-06	51W306038	02/21/2018	04/06/2020 - 04/06/2020	06/16/2020	009602350	$90.00

CLAIMANT	INSURED
	MOTHER'S NUTRITIONAL CENTER, INC.

PAID TO	INVOICE #	TAX ID	ISS. BY
JOYCE ALTMAN INTERPRETERS INC	77463	330956713	JOPARI

FOR
INTERPRETING SERVICES

RECEIVED
JUN 26 2020
BY: .....

PAID
JUN 29 2020
BY: .....

See attached page(s) for Explanations of Review

000000 03 06 000021 000167 P

Argonaut Great Central Insurance Company
On Behalf of: ARGONAUT INSURANCE COMPANY
PO Box 469010
San Antonio, TX 78246

Check Date: 06/16/2020
Check Number: 009602365
Check Amount: $90.00

Sign up today for Electronic Funds Transfer (EFT). Argonaut Great Central Insurance Company now uses JopariPay to speed payments directly to your bank account. Visit http://provider.jopari.net and sign up by entering your registration code, -R6DCHH

ARGO098

Payment Summary

POLICY NUMBER	CLAIM NUMBER	LOSS DATE	PERIOD COVERING	ISSUE DATE	CHECK NO.	AMOUNT
WC 9328646-06	51W306038	02/21/2018	04/24/2020 - 04/24/2020	06/16/2020	009602365	$90.00

CLAIMANT	INSURED
	MOTHER'S NUTRITIONAL CENTER, INC.

PAID TO	INVOICE #	TAX ID	ISS. BY
JOYCE ALTMAN INTERPRETERS INC	77463	330956713	JOPARI

FOR
INTERPRETING SERVICES

RECEIVED
JUN 26 2020

PAID
JUN 29 2020

See attached page(s) for Explanations of Review

000000 05 06 000021 000169 P

M

Sedgwick Claims Management Services, Inc
P.O. Box 14573
Lexington, KY 40512

0001942-0008159 0106 001 982107 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
04/06/2021	450.00	124020109
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
660 Sedgwick Claims Management Services, Inc		01 of 01

77463

Claimant Name		Loss Date	Claim Number
		02/21/2018	51W306038-01
Amt Paid: 450.00	Description:	Travel Expense-Medical	
Amt Billed: 450.00	Invoice:	CB20-0001528	ICN:51W306038-01
Dates: 03/27/2020 - 04/24/2020	Comment:	#111	

SWK.RM.SDM.00.NP

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

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

Sedgwick as agent for Argonaut Insurance Company
Argonaut Insurance Company

ORIGIN 6609522
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/06/2021

124020109
62-22
311

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

$450.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Debra Davenport

MEMO: MP

Argonaut Insurance Company, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1007207453

⑈124020109⑈ ⑆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#
04/23/21 77663

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19023105

BILL TO:
ATHENS ADMIN (CONCORD)
W. C. DEPARTMENT
ATTN: NANCY THOMASON
P.O. BOX # 696
CONCORD, CA 94522

Case: vs SOUTHERN CALIFORNIA PIZZA CO
Date Of Injury: 7/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/17/20	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/29/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
02/26/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/28/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/07/20	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/23/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/30/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/04/20	INJECTION	PAIN MGMT W/DR MASSIHI @FMR* (LT PLANTAR FASCIA)	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/10/20	PR2/REEVAL	DR RUSSMAN/HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/15/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/20/20	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/22/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/27/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	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#
04/23/21 77663

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
19023105

BILL TO:
ATHENS ADMIN (CONCORD)
W. C. DEPARTMENT
ATTN: NANCY THOMASON
P.O. BOX # 696
CONCORD, CA 94522

Case: vs SOUTHERN CALIFORNIA PIZZA CO
Date Of Injury: 7/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/02/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/04/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/11/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/13/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/18/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/22/20	PR2/REEVAL	DR MOHAMMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/20/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/08/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/15/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/22/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/29/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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EAMS#(s):

SS # : XXX-XX-
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Terms: 60 days
Claim #(s):
19023105

BILL TO:
ATHENS ADMIN (CONCORD)
W. C. DEPARTMENT
ATTN: NANCY THOMASON
P.O. BOX # 696
CONCORD, CA 94522

Case: vs SOUTHERN CALIFORNIA PIZZA CO
Date Of Injury: 7/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/02/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/08/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/13/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE # FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/11/20	PR2/REEVAL	DR MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/20/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/22/20	F/U PHYSIO	THERAPY DR PEZEHSKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/27/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/03/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/05/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/10/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/20/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/24/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/19/20	P AND S	DR ALLAN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	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#
04/23/21 77663

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
19023105

BILL TO:
ATHENS ADMIN (CONCORD)
W. C. DEPARTMENT
ATTN: NANCY THOMASON
P.O. BOX # 696
CONCORD, CA 94522

Case: vs SOUTHERN CALIFORNIA PIZZA CO
Date Of Injury: 7/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/05/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
10/26/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/30/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/02/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/13/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/12/21	PMT BY CHECK	DOS 9/19/20* # 12177	-90.00
12/18/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/08/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/11/21	INITL CHIRO	TREATMENT W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/15/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/18/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/22/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/23/21 77663

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
19023105

BILL TO:
ATHENS ADMIN (CONCORD)
W. C. DEPARTMENT
ATTN: NANCY THOMASON
P.O. BOX # 696
CONCORD, CA 94522

Case: vs SOUTHERN CALIFORNIA PIZZA CO
Date Of Injury: 7/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/25/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/27/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/28/21	P AND S	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/05/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/24/21	EMG TESTING	& NCV L/E BY DR BIPIN BHARATWAL @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/19/21	PMT BY CHECK	DOS 9/19/20* # 13033	-90.00

BALANCE 11700.00

* 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 CHECK IS VOID WITHOUT A WATERMARK TRUED TO LIGHT TO VIEW AS BACKGROUND

JPMorgan Chase Bank, N.A.

90-7162
3222

CHECK NO: 12177

DATE: 1/12/2021

Southern Ca. Pizza Company

WORKERS' COMPENSATION PROGRAM
ADMINISTERED BY: ATHENS ADMINISTRATORS
P.O. BOX 696, CONCORD, CALIFORNIA 94522

THIS CHECK IS VOID AFTER 180 DAYS

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

CLAIMANT:
CLAIM NO: 19023105
PAY *Ninety And 00/100 US Dollars*

PAYABLE TO
Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin CA 92781-4165

TWO SIGNATURES ARE REQUIRED

AUTHORIZED SIGNATURE

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈000121777⑈ ⑆322271627⑆ 10008106 3⑈

Provider Bill Detail

Payer: Southern California Pizza Company, LLC
Provider Patient Account #: 000000900077663X2CA301523 77663

Check Number: 12177
Check Date: 1/12/2021

Claim Number: 19023105
Claimant Name:
SSN:
Date of Birth:
State of Jurisdiction: California

Date Received: 1/7/2021
Date Reviewed: 1/11/2021
Date of Injury: 7/2/2019
Document Number: X2CA301523
Employer: Southern California Pizza Company, LLC

Examiner: nthompson
Bill Type:
Pay Code: 10170
From: 9/19/2020
Through: 9/19/2020

ICD9 Codes:

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
9/19/2020	Q00014	790	INTERPRETER OTHER 15	120.00	180.00	90.00	0.00	0.00	90.00	G1 790
			Totals:		180.00	90.00	0.00	0.00	90.00	

Reduction Reason Codes:

Code:	Description:
790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

Notices:

For reconsideration of denied or reduced payment, please respond in writing to the contact information below and include 1) What specifically you wish to reconsider, 2) a copy of this Review Analysis, and 3) supporting documentation. Should you have further questions, you may contact:

Genex
10 E.D. Preate Drive, Moosic, PA 19087
Phone: (800)822-6099
Fax:
Email:

RECEIVED
JAN 18 2021
BY: .....

PROCESSED
JAN 15 2021
BY: .....

JPMorgan Chase Bank, N.A.

90-7162
3222

Southern Ca. Pizza Company

CHECK NO: 13033

DATE: 4/19/2021

WORKERS' COMPENSATION PROGRAM
ADMINISTERED BY: ATHENS ADMINISTRATORS
P.O. BOX 696, CONCORD, CALIFORNIA 94522

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

**********$90.00

CLAIMANT:

CLAIM NO: 19023105

PAY *Ninety And 00/100 US Dollars*

PAYABLE TO Joyce Altman Interpreters, Inc.
Po Box 4165
Tustin CA 92781-4165

TWO SIGNATURES ARE REQUIRED

AUTHORIZED SIGNATURE

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈000013033⑈ ⑆322271627⑆ 10008106 3⑈

Provider Bill Detail

Payer: Southern California Pizza Company, LLC

Check Number: 13033

Provider Patient Account #: 000000900077663X2CA311789

Check Date: 4/19/2021

Claim Number: 19023105
Claimant Name:
SSN:
Date of Birth:
State of Jurisdiction: California

Date Received: 4/12/2021
Date Reviewed: 4/15/2021
Date of Injury: 7/2/2019
Document Number: X2CA311789
Employer: Southern California Pizza Company, LLC

Examiner: nthompson
Bill Type:
Pay Code: 10170
From: 9/19/2020
Through: 9/19/2020

ICD9 Codes:

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
9/19/2020	Q00014	B12 B22 B2	INTERPRETER OTHER 15	120.00	90.00	0.00	0.00	0.00	90.00	G5 B12 B22
			Totals:		90.00	0.00	0.00	0.00	90.00	

Reduction Reason Codes:

Code:	Description:
B12	RE-EVALUATED; ADDITIONAL PAYMENT IS RECOMMENDED.
B22	PER CA LABOR CODE 4603.6 IF YOU DISAGREE WITH THE SECOND REVIEW YOU MAY REQUEST AN INDEPENDENT BILL REVIEW (IBR) WITHIN 30 CALENDAR DAYS.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

Notices:

For reconsideration of denied or reduced payment, please respond in writing to the contact information below and include 1) What specifically you wish to reconsider, 2) a copy of this Review Analysis, and 3) supporting documentation. Should you have further questions, you may contact:

Genex
10 E.D. Preate Drive, Moosic, PA 19087
Phone: (800)822-6099
Fax:
Email:

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 76586

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
22040399

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

Case: vs OROZCO LANDSCAPE AND TREE CO
Date Of Injury: 4/18-4/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/22/19	INITIAL ACUP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/26/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/29/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/05/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/19/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/30/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/03/19	FOLLOW-UP	W/ ACUPUNCT SUE RYO @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/07/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/10/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
10/25/19	PMT BY CHECK	DOS 8/8/19-8/29/19* =# 0599767	-1360.00
10/14/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/17/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/31/19	PR2/REEVAL	DR PEZESHKIAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/07/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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#
04/08/21 76586

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
22040399

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

Case: vs OROZCO LANDSCAPE AND TREE CO
Date Of Injury: 4/18-4/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/26/19	PMT BY CHECK	DOS 10/31/19* # 0604564	-180.00
11/21/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/14/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
12/13/19	PMT BY CHECK	DOS 11/7/19* # 0607181	-180.00
12/05/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/20/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
12/27/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/17/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/14/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/20/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/27/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/05/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/10/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/17/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/31/20	FOLLOW-UP	W/ ACUPUNCT S. HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/07/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00

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 76586

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
22040399

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

Case: vs OROZCO LANDSCAPE AND TREE CO
Date Of Injury: 4/18-4/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/10/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/13/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/15/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA L. BARBOSA # 500267	0.00
04/16/20	FOLLOW-UP	W/ ACUPUNCT S. HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/20/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/21/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/22/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/27/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/29/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/01/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/21/20	PR2/REEVAL	DR HASSANIN @ FMR (3H 2M)	292.50
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/18/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/23/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/07/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @	180.00

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 76586

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
22040399

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

Case: vs OROZCO LANDSCAPE AND TREE CO
Date Of Injury: 4/18-4/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		FMR*	
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
07/14/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/24/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/28/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/25/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/07/20	PMT BY CHECK	DOS 8/25/20* # 0648508	-180.00
09/29/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/16/20	PR2/REEVAL	DR PEZESHIIAN/RUSSMAN @ FMR* L/S	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/22/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/25/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	SILVANA CORIA # 010641	0.00
01/27/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
04/05/21	PMT BY CHECK	DOS 1/25/21* # 0672028	-180.00

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 76586

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
22040399

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

Case: vs OROZCO LANDSCAPE AND TREE CO
Date Of Injury: 4/18-4/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 7672.50

* 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

SY3J27

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/05/2021
Check Number : 0672028
Check Amount : $180.00

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

ahc5a
00016

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22040399		04/12/2019	76586	Interpreter Fees -	01/25/2021	01/25/2021	$180.00

16-16

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)

SY3J27

04/05/2021	0672028
VOID AFTER 90 DAYS	$180.00

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

PAY ONE HUNDRED EIGHTY & XX / 100 DOLLARS*****

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

R McDaniel

Security features included. Details on back.

VOID VOID VOID VOID VOID VOID

⑈067202 8⑈ ⑆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#
04/20/21 76911

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33108677

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

Case: vs BRIGHT EVENT RENTALS LLC
Date Of Injury: 6/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/19/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/09/19	FOLLOW-UP	W/ ACUPUNCT TED PREIBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/16/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/18/19	INITIAL PSYC	EVAL W/DR ANTHONY FRANCISCO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/31/19	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/25/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/04/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
12/06/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/07/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/13/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/14/20	FOLLOW-UP	W/ ACUPUNCT MIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/16/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/10/20	PMT BY CHECK	DOS 9/19/19-12/6/19* =# 1091247	-1360.00
01/17/20	PR2/REEVAL	W/DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/21/20	FOLLOW-UP	W/ ACUPUNCT BO CHO @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/23/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/20/21 76911

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33108677

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

Case: vs BRIGHT EVENT RENTALS LLC
Date Of Injury: 6/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/20	PR2/REEVAL	W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/24/20	PMT BY CHECK	DOS 12/4/19-1/14/20* =# 1095638	-720.00
02/25/20	PMT BY CHECK	DOS 1/16/20-1/17/20* =# 1096069	-360.00
01/30/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/20	PMT BY CHECK	DOS 1/21/20-1/23/20* =# 1098800	-540.00
02/04/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/09/20	PMT BY CHECK	DOS 1/30/20* =# 1100230	-180.00
02/06/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/13/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/18/20	PMT BY CHECK	DOS 3/6/20* # 1103687	-180.00
03/24/20	PMT BY CHECK	DOS 2/6/20* # 1105352	-180.00
03/25/20	PMT BY CHECK	DOS 2/13/20* # 1105814	-180.00
02/18/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWONG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/19/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/20/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/24/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00

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

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04/20/21 76911

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Terms: 60 days
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33108677

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

Case: vs BRIGHT EVENT RENTALS LLC
Date Of Injury: 6/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/25/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/26/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/27/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/16/20	PMT BY CHECK	DOS 2/18/20-2/20/20* =# 1112235	-540.00
04/20/20	PMT BY CHECK	DOS 2/25/20-2/26/20* =# 1113091	-540.00
03/02/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
04/23/20	PMT BY CHECK	DOS 2/27/20* =# 1114313	-180.00
03/04/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/03/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/05/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/09/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/01/20	PMT BY CHECK	DOS 3/2/20* # 1116599	-180.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/06/20	PMT BY CHECK	DOS 3/3/20* =# 1117709	-180.00
03/17/20	SHOCK WAVE	THERAPY W/DR LEON TCHAKALIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
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*** INVOICE ***
Date NO#
04/20/21 76911

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33108677

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

Case: vs BRIGHT EVENT RENTALS LLC
Date Of Injury: 6/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/20	PMT BY CHECK	DOS 3/4/20-3/5/20* =# 1118065	-360.00
03/23/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/12/20	PMT BY CHECK	DOS 3/9/20* # 1119267 BERKSHIRE	-180.00
03/31/20	SHOCK WAVE	THERAPY DR TCHAKALIAN @ FMR* # 2	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/22/20	PMT BY CHECK	DOS 3/18/20* # 1122279	-180.00
05/20/20	PMT BY CHECK	DOS 3/16/20* # 1121576	-180.00
04/14/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/28/20	PMT BY CHECK	DOS 3/23/20* # 1123623	-180.00
06/02/20	PMT BY CHECK	DOS 3/31/20* =# 1124774	-180.00
06/08/20	PMT BY CHECK	DOS 4/14/20* =# 1126197	-180.00
05/26/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/04/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/11/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
07/10/20	PMT BY CHECK	DOS 5/26/20* =# 1135724	-180.00
06/18/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/17/20	PMT BY CHECK	DOS 6/4/20* # 1137811	-180.00
06/30/20	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/02/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	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#
04/20/21 76911

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33108677

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

Case: vs BRIGHT EVENT RENTALS LLC
Date Of Injury: 6/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/20	PMT BY CHECK	DOS 6/11/20* =# 1138269	-180.00
07/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/27/20	PMT BY CHECK	DOS 6/18/20* =# 1140238	-180.00
08/06/20	PMT BY CHECK	DOS 7/2/20* =# 1143518	-180.00
08/07/20	PMT BY CHECK	DOS 7/8/20* =# 1143933	-180.00
08/14/20	PMT BY CHECK	DOS 6/30/20* =# 1146160	-180.00
08/13/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/24/20	INITIAL EXAM	DR RUBANENKO & F/U PHYSIO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159 (AM)	0.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036 (PM)	0.00
08/26/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/22/20	PMT BY CHECK	DOS 8/13/20* =# 1157028	-180.00
09/02/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/29/20	PMT BY CHECK	DOS 8/24/20* =# 1159236	-180.00
09/14/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/07/20	PMT BY CHECK	DOS 8/26/20* =# 1161632	-180.00
09/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
09/22/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/20	PMT BY CHECK	DOS 9/20/20* =# 1162914	-180.00

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

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04/20/21 76911

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Terms: 60 days
Claim #(s):
33108677

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

Case: vs BRIGHT EVENT RENTALS LLC
Date Of Injury: 6/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/20	PMT BY CHECK	DOS 9/8/20* # 1163737	-180.00
10/22/20	PMT BY CHECK	DOS 9/16/20* =# 1166268	-180.00
10/26/20	PMT BY CHECK	DOS 9/14/20* # 1167115	-180.00
10/27/20	PMT BY CHECK	DOS 9/21/20* =# 1167566	-180.00
11/03/20	PMT BY CHECK	DOS 9/22/20* =# 1169819	-180.00
10/20/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/21/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/04/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/09/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/04/20	PMT BY CHECK	DOS 10/21/20* # 1178692	-180.00
12/07/20	PMT BY CHECK	DOS 10/20/20* =# 1179109	-180.00
11/17/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
12/24/20	PMT BY CHECK	DOS 11/4/20-11/9/20* # 1184595	-360.00
11/25/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/30/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/07/21	PMT BY CHECK	DOS 11/17/20* # 1187917	-180.00
12/02/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHIIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/07/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/15/21	PMT BY CHECK	DOS 11/25/20* =# 1190325	-180.00
01/22/21	PMT BY CHECK	DOS 11/30/20* =# 1192051	-180.00
01/25/21	PMT BY CHECK	DOS 12/2/20* =# 1192444	-180.00

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

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04/20/21 76911

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BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: JAUSHUA STARKEY
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs BRIGHT EVENT RENTALS LLC
Date Of Injury: 6/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/02/21	PMT BY CHECK	DOS 12/7/20* =# 1194904	-180.00
12/21/20	PMT BY CHECK	DOS 12/21/20* # 1202846	-180.00
02/02/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/16/21	PMT BY CHECK	DOS 2/2/21* =# 1215148	-180.00

BALANCE 180.00

* 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

YW7J23

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/16/2021
Check Number : 1215148
Check Amount : $540.00

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

ce65a
00059

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33108677		06/22/2017	76911	Interpreter Fees -	02/02/2021	02/02/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	02/09/2021	02/09/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	02/04/2021	02/04/2021	$180.00

59-59
4014

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

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

11-24
1210(8)

YW7J23

DATE	CHECK NO.
04/16/2021	1215148
VOID AFTER 90 DAYS	CHECK AMOUNT
	$540.00

PAY FIVE HUNDRED FORTY & 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

Security features included. Details on back.

⑈1215148⑈ ⑆121000248⑆ 412167050 9⑈

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

*** INVOICE ***
Date NO#
04/29/21 76933

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33094261; 33117083

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

Case: vs CABINETS 2000, INC.
Date Of Injury: 10/30/17; 10/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/19	INITIAL EXAM	DR MARINA RUSSMAN/NEGIN RAMESHNI @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/01/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/02/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/05/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/08/19	INITIAL PSYC	EVAL ANTHONY FRANCISCO, PH.D. & F/U PHYS THERAPY	230.00
/ /	-	W/DR NAJIB @ FMR*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO 3 101080	0.00
10/10/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/14/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/15/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/17/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/06/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/19/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/21/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/26/19	F/U CHIRO TX	CHIRO TX W/DR NAJIB FMR*	90.00

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

*** INVOICE ***
Date NO#
04/29/21 76933

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33094261; 33117083

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

Case: vs CABINETS 2000, INC.
Date Of Injury: 10/30/17; 10/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/03/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/18/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 5003	0.00
01/10/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/10/20	PMT BY CHECK	DOS 9/25/19-12/18/19* =# 1091247	-2170.00
01/17/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/18/20	PMT BY CHECK	DOS 1/10/20* # 1093558	-180.00
01/24/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/29/20	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/25/20	PMT BY CHECK	DOS 1/17/20* =# 1096069	-180.00
01/31/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/03/20	PMT BY CHECK	DOS 1/20/20* # 1098348	-180.00
03/04/20	PMT BY CHECK	DOS 1/24/20* =# 1098800	-180.00
02/05/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/09/20	PMT BY CHECK	DOS 1/28/20* =# 1100230	-180.00
02/12/20	FOLLOW-UP	W/ ACUPUNCT DA HAE RA @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/11/20	PMT BY CHECK	DOS 1/29/20-1/31/20*	-360.00

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

*** INVOICE ***
Date NO#
04/29/21 76933

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33094261; 33117083

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

Case: vs CABINETS 2000, INC.
Date Of Injury: 10/30/17; 10/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
		=# 1101084	
03/19/20	PMT BY CHECK	DOS 2/5/20* # 1104147	-180.00
03/20/20	PMT BY CHECK	DOS 2/5/20* # 1104428	-180.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/27/20	PMT BY CHECK	DOS 2/12/20* =# 1106614	-180.00
02/19/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/24/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/15/20	PMT BY CHECK	DOS 2/19/20* # 1111875	-180.00
04/20/20	PMT BY CHECK	DOS 2/24/20* =# 1113091	-180.00
03/11/20	PR2/REEVAL	DR RAMESHNI/ RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
03/23/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500048	0.00
03/24/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/25/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/26/20	F/U PHYSIO	THERAPY W/DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
03/30/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/01/20	FOLLOW-UP	W/ ACUPUNCT KWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/02/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
05/18/20	PMT BY CHECK	DOS 3/11/20* # 1120707	-180.00
04/06/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00

Joyce Altman Interpreters, Inc.
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04/29/21 76933

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SS # : XXx-XX-
DOB :
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Claim #(s):
33094261; 33117083

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BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: DIANA HIXSON
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs CABINETS 2000, INC.
Date Of Injury: 10/30/17; 10/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/08/20	FOLLOW-UP	W/ ACUPUNCT S. LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/21/20	PMT BY CHECK	DOS 3/23/20* # 1121923	-180.00
05/26/20	PMT BY CHECK	DOS 3/24/20* # 1122787	-180.00
04/22/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
05/01/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/30/20	FOLLOW-UP	W/ ACUPUNCT JU SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/02/20	PMT BY CHECK	DOS 3/25/20-4/2/20* =# 1124774	-720.00
06/05/20	PMT BY CHECK	DOS 4/6/20-4/08/20* =# 1125823	-360.00
05/05/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/08/20	PMT BY CHECK	DOS 4/9/20* =# 1126197	-180.00
05/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/07/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/08/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/13/20	FOLLOW-UP	W/ ACUPUNCT NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/18/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00

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04/29/21 76933

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EAMS#(s):1
ADJ12599080
SS # : XXX-XX-
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33094261; 33117083

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BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: DIANA HIXSON
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs CABINETS 2000, INC.
Date Of Injury: 10/30/17; 10/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/17/20	PMT BY CHECK	DOS 4/29/20* # 1128995	-180.00
06/16/20	PMT BY CHECK	DOS 4/22/20* # 1128578	-180.00
05/21/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 10189	0.00
05/20/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
06/18/20	PMT BY CHECK	DOS 5/1/20* # 1129408	-180.00
06/22/20	PMT BY CHECK	DOS 5/5/20* =# 1130196	-180.00
06/03/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/24/20	PMT BY CHECK	DOS 5/7/20* # 1131034	-180.00
06/26/20	PMT BY CHECK	DOS 5/6/20-5/8/20* =# 1131815	-360.00
06/30/20	PMT BY CHECK	DOS 5/6/20-5/13/20* # 1132664	-360.00
06/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/12/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
07/06/20	PMT BY CHECK	DOS 5/18/20-5/20/20* =# 1134156	-360.00
06/18/20	INITIAL EXAM	DR JUSTIN PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/08/20	PMT BY CHECK	DOS 5/21/20* =# 1134931	-180.00
07/10/20	PMT BY CHECK	DOS 6/3/20* =# 1135724	-180.00
07/14/20	PMT BY CHECK	DOS 6/3/20* =# 1136522	-180.00
06/26/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
07/02/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

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W. C. DEPARTMENT
ATTN: DIANA HIXSON
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs CABINETS 2000, INC.
Date Of Injury: 10/30/17; 10/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/20	PMT BY CHECK	DOS 6/11/20* # 1138714	-180.00
07/20/20	PMT BY CHECK	DOS 6/12/20* =# 1138269	-180.00
07/08/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/07/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/24/20	PMT BY CHECK	DOS 6/18/20* =# 1139854	-180.00
07/09/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/10/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	ANA MORALES # 004052	0.00
07/29/20	PMT BY CHECK	DOS 6/26/20* # 1141047	-180.00
07/15/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/16/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/05/20	PMT BY CHECK	DOS 7/2/20* =# 1143106	-180.00
07/20/20	PR2/REEVAL	DR JUSTIN PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/21/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/24/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/13/20	PMT BY CHECK	DOS 7/7/20-7/9/20* =# 1145745	-540.00
08/14/20	PMT BY CHECK	DOS 7/10/20* =# 1146160	-180.00
07/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/31/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00

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SAN FRANCISCO, CA 94188

Case: vs CABINETS 2000, INC.
Date Of Injury: 10/30/17; 10/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/19/20	PMT BY CHECK	DOS 7/16/20* =# 1147465	-180.00
08/21/20	PMT BY CHECK	DOS 7/21/20* =# 1148224	-180.00
08/26/20	PMT BY CHECK	DOS 7/22/20* # 1149531	-180.00
08/05/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/28/20	PMT BY CHECK	DOS 7/24/20* # 1150327	-180.00
08/07/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/16/20	PMT BY CHECK	DOS 8/5/20-8/6/20* =# 1155396	-360.00
08/26/20	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/17/20	PMT BY CHECK	DOS 8/7/20* # 1155791	-180.00
09/23/20	PMT BY CHECK	DOS 8/14/20* # 1157445	-180.00
09/03/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/12/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/19/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA MARIA MORALES # 004052	0.00
09/21/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00

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Case: vs CABINETS 2000, INC.
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DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/27/20	PMT BY CHECK	DOS 9/21/20* =# 1167566	-180.00
10/08/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/03/20	PMT BY CHECK	DOS 9/25/20* =# 1169819	-180.00
10/15/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/19/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/23/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/27/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/17/20	PMT BY CHECK	DOS 10/8/20* # 1173812	-180.00
12/01/20	PMT BY CHECK	DOS 10/19/20* # 1177505	-180.00
11/10/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/09/20	PMT BY CHECK	DOS 10/27/20* =# 1179980	-180.00
11/16/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/19/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/23/20	PMT BY CHECK	DOS 11/10/20* =# 1184235	-180.00
01/05/21	PMT BY CHECK	DOS 11/16/20* =# 1187113	-180.00
01/14/21	PMT BY CHECK	DOS 11/19/20* # 1189896	-180.00
12/10/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
11/17/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00

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Case: vs CABINETS 2000, INC.
Date Of Injury: 10/30/17; 10/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
12/22/20	FOLLOW-UP	W/ ACUPUNCT JI KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/05/21	PMT BY CHECK	DOS 11/17/20-12/10/20* # 1196063	-360.00
01/04/21	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/07/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/12/21	PMT BY CHECK	DOS 12/15/20* # 1197869	-180.00
02/18/21	PMT BY CHECK	DOS 12/15/20* # 1199198	-180.00
02/22/21	PMT BY CHECK	DOS 12/17/20* =# 1199929	-180.00
01/26/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/28/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/03/21	PMT BY CHECK	DOS 12/22/20* # 1202846	-180.00
02/04/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/15/21	PMT BY CHECK	DOS 1/7/21* # 1205821	-180.00
02/09/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/10/21	PR2/REEVAL	DR AZIMZADEH/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/23/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/25/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/02/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/29/21 76933

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

EAMS#(s)
ADJ12599080
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33094261; 33117083

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

Case: vs CABINETS 2000, INC.
Date Of Injury: 10/30/17; 10/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/04/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/07/21	PMT BY CHECK	DOS 1/28/21* # 1212406	-180.00
04/08/21	PMT BY CHECK	DOS 1/28/21* # 1212831	-180.00
04/09/21	PMT BY CHECK	DOS 1/26/21* # 1213215	-180.00
03/10/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/14/21	PMT BY CHECK	DOS 2/4/21* =# 1215343	-180.00
04/19/21	PMT BY CHECK	DOS 2/9/21-2/10/21* =# 1215563	-360.00
04/26/21	PMT BY CHECK	DOS 2/23/21-3/10/21* =# 1217697	-1080.00
04/27/21	PMT BY CHECK	DOS 3/2/21-3/10/21* =# 1218076	-360.00

BALANCE 1440.00

* 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

PR4J2X

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/07/2021
Check Number : 1212406
Check Amount : $180.00



auz5a
00061

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

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33094261		10/30/2017	76933	Interpreter Fees -	01/28/2021	01/28/2021	$180.00

61-61



4014

M

875J26

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/08/2021
Check Number : 1212831
Check Amount : $360.00

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

b1n5a
00060

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33117083		10/30/2018	76933	Interpreter Fees -	01/28/2021	01/28/2021	$180.00
33126720		08/30/2020	79036	Interpreter Fees -	01/27/2021	01/27/2021	$180.00

60-60
4014

M

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/09/2021
Check Number : 1213215
Check Amount : $180.00

CR5J22

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

b8f5a
00071

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33094261		10/30/2017	76933	Interpreter Fees -	01/26/2021	01/26/2021	$180.00

71-71
4014

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

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

11-24
1210(8)

CR5J22

DATE	CHECK NO.
04/09/2021	1213215
VOID AFTER 90 DAYS	AMOUNT
	$180.00

PAY ONE HUNDRED EIGHTY & 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

Security features included. Details on back.

⑈1213215⑈ ⑆121000248⑆ 4121670509⑈

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/14/2021
Check Number : 1214343
Check Amount : $540.00

627J21

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

by95a
00080

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33094261		10/30/2017	76933	Interpreter Fees -	02/04/2021	02/04/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	02/02/2021	02/02/2021	$180.00
33126720		08/30/2020	79036	Interpreter Fees -	02/03/2021	02/03/2021	$180.00

80-80
4014

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

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

11-24
1210(8)

627J21

DATE	CHECK NO.
04/14/2021	1214343

VOID AFTER 90 DAYS

AMOUNT
$540.00

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

PAY FIVE HUNDRED FORTY & XX / 100 DOLLARS*****

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

R McDaniel

Security features included. Details on back.

⑈1214343⑈ ⑆121000248⑆ 412167050 9⑈

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/19/2021
Check Number : 1215563
Check Amount : $720.00

398J22

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

cqc5a
00087

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33094261		10/30/2017	76933	Interpreter Fees -	02/10/2021	02/10/2021	$180.00
33094261		10/30/2017	76933	Interpreter Fees -	02/09/2021	02/09/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	02/11/2021	02/11/2021	$180.00
33126720		08/30/2020	79036	Interpreter Fees -	02/10/2021	02/10/2021	$180.00

87-87
4014

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

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

11-24
1210(8)

398J22

04/19/2021	1215563
VOID AFTER 90 DAYS	$720.00

PAY SEVEN HUNDRED TWENTY & 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 include. Details on back.

⑈1215563⑈ ⑆121000248⑆ 4121670509⑈

M

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/26/2021
Check Number : 1217697
Check Amount : $1,620.00

TVAJ2W

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

dul5a
00097

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33117083		10/30/2018	76933	Interpreter Fees -	02/23/2021	02/23/2021	$180.00
33117083		10/30/2018	76933	Interpreter Fees -	03/02/2021	03/02/2021	$180.00
33094261		10/30/2017	76933	Interpreter Fees -	02/25/2021	02/25/2021	$180.00
33117083		10/30/2018	76933	Interpreter Fees -	02/25/2021	02/25/2021	$180.00
33094261		10/30/2017	76933	Interpreter Fees -	03/10/2021	03/10/2021	$180.00
33094261		10/30/2017	76933	Interpreter Fees -	03/04/2021	03/04/2021	$180.00
33094907		11/01/2017	78098	Interpreter Fees -	03/03/2021	03/03/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	03/02/2021	03/02/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	02/23/2021	02/23/2021	$180.00

97-97
4014

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

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

11-24
1210(8)

TVAJ2W

DATE	CHECK NO.
04/26/2021	1217697
VOID AFTER 90 DAYS	AMOUNT
	$1,620.00

PAY ONE THOUSAND SIX HUNDRED TWENTY & 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

Security features included. Details on back.

⑈1217697⑈ ⑆121000248⑆ 4121670509⑈

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/27/2021
Check Number : 1218076
Check Amount : $720.00

3CBJ2E

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

e2g5a
00104

Payment Summary

33117083	10/30/2018	76933	Interpreter Fees -	03/10/2021	03/10/2021	$180.00
33094261	10/30/2017	76933	Interpreter Fees -	03/02/2021	03/02/2021	$180.00
33126720	08/30/2020	79036	Interpreter Fees -	03/03/2021	03/03/2021	$180.00
33126720	08/30/2020	79036	Interpreter Fees -	02/24/2021	02/24/2021	$180.00

104-104
4014

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

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

11-24
1210(8)

3CBJ2E

04/27/2021	1218076

VOID AFTER 90 DAYS

$720.00

PAY SEVEN HUNDRED TWENTY & 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

Security features included. Details on back.

⑈1218076⑈ ⑆121000248⑆ 4121670509⑈

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 78098

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33094907

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

Case: vs LEE'S MAINTENANCE SERVICES
Date Of Injury: 11/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/20	INITIAL EXAM	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/28/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/09/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/18/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/27/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/24/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/29/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/28/20	INIT PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/04/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/05/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/11/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
05/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
05/18/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/20/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	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#
04/28/21 78098

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33094907

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

Case: vs LEE'S MAINTENANCE SERVICES
Date Of Injury: 11/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/26/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/22/20	PMT BY CHECK	DOS 3/13/20-4/29/20* =# 1130196	-1440.00
06/05/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
06/25/20	PMT BY CHECK	DOS 5/5/20* # 1131452	-180.00
06/26/20	PMT BY CHECK	DOS 5/4/20* =# 1131815	-180.00
06/29/20	PMT BY CHECK	DOS 5/11/20* # 1132263	-180.00
07/02/20	PMT BY CHECK	DOS 5/14/20-5/19/20* =# 11333568	-360.00
06/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
07/09/20	PMT BY CHECK	DOS 5/27/20* =# 1135347	-180.00
07/08/20	PMT BY CHECK	DOS 5/18/20-5/26/20* =# 1134931	-540.00
06/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/20/20	PMT BY CHECK	DOS 6/15/20* =# 1138269	-180.00
07/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/08/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/07/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/27/20	PMT BY CHECK	DOS 6/22/20* =# 1140238	-180.00
07/13/20	F/U PHYSIO	THERAPY W/DR NAIJB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/14/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00

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 78098

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33094907

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

Case: vs LEE'S MAINTENANCE SERVICES
Date Of Injury: 11/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
07/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/17/20	PR2/REEVAL	DR RUSSMAN/AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/06/20	PMT BY CHECK	DOS 7/6/20* =# 1143518	-180.00
07/20/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/07/20	PMT BY CHECK	DOS 7/8/20* =# 1143933	-180.00
07/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/12/20	PMT BY CHECK	DOS 7/7/20* # 1145277	180.00
07/27/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/17/20	PMT BY CHECK	DOS 7/14/20-7/15/20* =# 1146621 BERKSHIRE	-360.00
07/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/18/20	PMT BY CHECK	DOS 7/13/20* # 1147049	-180.00
08/19/20	PMT BY CHECK	DOS 7/17/20* =# 1147465	-180.00
08/21/20	PMT BY CHECK	DOS 7/21/20* =# 1148224	-180.00
08/03/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/24/20	PMT BY CHECK	DOS 7/20/20* # 1148676	-180.00
08/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/31/20	PMT BY CHECK	DOS 7/27/20* # 1150805	-180.00
09/01/20	PMT BY CHECK	DOS 7/28/20* # 1151245	-180.00
08/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO 3 101080	0.00
09/10/20	PMT BY CHECK	DOS 8/3/20* =# 1153856	-180.00

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 78098

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33094907

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

Case: vs LEE'S MAINTENANCE SERVICES
Date Of Injury: 11/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/20	PMT BY CHECK	DOS 8/4/20* # 1154522	-180.00
08/24/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/25/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/18/20	PMT BY CHECK	DOS 8/11/20* # 1156142	-180.00
08/28/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/03/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/04/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/29/20	PMT BY CHECK	DOS 8/24/20* =# 1159236	-180.00
09/16/20	F/U PHYSIO	THERAPY W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/17/20	INITL CHIRO	TREATMENT W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/07/20	PMT BY CHECK	DOS 8/25/20* =# 1161632	-180.00
10/08/20	PMT BY CHECK	DOS 8/28/20* # 1162081	-180.00
10/09/20	PMT BY CHECK	DOS 9/4/20* # 1162484	-180.00
10/12/20	PMT BY CHECK	DOS 9/3/20* =# 1162914	-180.00
10/22/20	PMT BY CHECK	DOS 9/16/20-9/17/20* =# 1166268	-360.00
10/07/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/09/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
10/12/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
10/13/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00

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 78098

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33094907

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

Case: vs LEE'S MAINTENANCE SERVICES
Date Of Injury: 11/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/14/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
10/15/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/20/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
11/12/20	PMT BY CHECK	DOS 10/7/20* # 1172655	-180.00
11/19/20	PMT BY CHECK	DOS 10/9/20* # 1174650	-180.00
10/27/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/20/20	PMT BY CHECK	DOS 10/12-10/13/20* # 1175067	-360.00
11/24/20	PMT BY CHECK	DOS 10/14/20* # 1175841	-180.00
11/30/20	PMT BY CHECK	DOS 10/15/20* # 1177028	-180.00
12/09/20	PMT BY CHECK	DOS 10/27/20* =# 1179980	-180.00
11/19/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/21/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA MARIA MORALES # 004052	0.00
01/13/21	PMT BY CHECK	DOS 11/19/20* # 1189491	-180.00
01/15/21	PMT BY CHECK	DOS 11/21/20* =# 1190325	-180.00
12/08/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/09/20	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/15/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/02/21	PMT BY CHECK	DOS 12/8/20* =# 1194904	-180.00
12/23/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/04/21	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00

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 78098

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33094907

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

Case: vs LEE'S MAINTENANCE SERVICES
Date Of Injury: 11/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/12/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/13/21	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/20/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/26/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/02/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/15/21	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/18/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/03/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/10/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/26/21	PMT BY CHECK	DOS 3/3/21* =# 1217697	-180.00
		BALANCE	2880.00

* 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.

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/26/2021
Check Number : 1217697
Check Amount : $1,620.00

TVAJ2W

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

dul5a
00097

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33117083		10/30/2018	76933	Interpreter Fees -	02/23/2021	02/23/2021	$180.00
33117083		10/30/2018	76933	Interpreter Fees -	03/02/2021	03/02/2021	$180.00
33094261		10/30/2017	76933	Interpreter Fees -	02/25/2021	02/25/2021	$180.00
33117083		10/30/2018	76933	Interpreter Fees -	02/25/2021	02/25/2021	$180.00
33094261		10/30/2017	76933	Interpreter Fees -	03/10/2021	03/10/2021	$180.00
33094261		10/30/2017	76933	Interpreter Fees -	03/04/2021	03/04/2021	$180.00
33094907		11/01/2017	78098	Interpreter Fees -	03/03/2021	03/03/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	03/02/2021	03/02/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	02/23/2021	02/23/2021	$180.00

97-97
4014

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

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

11-24
1210(8)

TVAJ2W

DATE	CHECK NO.
04/26/2021	1217697

VOID AFTER 90 DAYS

AMOUNT
$1,620.00

PAY ONE THOUSAND SIX HUNDRED TWENTY & 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

Security features included. Details on back.

⑈1217697⑈ ⑆121000248⑆ 4121670509⑈

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 78510

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
44054828

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: JOSE RAMIREZ ORTEGA
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs D & D DISPOSAL INC
Date Of Injury: 8/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/20	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/21/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
07/23/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/27/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/06/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/07/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/17/20	INIT PHYSIO	TX W/DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/20/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/24/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/25/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
08/27/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/31/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/03/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/10/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/30/21 78510

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
44054828

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: JOSE RAMIREZ ORTEGA
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs D & D DISPOSAL INC
Date Of Injury: 8/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/16/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/22/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/24/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
09/28/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
09/30/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/05/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/08/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
10/19/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
10/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	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#
04/30/21 78510

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
44054828

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: JOSE RAMIREZ ORTEGA
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs D & D DISPOSAL INC
Date Of Injury: 8/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/21/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/26/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/02/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/05/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/04/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
11/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/23/20	PMT BY CHECK	DOS 11/5/20* # 2696257	-180.00
12/24/20	PMT BY CHECK	DOS 11/10/20* # 2696745	-180.00
12/22/20	PMT BY CHECK	DOS 11/4/20* # 2695698	-180.00
12/30/20	PMT BY CHECK	DOS 11/11/20* # 2698308	-180.00
11/30/20	EMG TESTING	& NCV BY DR BHARATWAL @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/30/21 78510

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB : . .
Terms: 60 days
Claim #(s):
44054828

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: JOSE RAMIREZ ORTEGA
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs D & D DISPOSAL INC
Date Of Injury: 8/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/24/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/07/21	PMT BY CHECK	DOS 11/17/20* # 2700952	-180.00
12/03/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/13/21	PMT BY CHECK	DOS 11/19/20* # 2702854	-180.00
12/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/25/21	PMT BY CHECK	DOS 11/24/20-12/1/20* # 2706432	-360.00
12/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/16/20	EMG TESTING	& NCV U/E BY DR BEZHA/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/07/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
03/04/21	PMT BY CHECK	DOS 12/16/20* # 2719891	-180.00
02/01/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/16/21	PMT BY CHECK	DOS 1/7/21* # 2723863	-180.00
03/01/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/09/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
03/10/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/17/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00

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

*** INVOICE ***
Date NO#
04/30/21 78510

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
44054828

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: JOSE RAMIREZ ORTEGA
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs D & D DISPOSAL INC
Date Of Injury: 8/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/19/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SILVANA CORIA # 010641	0.00
04/28/21	PMT BY CHECK	DOS 3/1/21-3/9/21* =# 2739620	-360.00

BALANCE 8100.00

* 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

X4CJ2R

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

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

e9a5a
00119

Payment Summary

Claim #	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

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#
04/16/21 78270

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55091253

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

Case: vs HP WETMORE TOOL & ENGINEERING
Date Of Injury: 1/3/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/20	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/25/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/17/20	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/04/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/11/20	INIT PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/12/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/19/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/24/20	PMT BY CHECK	DOS 5/14-20-8/19/20* =# 1074319	-1260.00
09/25/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/02/20	PMT BY CHECK	DOS 9/25/20* # 1091856	-180.00
11/03/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/01/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	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 78270

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55091253

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

Case: vs HP WETMORE TOOL & ENGINEERING
Date Of Injury: 1/3/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/21	PMT BY CHECK	DOS 11/17/20* # 1119743	-180.00
12/02/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/03/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/08/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/09/20	EMG TESTING	& NCV BY DR BIPIN BHARATWAL: L/E & F/U ACUPUNT	180.00
/ /	-	TED PRIEBE @ FMR*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/22/20	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/07/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/19/21	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/03/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/23/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/14/21	PMT BY CHECK	DOS 2/3/21* # 1161036	-180.00

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 78270

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55091253

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

Case: vs HP WETMORE TOOL & ENGINEERING
Date Of Injury: 1/3/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 2520.00

* 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.

Berkshire Hathaway Homestate Insurance Company
P.O. Box 881716
San Francisco, CA 94188

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

11-24
1210(8)

CHECK NO. 1161036

DATE
04/14/2021

California Workers' Compensation Payment

**********180.00

Pay One Hundred Eighty Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈1161036⑈ ⑆121000248⑆ 4125523753⑈

Payee: JOYCE ALTMAN INTERPRETERS INC

IRS/SSN: XX-XXX

Check Number: 1161036

Check Date: 04/14/2021

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55091253		01/03/2019	Interpreter Fees - Medical	02/03/2021	02/03/2021	03/22/2021	78270	180.00

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	78884

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
33125479

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

Case: vs BIGGER FARTHER FASTER INC/RAMP
Date Of Injury: 3/26/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/20	INITIAL ACUP	W/ ACUPUNCT TAE GON KIM @ LAKEWOOD VILLAGE	180.00
/ /	-	CHIRO*	0.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/15/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/17/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/29/20	FOLLOW-UP	W/ ACUPUNCT TAE KIM @ LAKE-WOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/14/20	PR2/REEVAL	DR MOGHARABI @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/22/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/23/20	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ LAKEWOOD VILLAGE*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/27/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/29/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	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#
04/28/21 78884

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
33125479

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

Case: vs BIGGER FARTHER FASTER INC/RAMP
Date Of Injury: 3/26/20

DOS	SERVICE	DESCRIPTION	AMOUNT
11/24/20	PMT BY CHECK	DOS 10/14/20* # 1175841	-180.00
11/05/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/08/20	PMT BY CHECK	DOS 10/22/20-10/23/20* # 1179528	-360.00
12/07/20	PMT BY CHECK	DOS 10/20/20* =# 1179109	-180.00
12/14/20	PMT BY CHECK	DOS 10/27/20* =# 1181215	-180.00
12/15/20	PMT BY CHECK	DOS 10/29/20* # 1181641	-180.00
12/22/20	PMT BY CHECK	DOS 11/5/20* # 1183801	-180.00
12/02/20	PR2/REEVAL	DR MOGHARABI @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/03/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/08/20	FOLLOW-UP	W/ ACUPUNCT KIM & INIT EXAM W/DR HYDER MUKADAM	180.00
/ /	-	@ LAKEWOOD VILLAGE CHIRO*	0.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/10/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
01/22/21	PMT BY CHECK	DOS 12/2/20* =# 1192051	-180.00
01/28/21	PMT BY CHECK	DOS 12/3/20* # 1193633	-180.00
12/17/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
02/04/21	PMT BY CHECK	DOS 12/8/20* # 1195690	-180.00
12/29/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00

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 78884

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
33125479

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

Case: vs BIGGER FARTHER FASTER INC/RAMP
Date Of Injury: 3/26/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
02/09/21	PMT BY CHECK	DOS 12/10/20* # 1196784	-180.00
02/22/21	PMT BY CHECK	DOS 12/17/20* =# 1199929	-180.00
01/19/21	PR2/REEVAL	DR HEYDAR MUKADAM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
01/21/21	PR2/REEVAL	DR MOGHARABI @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
03/05/21	PMT BY CHECK	DOS 12/29/20* # 1203524	-180.00
02/02/21	SHOCK WAVE	TX W/DR LEON TCHAKALIAN @ LAKEWOOD VILLAGE* #1	180.00
/ /	INTERPRETER:	SILVANA CORIA # 010641	0.00
02/04/21	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
02/11/21	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
03/26/21	PMT BY CHECK	DOS 1/19/21* # 1209306	-180.00
02/16/21	SHOCK WAVE	THERAPY W/DR TCHAKALIAN @ LAKEWOOD VILLAGE* #2	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
02/23/21	PR2/REEVAL	DR MUKADAM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
04/01/21	PMT BY CHECK	DOS 1/21/21* # 1210886	-180.00
03/02/21	SHOCK WAVE	THERAPY W/DR TCHAKALIAN @	180.00

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 78884

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
33125479

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

Case: vs BIGGER FARTHER FASTER INC/RAMP
Date Of Injury: 3/26/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LAKEWOOD VILLAGE* #3 MACLOVIA LONG # 101072	0.00
03/11/21	PR2/REEVAL	LT KNEE DR MOGHARABI @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
04/14/21	PMT BY CHECK	DOS 2/2/21* =# 1214343	-180.00
04/16/21	PMT BY CHECK	DOS 2/4/21-2/9/21* =# 1215148	-360.00
04/19/21	PMT BY CHECK	DOS 2/11/21* =# 1215563	-180.00
04/22/21	PMT BY CHECK	DOS 2/16/21*1216908	-180.00
04/26/21	PMT BY CHECK	DOS 2/23/21-3/2/21* =# 1217697	-360.00

BALANCE 900.00

* 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

CX2J2Z

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/01/2021
Check Number : 1210886
Check Amount : $180.00

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

9y95a
00062

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33125479		03/26/2020	78884	Interpreter Fees -	01/21/2021	01/21/2021	$180.00

62-62
4014

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

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

11-24
1210(8)

CX2J2Z

04/01/2021	1210886
VOID AFTER 90 DAYS	$180.00

PAY ONE HUNDRED EIGHTY & 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

Security features included. Details on back.

⑈1210886⑈ ⑆121000248⑆ 4121670509⑈

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/14/2021
Check Number : 1214343
Check Amount : $540.00

627J21

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

by95a
00080

Payment Summary

Claim #	Claimant	Date of Injury	Interest #	Payment Type	From	Through	Total Payment
33094261		10/30/2017	76933	Interpreter Fees -	02/04/2021	02/04/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	02/02/2021	02/02/2021	$180.00
33126720		08/30/2020	79036	Interpreter Fees -	02/03/2021	02/03/2021	$180.00

80-80
4014

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

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

11-24
1210(8)

627J21

DATE	CHECK NUMBER
04/14/2021	1214343
VOID AFTER 90 DAYS	CHECK AMOUNT
	$540.00

PAY FIVE HUNDRED FORTY & 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.

⑈1214343⑈ ⑆121000248⑆ 412167050 9⑈

M

YW7J23

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/16/2021
Check Number : 1215148
Check Amount : $540.00

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

ce65a
00059

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33108677		06/22/2017	76911	Interpreter Fees -	02/02/2021	02/02/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	02/09/2021	02/09/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	02/04/2021	02/04/2021	$180.00

59-59
4014

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

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

11-24
1210(8)

YW7J23

DATE	CHECK NO.
04/16/2021	1215148
VOID AFTER 90 DAYS	CHECK AMOUNT
	$540.00

PAY FIVE HUNDRED FORTY & 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

Security features included. Details on back.

⑈1215148⑈ ⑆121000248⑆ 4121670509⑈

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/19/2021
Check Number : 1215563
Check Amount : $720.00

398J22

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

cqc5a
00087

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33094261		10/30/2017	76933	Interpreter Fees -	02/10/2021	02/10/2021	$180.00
33094261		10/30/2017	76933	Interpreter Fees -	02/09/2021	02/09/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	02/11/2021	02/11/2021	$180.00
33126720		08/30/2020	79036	Interpreter Fees -	02/10/2021	02/10/2021	$180.00

87-87
4014

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

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

11-24
1210(8)

398J22

DATE	CHECK NO.
04/19/2021	1215563
VOID AFTER 90 DAYS	AMOUNT
	$720.00

PAY SEVEN HUNDRED TWENTY & 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

Security features included. Details on back.

⑈1215563⑈ ⑆121000248⑆ 4121670509⑈

M

R1AJ2W

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/22/2021
Check Number : 1216908
Check Amount : $180.00

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

dbd5a
00068

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	Close	Thru Date	Total Payment
33125479		03/26/2020	78884	Interpreter Fees -	02/16/2021	02/16/2021	$180.00

68-68
4014

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

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

11-24
1210(8)

R1AJ2W

04/22/2021	1216908
VOID AFTER 90 DAYS	$180.00

PAY ONE HUNDRED EIGHTY & 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

Security features included. Details on back.

VOID VOID VOID VOID VOID VOID

⑈1216908⑈ ⑆121000248⑆ 4121670509⑈

m

TVAJ2W

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/26/2021
Check Number : 1217697
Check Amount : $1,620.00

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

dul5a
00097

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33117083		10/30/2018	76933	Interpreter Fees -	02/23/2021	02/23/2021	$180.00
33117083		10/30/2018	76933	Interpreter Fees -	03/02/2021	03/02/2021	$180.00
33094261		10/30/2017	76933	Interpreter Fees -	02/25/2021	02/25/2021	$180.00
33117083		10/30/2018	76933	Interpreter Fees -	02/25/2021	02/25/2021	$180.00
33094261		10/30/2017	76933	Interpreter Fees -	03/10/2021	03/10/2021	$180.00
33094261		10/30/2017	76933	Interpreter Fees -	03/04/2021	03/04/2021	$180.00
33094907		11/01/2017	78098	Interpreter Fees -	03/03/2021	03/03/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	03/02/2021	03/02/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	02/23/2021	02/23/2021	$180.00

97-97

4014

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

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

11-24
1210(8)

TVAJ2W

DATE	CHECK NO.
04/26/2021	1217697

VOID AFTER 90 DAYS

CHECK AMOUNT
$1,620.00

PAY ONE THOUSAND SIX HUNDRED TWENTY & 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 on back.

⑈1217697⑈ ⑆121000248⑆ 4121670509⑈

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 78969

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55114337

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

Case: vs DBS DEMO BOXES/STATE DRAWER BO
Date Of Injury: 4/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/01/20	FOLLOW-UP	W/ ACUPUNCT TAE GON KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	-		0.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/08/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/15/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/22/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/23/20	PR2/REEVAL	DR FARDAD MOGHARABI @ LAKE-WOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/29/20	FOLLOW-UP	W/ ACUPUNCT TAE KIM @ LAKE-WOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/23/20	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ LAKEWOOD VILLAGE*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/27/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/02/20	PMT BY CHECK	DOS 9/1/20-10/13/20* # 1105037	-1260.00
11/03/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD	180.00

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

*** INVOICE ***
Date NO#
04/27/21 78969

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55114337

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

Case: vs DBS DEMO BOXES/STATE DRAWER BO
Date Of Injury: 4/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
		VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
11/11/20	PR2/REEVAL	DR MOGHARABI @ LAKEWOOD	180.00
		VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/14/20	PMT BY CHECK	DOS 10/23/20-10/27/20*	-360.00
		# 1109982	
11/17/20	SHOCK WAVE	THERAPY W/DR TCHAKALIAN @	180.00
		LAKEWOOD VILLAGE* #1	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/01/20	SHOCK WAVE	THERAPY W/DR TCHAKALIAN @	180.00
		LAKEWOOD VILLAGE* #2	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
11/24/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD	180.00
		VILLLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/08/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD	180.00
		VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/15/20	SHOCK WAVE	THERAPY W/DR TCHAKALIAN @	180.00
		LAKEWOOD VILLAGE* #3	
/ /	INTERPRETER:	MACLOVIA LONG # 101072 (A.M.)	0.00
		RT SHDR	
12/15/20	INITIAL EXAM	DR HYDER MUKADAM @ LAKEWOOD	180.00
		VILLAGE CHIRO* MEDS	
/ /	INTERPRETER:	MCLOVIA LONG # 101072 (P.M.)	0.00
01/13/21	PR2/REEVAL	DR MOGHARABI @ LAKEWOOD	180.00
		VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
01/26/21	PR2/REEVAL	DR MUKADAM & F/U ACUP W/KIM @	180.00
		LAKEWOOD VILLAGE*	

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 78969

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55114337

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

Case: vs DBS DEMO BOXES/STATE DRAWER BO
Date Of Injury: 4/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
02/02/21	FOLLOW-UP	AMENDED W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
03/17/21	PMT BY CHECK	DOS 1/13/21* # 1149019	-180.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
02/18/21	FOLLOW-UP	W/ACUPUNCT KIM & NCV TEST:U/E @ LAKEWOOD VILLAGE*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
02/22/21	INITIAL PSYC	AMENDED EVAL ANTHONY FRANCISCO, PH.D. @ LAKEWOOD VILLAGE*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
03/04/21	PR2/REEVAL	DR MOGHARABI @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
04/12/21	PMT BY CHECK	DOS 1/26/21* # 1159973	-180.00
04/14/21	PMT BY CHECK	DOS 2/2/21* # 1161070	-180.00
04/19/21	PMT BY CHECK	DOS 2/9/21* # 1162878	-180.00
04/22/21	PMT BY CHECK	DOS 2/16/21* # 1164736	-180.00

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

*** INVOICE ***
Date NO#
04/27/21 78969

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55114337

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

Case: vs DBS DEMO BOXES/STATE DRAWER BO
Date Of Injury: 4/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1980.00

* 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.

Berkshire Hathaway Homestate Insurance Company
P.O. Box 881716
San Francisco, CA 94188

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

11-24
1210(8)

CHECK NO. 1159973

DATE
04/12/2021

California Workers' Compensation Payment

**********180.00

Pay One Hundred Eighty Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈1159973⑈ ⑆121000248⑆ 4125523753⑈

M

Payee: JOYCE ALTMAN INTERPRETERS INC

IRS/SSN: XX-XXX6713

Check Number: 1159973

Check Date: 04/12/2021

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55114337		04/24/2020	Interpreter Fees - Medical	01/26/2021	01/26/2021	03/15/2021	78969	180.00

Berkshire Hathaway Homestate Insurance Company
P.O. Box 881716
San Francisco, CA 94188

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

11-24
1210(8)

CHECK NO. 1161070

DATE
04/14/2021

California Workers' Compensation Payment

**********180.00

VOID AFTER 90 DAYS

Pay One Hundred Eighty Dollars And 00/100

TO THE ORDER OF

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

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈1161070⑈ ⑆121000248⑆ 4125523753⑈

Payee: JOYCE ALTMAN INTERPRETERS INC

IRS/SSN:

Check Number: 1161070

Check Date: 04/14/2021

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55114337		04/24/2020	Interpreter Fees - Medical	02/02/2021	02/02/2021	03/22/2021	78969 ✓	180.00

Berkshire Hathaway Homestate Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank

420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 1162878

DATE
04/19/2021

California Workers' Compensation Payment **********180.00

Pay One Hundred Eighty Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

HEAT SENSITIVE RUB AREA TO VERIFY

⑈1162878⑈ ⑆121000248⑆ 4125523753⑈

Payee: JOYCE ALTMAN INTERPRETERS INC

Check Number: 1162878

IRS/SSN: XX-XXX

Check Date: 04/19/2021

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55114337		04/24/2020	Interpreter Fees - Medical	02/09/2021	02/09/2021	03/29/2021	78969	180.00

Berkshire Hathaway Homestate Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank

420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 1164736

DATE
04/22/2021

California Workers' Compensation Payment **********180.00

Pay One Hundred Eighty Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈1164736⑈ ⑆121000248⑆ 4125523753⑈

Payee: JOYCE ALTMAN INTERPRETERS INC

Check Number: 1164736

IRS/SSN: XX-XXX6713

Check Date: 04/22/2021

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55114337		04/24/2020	Interpreter Fees - Medical	02/16/2021	02/16/2021	04/05/2021	78969 ✓	180.00

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

*** INVOICE ***
Date NO#
04/29/21 79036

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33126720

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

Case: vs STIX HOLDINGS LLC
Date Of Injury: 8/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/22/20	INITL CHIRO	& PHYS TX W/DR CHRISTINE HA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/30/20	FOLLOW UP	PHYSICAL TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/07/20	INITIAL ACUP	W/ ACUPUNCT CHOI,F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/21/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
11/18/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
11/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/25/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00

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

*** INVOICE ***
Date NO#
04/29/21 79036

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33126720

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

Case: vs STIX HOLDINGS LLC
Date Of Injury: 8/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
12/09/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/22/21	PMT BY CHECK	DOS 12/2/20* =# 1192051	-180.00
01/25/21	PMT BY CHECK	DOS 9/30/20-11/25/20* =# 1192444	-1800.00
02/03/21	PMT BY CHECK	DOS 12/9/20* =# 1195258	-180.00
12/23/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/06/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/13/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/20/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/27/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/08/21	PMT BY CHECK	DOS 12/23/20* # 1203868	-180.00
02/03/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/10/21	PMT BY CHECK	DOS 1/6/21* # 1204635	-180.00
02/10/21	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/18/21	PMT BY CHECK	DOS 1/13/21* # 1207026	-180.00
02/17/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

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

*** INVOICE ***
Date NO#
04/29/21 79036

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33126720

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

Case: STIX HOLDINGS LLC
Date Of Injury: 8/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/24/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
03/03/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/08/21	PMT BY CHECK	DOS 1/27/21* # 1212831	-180.00
04/14/21	PMT BY CHECK	DOS 2/3/21* =# 1214343	-180.00
03/10/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/19/21	PMT BY CHECK	DOS 2/10/21* =# 1215563	-180.00
04/23/21	PMT BY CHECK	DOS 2/17/21* =# 1217307	-180.00
03/17/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/27/21	PMT BY CHECK	DOS 2/24/21-3/3/21* =# 1218076	-360.00
		BALANCE	540.00

* 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

875J26

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/08/2021
Check Number : 1212831
Check Amount : $360.00

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

b1n5a
00060

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33117083		10/30/2018	76933	Interpreter Fees -	01/28/2021	01/28/2021	$180.00
33126720		08/30/2020	79036	Interpreter Fees -	01/27/2021	01/27/2021	$180.00

60-60
4014

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/14/2021
Check Number : 1214343
Check Amount : $540.00

627J21

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

by95a
00080

Payment Summary

Claim #	Claimant	Date of Injury	Invoice#	Payment Type	From	Through	Total Payment
33094261		10/30/2017	76933	Interpreter Fees -	02/04/2021	02/04/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	02/02/2021	02/02/2021	$180.00
33126720		08/30/2020	79036	Interpreter Fees -	02/03/2021	02/03/2021	$180.00

80-80
4014

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

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

11-24
1210(8)

627J21

04/14/2021	1214343
VOID AFTER 90 DAYS	$540.00

PAY FIVE HUNDRED FORTY & 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.

⑈1214343⑈ ⑆121000248⑆ 4121670509⑈

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/19/2021
Check Number : 1215563
Check Amount : $720.00

398J22

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

cqc5a
00087

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33094261		10/30/2017	76933	Interpreter Fees -	02/10/2021	02/10/2021	$180.00
33094261		10/30/2017	76933	Interpreter Fees -	02/09/2021	02/09/2021	$180.00
33125479		03/26/2020	78884	Interpreter Fees -	02/11/2021	02/11/2021	$180.00
33126720		08/30/2020	79036	Interpreter Fees -	02/10/2021	02/10/2021	$180.00

87-87
4014

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

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

11-24
1210(8)

398J22

DATE	CHECK NO
04/19/2021	1215563
VOID AFTER 90 DAYS	CHECK AMOUNT
	$720.00

PAY SEVEN HUNDRED TWENTY & 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

Security features included, details on back.

⑈1215563⑈ ⑆121000248⑆ 412167050 9⑈

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/23/2021
Check Number : 1217307
Check Amount : $360.00

TGAJ2H

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

dir5a
00081

Payment Summary

Claim #	Claimed	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33126720		08/30/2020	79036	Interpreter Fees -	02/17/2021	02/17/2021	$180.00
33126616		02/14/2020	79259	Interpreter Fees -	02/22/2021	02/22/2021	$180.00

81-81
4014

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

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

11-24
1210(8)

TGAJ2H

DATE	CHECK NO.
04/23/2021	1217307
VOID AFTER 90 DAYS	CHECK AMOUNT
	$360.00

PAY THREE HUNDRED SIXTY & 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.

⑈1217307⑈ ⑆121000248⑆ 4121670509⑈

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/27/2021
Check Number : 1218076
Check Amount : $720.00

3CBJ2E

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

e2g5a
00104

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33117083		10/30/2018	76933	Interpreter Fees -	03/10/2021	03/10/2021	$180.00
33094261		10/30/2017	76933	Interpreter Fees -	03/02/2021	03/02/2021	$180.00
33126720		08/30/2020	79036	Interpreter Fees -	03/03/2021	03/03/2021	$180.00
33126720		08/30/2020	79036	Interpreter Fees -	02/24/2021	02/24/2021	$180.00

104-104
4014

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

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

11-24
1210(8)

3CBJ2E

04/27/2021	1218076
VOID AFTER 90 DAYS	$720.00

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

PAY SEVEN HUNDRED TWENTY & XX / 100 DOLLARS*****

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

R M Dauley

⑈1218076⑈ ⑆121000248⑆ 4121670509⑈

See reverse side for security features.

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 79259

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33126616

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

Case: vs DEE ANN MANAGEMENT COMPANY
Date Of Injury: 2/14/20

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/20	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
10/28/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
11/06/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
11/16/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
11/30/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
11/20/20	F/U CHIRO TX	CHIRO TX ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
12/14/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
01/08/21	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
02/16/21	PMT BY CHECK	DOS 12/14/20* # 1198411	-180.00
01/13/21	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/11/21	F/U CHIRO TX	CHIRO TX W//DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/20/21	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/18/21	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/25/21	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
01/27/21	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
02/08/21	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00

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

*** INVOICE ***
Date NO#
04/27/21 79259

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33126616

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

Case: vs DEE ANN MANAGEMENT COMPANY
Date Of Injury: 2/14/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
02/10/21	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
02/15/21	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
02/22/21	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
03/01/21	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
03/10/21	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
03/15/21	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
04/23/21	PMT BY CHECK	DOS 2/22/21* =# 1217307	-180.00

BALANCE 3420.00

* 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.

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/23/2021
Check Number : 1217307
Check Amount : $360.00

TGAJ2H

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

dir5a
00081

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33126720		08/30/2020	79036	Interpreter Fees -	02/17/2021	02/17/2021	$180.00
33126616		02/14/2020	79259	Interpreter Fees -	02/22/2021	02/22/2021	$180.00

81-81
4014

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

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

11-24
1210(8)

TGAJ2H

DATE	CHECK NO.
04/23/2021	1217307
VOID AFTER 90 DAYS	CHECK AMOUNT
	$360.00

PAY THREE HUNDRED SIXTY & 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.

⑈1217307⑈ ⑆121000248⑆ 4121670509⑈

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 67994

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188013225

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

Case: vs SEALY MATTRESS CO
Date Of Injury: 5/15/14-5/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/01/15	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/16/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/05/16	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/20/16	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/09/16	PR2/REEVAL	DR RAMESHNI @ ENHANCED PRECISION CARE* EPC	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/15/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/11/16	FOLLOW-UP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/22/16	PMT BY CHECK	DOS 12/1/15-3/15/16* =# 1441660	-1130.00
04/19/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/20/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/18/16	PMT BY CHECK	DOS 12/1/15-3/15/16* # 1486874	-90.00
05/24/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/25/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/28/16	PR2/REEVAL	DR RAMESHNI @ EPC*	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#
04/27/21 67994

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188013225

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

Case: vs SEALY MATTRESS CO
Date Of Injury: 5/15/14-5/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/02/16	P AND S	DR RAMESHNI @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/23/16	PMT BY CHECK	DOS 4/19/16-7/20/169* =# 1652950	-540.00
09/15/16	PMT BY CHECK	DOS 8/2/16* =# 1690076	-90.00
08/31/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/05/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILO # 500358	0.00
03/27/18	LIEN FIL FEE	LIEN FILING FEE	150.00
01/21/21	PMT BY CHECK	DOS 10/5/16-3/27/18* =# 4631035	-240.00
04/01/21	PENALTIES	FOR DATE OF SERVICE 03/11/16	13.50
04/01/21	INTEREST	FOR DATE OF SERVICE 03/11/16	51.44
04/01/21	PENALTIES	FOR DATE OF SERVICE 04/19/16	13.50
04/01/21	INTEREST	FOR DATE OF SERVICE 04/19/16	50.67
04/01/21	PENALTIES	FOR DATE OF SERVICE 04/20/16	13.50
04/01/21	INTEREST	FOR DATE OF SERVICE 04/20/16	50.64
04/01/21	PENALTIES	FOR DATE OF SERVICE 05/24/16	13.50
04/01/21	INTEREST	FOR DATE OF SERVICE 05/24/16	49.62
04/01/21	PENALTIES	FOR DATE OF SERVICE 05/25/16	13.50
04/01/21	INTEREST	FOR DATE OF SERVICE 05/25/16	49.59
04/01/21	PENALTIES	FOR DATE OF SERVICE 06/28/16	13.50
04/01/21	INTEREST	FOR DATE OF SERVICE 06/28/16	48.80
04/01/21	PENALTIES	FOR DATE OF SERVICE 07/20/16	13.50
04/01/21	INTEREST	FOR DATE OF SERVICE 07/20/16	48.21
04/01/21	PENALTIES	FOR DATE OF SERVICE 08/02/16	21.00
04/01/21	INTEREST	FOR DATE OF SERVICE 08/02/16	74.24
04/01/21	PENALTIES	FOR DATE OF SERVICE 08/31/16	27.00

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

*** INVOICE ***

Date	NO#
04/27/21	67994

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
188013225

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

Case: vs SEALY MATTRESS CO
Date Of Injury: 5/15/14-5/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/01/21	INTEREST	FOR DATE OF SERVICE 08/31/16	92.95
04/01/21	PENALTIES	FOR DATE OF SERVICE 10/05/16	13.50
04/01/21	INTEREST	FOR DATE OF SERVICE 10/05/16	45.68
04/23/21	PMT BY CHECK	DOS 10/5/16* =# 4836927	-90.00

BALANCE 1667.84

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

Broadspire 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:	188013225-001
Client Reference ID:	9150296570
VP Trans ID:	952691965 BSP0001002
Date:	01/21/2021
Amount:	$240.00
Check Number:	4631035

67994

JAN 26 2021

Get Paid Faster

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VCard or ACH

Email
support@vpayusa.com
today to find out how.

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Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2960998

Carrier

ARCH INSURANCE COMPANY
HARBORSIDE 3 210 HUDSON STREET
STE 300
JERSEY CITY, NJ 07311-1107

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: 12/30/2020
Patient Account: 67994
Payment Status Code: 1

Claimant

Claim Number: 188013225-001
DOI/DOL: 05/15/2015
CR Date / BR Date: 01/04/2021 / 01/04/2021
External Claim Number: 20150520142722612831O2
Social Security Number: *****
Employer/Insured: TEMPUR SEALY INTERNATIONAL, IN
Employer/Insured Address: SOUTH GATE
4361 EAST FIRESTONE BOULEVARD
SOUTH GATE, CA 90280
Policy Admin Information: 022455
Branch ID: FSN

Bill Details

Dates of Service: 12/01/2015 to 03/27/2018
Post Date: 01/19/2021
Client Type of Bill: 74
Adjuster: VLHOLL

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	12/01/2015	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	230.00	0.00	G56,224 0.00	0.00
2	12/16/2015	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
3	01/05/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
4	01/20/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
5	02/09/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
6	03/11/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
7	03/15/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
8	04/19/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
9	04/20/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
10	05/24/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
11	05/25/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
12	06/28/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
13	07/20/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
14	08/02/2016	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	230.00	0.00	G56,224 0.00	0.00
15	08/31/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
16	09/15/2016	99	99199	A	1	UNLISTED SPECIAL SERV	0.00	0.00	0.00	0.00	0.00
17	10/05/2016	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00
18	03/27/2018	99	99199	A	1	UNLISTED SPECIAL SERV	150.00	0.00	0.00	0.00	150.00

952691965

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DCN Number: 202101048000297

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

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A CRAWFORD COMPANY

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

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Claim ID:	188013225-001
Client Reference ID:	9150650085
VP Trans ID:	1020773998 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4836927

67994

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

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

4836927

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020773998

⑈4836927⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3034565 **Prev. Bill Id:** BRS-BSCA-2960998

Carrier

ARCH INSURANCE COMPANY
HARBORSIDE 3 210 HUDSON STREET
STE 300
JERSEY CITY, NJ 07311-1107

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: 12/30/2020
Patient Account: 67994
Payment Status Code: 1

Claimant

Claim Number: 188013225-001
DOI/DOL: 05/15/2015
CR Date / BR Date: 03/31/2021 / 04/05/2021
External Claim Number: 201505201427226128 3102
Social Security Number: *****
Employer/Insured: TEMPUR SEALY INTERNATIONAL, IN
Employer/Insured Address: SOUTH GATE
4361 EAST FIRESTONE BOULEVARD
SOUTH GATE, CA 90280
Policy Admin Information: 022455
Branch ID: FSN

Bill Details

Dates of Service: 12/01/2015 to 03/27/2018
Post Date: 04/06/2021
Client Type of Bill: 74
Adjuster: VLHOLL

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	12/01/2015	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	230.00	0.00	G56,224 0.00	0.00
2	12/16/2015	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
3	01/05/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
4	01/20/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
5	02/09/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
6	03/11/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
7	03/15/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
8	04/19/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
9	04/20/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
10	05/24/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
11	05/25/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
12	06/28/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
13	07/20/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
14	08/02/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
15	08/31/2016	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	230.00	0.00	G56,224 0.00	0.00
16	10/05/2016	99	00014	A	8	INTERPRETER OTHER 15	180.00	180.00	0.00	G56,224 0.00	0.00
17	03/27/2018	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	W1,885,A19 0.00	180.00
							150.00	0.00	0.00	0.00	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#
04/26/21 76472

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
195191132

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

Case: vs SALLY BEAUTY
Date Of Injury: 6/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/19	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/06/19	INITIAL PSYC	EVAL W/DR ANTHONY FRANCISCO @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 50034	0.00
08/08/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 5000049	0.00
08/09/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/15/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/16/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/22/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/23/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/03/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/05/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/06/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/12/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/13/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/19/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/26/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/26/21 76472

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
195191132

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

Case: vs SALLY BEAUTY
Date Of Injury: 6/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/07/19	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/18/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/25/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/01/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/07/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/18/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/02/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/05/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/16/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/29/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/05/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/13/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/15/20	INITIAL EXAM	DR MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/11/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/22/20	PR2/REEVAL	MAHNAZ AZIMZADEH/RUSSMAN @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/26/21 76472

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
195191132

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

Case: vs SALLY BEAUTY
Date Of Injury: 6/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/10/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
08/14/20	PR2/REEVAL	DR RUSSMAN/AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/25/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/09/20	PMT BY CHECK	DOS 9/25/2* =# 4500511	-90.00
10/30/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/17/20	PMT BY CHECK	DOS 10/30/20* =# 4574101	-90.00
04/08/21	PMT BY CHECK	DOS 10/30/20* =# 4803082	-90.00
04/23/21	PMT BY CHECK	DOS 9/25/20* =# 4836993	-90.00

BALANCE 5820.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

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A CRAWFORD COMPANY

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

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DEC

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Claim ID:	195191132-001
Client Reference ID:	9150178045
VP Trans ID:	930758058 BSP0001002
Date:	12/17/2020
Amount:	$90.00
Check Number:	4574101

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DEC 21 2020
BY: .....

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Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-2933284

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 12/07/2020
Patient Account: 76472
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 195191132-001
DOI/DOL: 06/28/2019
CR Date / BR Date: 12/11/2020 / 12/11/2020
External Claim Number: 201910311401576818830 7
Social Security Number: ****
Employer/Insured: SALLY HOLDINGS, LLC
Employer/Insured Address: SALLY BEAUTY LLC

Policy Admin Information: 023853
Branch ID: BRE

Bill Details

Date of Service: 10/30/2020
Post Date: 12/15/2020
Client Type of Bill: 74
Adjuster: MMROAA

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	10/30/2020	99	00014	A	1	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00			
Bill Review Reductions:		90.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

930758058

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

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Claim ID:	195191132-001
Client Reference ID:	9150590616
VP Trans ID:	1009036292 BSP0001002
Date:	04/08/2021
Amount:	$90.00
Check Number:	4803082

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support@vpayusa.com
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THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK - SEE BACK FOR DETAILS

Broadspire
A CRAWFORD COMPANY

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

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

4803082

04/08/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

1009036292

MEMO

⑈4803082⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3022101 Prev. Bill Id: BRS-BSCA-2933284

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 12/07/2020
Patient Account: 76472
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 195191132-001
DOI/DOL: 06/28/2019
CR Date / BR Date: 03/19/2021 / 03/24/2021
External Claim Number: 201910311401576818830?
Social Security Number: ****
Employer/Insured: SALLY HOLDINGS, LLC
Employer/Insured Address: SALLY BEAUTY, LLC

Policy Admin Information: 023853
Branch ID: BRE

Bill Details

Date of Service: 10/30/2020 **Client Type of Bill:** 74
Post Date: 04/06/2021 **Adjuster:** MMROAA

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	10/30/2020	99	00014	A	1	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
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

1000036292

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

Broadspire®
A CRAWFORD COMPANY

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

RECEIVED
NOV 1 1 2020

BY: ...

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:	195191132-001
Client Reference ID:	9150031608
VP Trans ID:	904868052 BSP0001002
Date:	11/09/2020
Amount:	$90.00
Check Number:	4500511

PAID
NOV 1 2 2020

BY: .....

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

[redacted]

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2895348

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 10/26/2020
Patient Account: 76472
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 195191132-001
DOI/DOL: 06/28/2019
CR Date / BR Date: 10/30/2020 / 10/30/2020
External Claim Number: 20191031140157681883O7
Social Security Number: *****
Employer/Insured: SALLY HOLDINGS, LLC
Employer/Insured Address: SALLY BEAUTY, LLC

Policy Admin Information: 023853
Branch ID: BRE

Bill Details

Date of Service: 09/25/2020
Post Date: 11/04/2020
Client Type of Bill: 74
Adjuster: MMROAA

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	09/25/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00			
Bill Review Reductions:		90.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

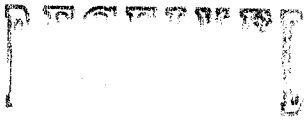
Broadspire Services, Inc.
PO Box 189080
Plantation, FL 33318-9080

Broadspire
A CRAWFORD COMPANY

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

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Claim ID:	195191132-001
Client Reference ID:	9150650403
VP Trans ID:	1020774621 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4836993



BY: .....

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Email
support@vpayusa.com
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THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK - SEE BACK FOR DETAILS

Broadspire

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

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

4836993

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020774621

⑈4836993⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3041506 Prev. Bill Id: BRS-BSCA-2994211

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 10/26/2020
Patient Account: 76472
Region: 9
Payment Status Code: 1

Claim Number: 195191132-001
DOI/DOL: 06/28/2019
CR Date / BR Date: 04/07/2021 / 04/12/2021
External Claim Number: 20191031140157681883O7
Social Security Number: *****
Employer/Insured: SALLY HOLDINGS, LLC
Employer/Insured Address: SALLY BEAUTY, LLC

Policy Admin Information: 023853
Branch ID: BRE

Bill Details

Date of Service: 09/25/2020
Post Date: 04/12/2021
Client Type of Bill: 74
Adjuster: MMROAA

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	09/25/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00			
Bill Review Reductions:		0.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				180.00
Previous Recommended Allowance:				90.00
Additional Recommendation For This Review:				90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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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 76815

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/19	INITL CHIRO	TX & PHYS TX W/DR CHRISTINE HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/30/19	FOLLOW-UP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS THERAPY	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/04/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/09/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIHDU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/18/19	INITIAL ACUP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/22/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
10/28/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/01/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/04/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
11/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/13/19	FOLLOW UP	PHYSICAL TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/18/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00

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 76815

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/22/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/02/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/03/19	F/U CHIRO TX	PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ROSARIO J. RIVAS # 500276	0.00
12/06/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/09/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/13/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/16/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/18/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/23/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MAIRA BARBOSA # 500267	0.00
01/06/20	PR2/REEVAL	W/DR CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/20/20	PMT BY CHECK	DOS 1/10/20* =# 4003794	-90.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

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 76815

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SS # : XXX-XX-
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BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W. C. DEPARTMENT
ATTN: ADAM SIERDSMA
P.O. BOX # 14352
LEXINGTON, KY 40512

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/12/20	PMT BY CHECK	DOS 1/22/20* =# 4048133	-90.00
03/12/20	PMT BY CHECK	DOS 1/15/20* # 4048129	-90.00
03/13/20	PMT BY CHECK	DOS 1/17/20* =# 4050654	-90.00
03/19/20	PMT BY CHECK	DOS 1/10/20* =# 4062142	-90.00
02/18/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/25/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/09/20	PMT BY CHECK	DOS 1/22/20* =# 4101870	-90.00
04/09/20	PMT BY CHECK	DOS 1/17/20* =# 4101873	-90.00
03/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/29/20	PMT BY CHECK	DOS 2/25/20* =# 4139147	-90.00
04/28/20	PMT BY CHECK	DOS 2/18/20* =# 4135662	-90.00
05/19/20	PMT BY CHECK	DOS 3/10/20* =# 4172865	-90.00
06/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/23/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/07/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/22/20	PMT BY CHECK	DOS 3/10/20* =# 4279335	-90.00
07/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/30/20	PMT BY CHECK	DOS 6/16/20* =# 4296891	-90.00
08/04/20	PMT BY CHECK	DOS 6/23/20* =# 4302963	-90.00
08/11/20	PMT BY CHECK	DOS 7/3/20* =# 4318887	-90.00
08/11/20	PMT BY CHECK	DOS 7/7/20* =# 4318888	-90.00

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

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04/16/21 76815

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

Case: -- vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/20	PMT BY CHECK	DOS 7/14/20* =# 4331814	-90.00
07/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/04/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/18/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/09/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	0.00
09/09/20	RMB IBR FEE	DOS 1/15/20 # 5666794614	-180.00
09/09/20	PMT BY CHECK	DOS 1/15/20 # 5666794614	-90.00
09/09/20	PEN & INT	FOR LATE PYMT OF IBR DECISION	44.20
09/14/20	PMT BY CHECK	DOS 7/28/20* =# 4384812	-90.00
08/25/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/16/20	PMT BY CHECK	DOS 8/4/20* =# 4389873	-90.00
09/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/24/20	PMT BY CHECK	DOS 2/18/20-2/25/20* # 5667088212	-180.00
09/21/20	PMT BY CHECK	DOS 7/21/20-9/9/20* # 5667028407	-44.20
09/25/20	PMT BY CHECK	DOS 8/14/20* =# 4409704	-90.00
09/25/20	PMT BY CHECK	DOS 8/18/20* =# 4409732	-90.00
09/08/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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 76815

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EAMS#(s):

SS # : XXX-XX
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Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/20	PMT BY CHECK	DOS 9/1/20* =# 4449293	-90.00
10/15/20	PMT BY CHECK	DOS 9/8/20* =# 4449255	-90.00
09/29/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/06/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/27/20	PMT BY CHECK	DOS 9/15/20* =# 4473130	-90.00
10/27/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/03/20	PMT BY CHECK	DOS 6/16/20* =# 4485177	-90.00
11/03/20	PMT BY CHECK	DOS 9/22/20* =# 4485685	-90.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/20	PMT BY CHECK	DOS 9/29/20* =# 4503393	-90.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
11/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/18/20	PMT BY CHECK	DOS 10/6/20* =# 4520531	-90.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/24/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/25/20	PMT BY CHECK	DOS 10/27/20* # 4533641	-90.00
12/04/20	PMT BY CHECK	DOS 10/13/20* =# 4550312	-90.00
12/09/20	PMT BY CHECK	DOS 11/3/20* =# 4558388	-90.00
12/10/20	PMT BY CHECK	DOS 10/20/20* =# 4561308	-90.00
12/23/20	PMT BY CHECK	DOS 8/4/20* =# 4583051	-90.00
12/23/20	PMT BY CHECK	DOS 11/10/20* =# 4583477	-90.00

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 76815

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/20	PMT BY CHECK	DOS 11/24/20* =# 4583478	-90.00
09/09/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
01/25/21	PENALTIES	FOR IBR FEE NOT PAID ($180) DUE 10/26/20	27.00
01/25/21	INTEREST	FOR IBR FEE NOT PAID ($180) DUE 10/26/20	5.16
12/28/20	PMT BY CHECK	DOS 11/17/20* =# 4588598	-90.00
12/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
12/08/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/21/21	PMT BY CHECK	DOS 9/8/20* =# 4630904	-90.00
01/27/21	PMT BY CHECK	DOS 12/1/20* =# 4645178	-90.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/29/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/05/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/09/21	PMT BY CHECK	DOS 6/23/20-7/14/20* # 5669612559	-360.00
02/09/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
02/09/21	RMB IBR FEE	DOS 6/23/20-7/14/20 # 5669626842	-180.00
02/15/21	PMT BY CHECK	DOS 12/8/20* =# 4685710	-90.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/18/21	PMT BY CHECK	DOS 12/15/20* =# 4695352	-90.00
02/25/21	PMT BY CHECK	DOS 12/22/20* =# 4708269	-90.00

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 76815

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
02/16/21	PMT BY CHECK	DOS 9/11/20-10/28/20 # 5669745606	-180.00
02/16/21	MISC	IBR RELATED COSTS	1015.45
02/16/21	PMT BY CHECK	DOS 9/11/20-10/28/20*	-1015.45
01/26/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/21	PMT BY CHECK	DOS 12/29/20* =# 4723696	-90.00
03/04/21	PMT BY CHECK	DOS 9/15/20* =# 4723476	-90.00
03/04/21	PMT BY CHECK	DOS 7/28/20* =# 4723475	-90.00
02/02/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
03/17/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
03/17/21	RMB IBR FEE	DOS 7/28/20 # 5670335061	-180.00
03/23/21	PMT BY CHECK	DOS 1/12/21* =# 4762067	-180.00
03/24/21	PMT BY CHECK	DOS 1/5/21* =# 4765490	-180.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/02/21	PMT BY CHECK	DOS 1/26/21* =# 4786868	-180.00
04/02/21	PMT BY CHECK	DOS 2/2/21* =# 4786869	-180.00
03/02/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/06/21	PMT BY CHECK	DOS 11/3/20* =# 4794843	-90.00
04/08/21	PMT BY CHECK	DOS 11/10/20* =# 4803115	-90.00
04/07/21	PMT BY CHECK	DOS 11/17/21* =# 4799303	-90.00
03/09/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/15/21	PMT BY CHECK	DOS 2/9/21* =# 4818759	-180.00
04/15/21	PMT BY CHECK	DOS 2/16/21* =# 4818832	-180.00

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 76815

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189117515; 188563490

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

Case: vs FP STORES INC
Date Of Injury: 8/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 4852.16

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

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

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

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Claim ID:	188563490-001
Client Reference ID:	9150146760
VP Trans ID:	925109441 BSP0001002
Date:	12/09/2020
Amount:	$90.00
Check Number:	4558388

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BY: .....

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[redacted]

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2925108

Carrier

HARTFORD CASUALTY INS CO
690 ASYLUM AVENUE
HARTFORD, CT 06115

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: 11/25/2020
Patient Account: 76815
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188563490-001
DOI/DOL: 08/11/2017
CR Date / BR Date: 12/02/2020 / 12/02/2020
External Claim Number: 20170[illegible]3135102283136 59
Social Security Number: *****
Employer/Insured: NATIONAL STORES
Employer/Insured Address: FP STORES INC.

Policy Admin Information: 020635
Branch ID: BRE

Bill Details

Date of Service: 11/03/2020
Post Date: 12/07/2020
Client Type of Bill: 74
Adjuster: ARSIER

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/03/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00			
Bill Review Reductions:		90.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

925109441

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

0000509-0001483 S0106 001 982057 BSP

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

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Claim ID:	188563490-001
Client Reference ID:	9150577034
VP Trans ID:	1006976769 BSP0001002
Date:	04/06/2021
Amount:	$90.00
Check Number:	4794843

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Broadspire
A CRAWFORD COMPANY

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

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

4794843

04/06/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC **$90.00**

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1006976769

⑈4794843⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3010831 **Prev. Bill Id:** BRS-BSCA-2925108

Carrier

HARTFORD CASUALTY INS CO
690 ASYLUM AVENUE
HARTFORD, CT 06115

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: 11/25/2020
Patient Account: 76815
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188563490-001
DOI/DOL: 08/11/2017
CR Date / BR Date: 03/11/2021 / 03/11/2021
External Claim Number: 201708231351022831 3659
Social Security Number: *****
Employer/Insured: NATIONAL STORES
Employer/Insured Address:

Policy Admin Information: 020635
Branch ID: BRE

Bill Details

Date of Service: 11/03/2020
Post Date: 04/02/2021
Client Type of Bill: 74
Adjuster: ARSIER

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/03/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
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

1006976769

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

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JOYCE ALTMAN INTERPRETERS, INC.
PO BOX # 4165
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Claim ID:	188563490-001
Client Reference ID:	9150195564
VP Trans ID:	934672834 BSP0001002
Date:	12/23/2020
Amount:	$90.00
Check Number:	4583477

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[redacted]

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2937719

Carrier

HARTFORD CASUALTY INS CO
690 ASYLUM AVENUE
HARTFORD, CT 06115

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: 11/30/2020
Patient Account: 76815
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 188563490-001
DOI/DOL: 08/11/2017
CR Date / BR Date: 12/15/2020 / 12/15/2020
External Claim Number: 201708231351022831 3659
Social Security Number: *****
Employer/Insured: NATIONAL STORES
Employer/Insured Address:

Policy Admin Information: 020635
Branch ID: BRE

Bill Details

Date of Service: 11/10/2020
Post Date: 12/21/2020
Client Type of Bill: 74
Adjuster: ARSIER

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/10/2020	99	00014	A	1	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

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

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Claim ID:	188563490-001
Client Reference ID:	9150590750
VP Trans ID:	1009036538 BSP0001002
Date:	04/08/2021
Amount:	$90.00
Check Number:	4803115

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Broadspire
A CRAWFORD COMPANY

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

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

4803115

04/08/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC **$90.00**

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1009036538

⑈4803115⑈ ⑆273970116⑆ 1700102966⑈

Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-3025009 **Prev. Bill Id:** BRS-BSCA-2937719

Carrier

HARTFORD CASUALTY INS CO
690 ASYLUM AVENUE
HARTFORD, CT 06115

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: 11/30/2020
Patient Account: 76815
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 188563490-001
DOI/DOL: 08/11/2017
CR Date / BR Date: 03/23/2021 / 03/26/2021
External Claim Number: 201708231351022831 3659
Social Security Number: *****
Employer/Insured: NATIONAL STORES
Employer/Insured Address:

Policy Admin Information: 020635
Branch ID: BRE

Bill Details

Date of Service: 11/10/2020
Post Date: 04/06/2021
Client Type of Bill: 74
Adjuster: ARSIER

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/10/2020	99	00014	A	1	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

Total Charges:	180.00				
Bill Review Reductions:		0.00			
Network Reductions:			0.00		
Miscellaneous Reductions:				0.00	
Recommended Allowance:					180.00
Previous Recommended Allowance:					90.00
Additional Recommendation For This Review:					90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
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

1009036538

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PO Box 189080
Plantation, FL 33318-9080

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JOYCE ALTMAN INTERPRETERS, INC.
PO BOX # 4165
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Claim ID:	188563490-001
Client Reference ID:	9150207017
VP Trans ID:	936467895 BSP0001002
Date:	12/28/2020
Amount:	$90.00
Check Number:	4588598

VOID
BY:

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[redacted]

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2940205

Carrier

HARTFORD CASUALTY INS CO
690 ASYLUM AVENUE
HARTFORD, CT 06115

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: 12/01/2020
Patient Account: 76815
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188563490-001
DOI/DOL: 08/11/2017
CR Date / BR Date: 12/17/2020 / 12/17/2020
External Claim Number: 201708231351022831365 9
Social Security Number: *****
Employer/Insured: NATIONAL STORES
Employer/Insured Address:

Policy Admin Information: 020635
Branch ID: BRE

Bill Details

Date of Service: 11/17/2020
Post Date: 12/22/2020
Client Type of Bill: 74
Adjuster: ARSIER

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/17/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

9364678995

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

0000417-0001198 S0106 001 982401 BSP

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

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A CRAWFORD COMPANY

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Claim ID:	188563490-001
Client Reference ID:	9150584105
VP Trans ID:	1007917420 BSP0001002
Date:	04/07/2021
Amount:	$90.00
Check Number:	4799303

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Broadspire
A CRAWFORD COMPANY

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

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

4799303

04/07/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC **$90.00**

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1007917420

⑈4799303⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3024984 **Prev. Bill Id:** BRS-BSCA-2940205

Carrier

HARTFORD CASUALTY INS CO
690 ASYLUM AVENUE
HARTFORD, CT 06115

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: 12/01/2020
Patient Account: 76815
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188563490-001
DOI/DOL: 08/11/2017
CR Date / BR Date: 03/23/2021 / 03/26/2021
External Claim Number: 201708231351022831365 9
Social Security Number: *****
Employer/Insured: NATIONAL STORES
Employer/Insured Address:

Policy Admin Information: 020635
Branch ID: BRE

Bill Details

Date of Service: 11/17/2020 **Client Type of Bill:** 74
Post Date: 04/05/2021 **Adjuster:** ARSIER

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/17/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
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

1007917420

0000417-0001189

m

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

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Claim ID:	188563490-001
Client Reference ID:	9150566047
VP Trans ID:	1004761206 BSP0001002
Date:	04/02/2021
Amount:	$180.00
Check Number:	4786868

76815

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Broadspire
A CRAWFORD COMPANY

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

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

4786868

04/02/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$180.00

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

1004761206

MEMO

⑈4786868⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3027520

Carrier

HARTFORD CASUALTY INS CO
690 ASYLUM AVENUE
HARTFORD, CT 06115

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: 03/10/2021
Patient Account: 76815
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188563490-001
DOI/DOL: 08/11/2017
CR Date / BR Date: 03/25/2021 / 03/25/2021
External Claim Number: 20170823135102283136 59
Social Security Number: *****
Employer/Insured: NATIONAL STORES
Employer/Insured Address: FP STORES INC.
330 WEST BASELINE
SAN BERNARDINO, CA 92410
Policy Admin Information: 020635
Branch ID: BRE

Bill Details

Date of Service: 01/26/2021
Post Date: 03/31/2021
Client Type of Bill: 74
Adjuster: ARSIER

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	01/26/2021	99	00014	A	1	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

Total Charges:	180.00			
Bill Review Reductions:		0.00		
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

M

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

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JOYCE ALTMAN INTERPRETERS, INC.
PO BOX # 4165
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Claim ID:	188563490-001
Client Reference ID:	9150566048
VP Trans ID:	1004761211 BSP0001002
Date:	04/02/2021
Amount:	$180.00
Check Number:	4786869

76815

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PO Box 189080
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METABANK, N.A.
Sioux Falls, SD
72-7011/2739

4786869

04/02/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC **$180.00**

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1004761211

⑈4786869⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3027523

Carrier

HARTFORD CASUALTY INS CO
690 ASYLUM AVENUE
HARTFORD, CT 06115

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: 03/17/2021
Patient Account: 76815
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188563490-001
DOI/DOL: 08/11/2017
CR Date / BR Date: 03/25/2021 / 03/25/2021
External Claim Number: 20170823135102283659
Social Security Number: *****
Employer/Insured: NATIONAL STORES
Employer/Insured Address: FP STORES INC.
330 WEST BASELINE
SAN BERNARDINO, CA 92410
Policy Admin Information: 020635
Branch ID: BRE

Bill Details

Date of Service: 02/02/2021
Post Date: 03/31/2021
Client Type of Bill: 74
Adjuster: ARSIER

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	02/02/2021	99	00014	A	1	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
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

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

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JOYCE ALTMAN INTERPRETERS, INC.
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Claim ID:	188563490-001
Client Reference ID:	9150618302
VP Trans ID:	1014095054 BSP0001002
Date:	04/15/2021
Amount:	$180.00
Check Number:	4818759

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PO Box 189080
Plantation, FL 33318-9080

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

4818759

04/15/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$180.00

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1014095054

⑈4818759⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3040376

Carrier

HARTFORD CASUALTY INS CO
690 ASYLUM AVENUE
HARTFORD, CT 06115

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: 03/31/2021
Patient Account: 76815
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188563490-001
DOI/DOL: 08/11/2017
CR Date / BR Date: 04/06/2021 / 04/06/2021
External Claim Number: 20170823135102283659
Social Security Number: *****/
Employer/Insured: NATIONAL STORES
Employer/Insured Address: FP STORES INC.

Policy Admin Information: 020635
Branch ID: BRE

Bill Details

Date of Service: 02/09/2021
Post Date: 04/13/2021
Client Type of Bill: 74
Adjuster: ARSIER

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	02/09/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
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

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1014095054

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

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Claim ID:	188563490-001
Client Reference ID:	9150618447
VP Trans ID:	1014095688 BSP0001002
Date:	04/15/2021
Amount:	$180.00
Check Number:	4818832

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Broadspire
A CRAWFORD COMPANY

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

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

4818832

04/15/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$180.00

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1014095688

⑈4818832⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3041769

Carrier

HARTFORD CASUALTY INS CO
690 ASYLUM AVENUE
HARTFORD, CT 06115

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: 04/01/2021
Patient Account: 76815
Region: 9
Payment Status Code: 1

Claimant

1

Claim Number: 188563490-001
DOI/DOL: 08/11/2017
CR Date / BR Date: 04/07/2021 / 04/07/2021
External Claim Number: 20170823135102283136 59
Social Security Number: ****
Employer/Insured: NATIONAL STORES
Employer/Insured Address: -

Policy Admin Information: 020635
Branch ID: BRE

Bill Details

Date of Service: 02/16/2021
Post Date: 04/13/2021
Client Type of Bill: 74
Adjuster: ARSIER

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	02/16/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
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

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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 76977

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189095646-001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: TANYA BISHOP
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs THERAPAK PHARMA SVC THERAPAK
Date Of Injury: 8/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/30/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/04/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/16/19	F/U CHIRO TX	& PHYS THERAPY W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/18/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/23/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/12/19	F/U CHIRO TX	CHIRO TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
11/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/02/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

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

*** INVOICE ***
Date NO#
04/26/21 76977

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189095646-001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: TANYA BISHOP
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs THERAPAK PHARMA SVC THERAPAK
Date Of Injury: 8/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/27/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/13/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/03/20	FOLLOW UP	PHYSICAL TX, F/U CHIRO @ F/U ACUPUNC W/DR HA/CHOI	180.00
/ /	-	@ SIDHU*	0.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	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#
04/26/21 76977

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189095646-001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: TANYA BISHOP
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs THERAPAK PHARMA SVC THERAPAK
Date Of Injury: 8/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/19/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/09/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/23/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/17/20	PMT BY CHECK	DOS 6/2/20* =# 4271590	-90.00
07/17/20	PMT BY CHECK	DOS 6/9/20* =# 4271607	-90.00
07/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/07/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/22/20	PMT BY CHECK	DOS 6/16/20* =# 4278415	-90.00
07/30/20	PMT BY CHECK	DOS 6/23/20* =# 4295884	-90.00
08/07/20	PMT BY CHECK	DOS 7/3/20* =# 4312503	-90.00
08/07/20	PMT BY CHECK	DOS 7/7/20* =# 4312498	-90.00
07/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/31/20	PMT BY CHECK	DOS 7/24/20* =# 4358867	-90.00

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

*** INVOICE ***
Date NO#
04/26/21 76977

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189095646-001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: TANYA BISHOP
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs THERAPAK PHARMA SVC THERAPAK
Date Of Injury: 8/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/18/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/25/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/25/20	PMT BY CHECK	DOS 8/14/20* =# 4408723	-90.00
09/25/20	PMT BY CHECK	DOS 8/18/20* =# 4408725	-90.00
09/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/05/20	PMT BY CHECK	DOS 8/25/20* =# 4426464	-90.00
10/08/20	PMT BY CHECK	DOS 9/1/20* =# 4434892	-90.00
09/29/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/23/20	PMT BY CHECK	DOS 9/15/20* =# 4466930	-90.00
10/22/20	PMT BY CHECK	DOS 6/16/20* =# 4464283	-90.00
11/09/20	PMT BY CHECK	DOS 9/29/20* =# 4499594	-90.00
10/19/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/23/20	PMT BY CHECK	DOS 6/9/20* =# 4527063	-90.00
11/23/20	PMT BY CHECK	DOS 7/3/20* =# 4527060	-90.00
11/23/20	PMT BY CHECK	DOS 7/7/20* =# 4527058	-90.00
12/02/20	PMT BY CHECK	DOS 10/19/20* =# 4539555	-90.00
12/16/20	PMT BY CHECK	DOS 7/24/20* =# 4569656	-90.00
12/31/20	PMT BY CHECK	DOS 8/18/20* =# 4596398	-90.00
01/06/21	PMT BY CHECK	DOS 8/14/20* =# 4605904	-90.00
01/08/21	PMT BY CHECK	DOS 6/23/20* =# 4610554	-90.00
01/12/21	PMT BY CHECK	DOS 9/1/20* =# 4615267	-90.00
01/28/21	PMT BY CHECK	DOS 9/15/20* =# 4647825	-90.00

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

*** INVOICE ***
Date NO#
04/26/21 76977

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BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: TANYA BISHOP
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs THERAPAK PHARMA SVC THERAPAK
Date Of Injury: 8/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/21	PMT BY CHECK	DOS 10/19/20* =# 4752920	-90.00
03/18/21	PMT BY CHECK	DOS 8/25/20* =# 4752966	-90.00
03/23/21	COSTS	IBR RELATED COST	127.31
03/23/21	PMT BY CHECK	DOS 6/23/20 # 6750619051	-127.31
03/23/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
03/23/21	RMB IBR FEE	DOS 6/23/20 # 6750619051	-180.00
04/23/21	PMT BY CHECK	DOS 9/29/20* =# 4836106	-90.00

BALANCE 4230.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

0000231-0000635 S0106 001 937824 BSP

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

Broadspire®
A CRAWFORD COMPANY

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:	189095646-001
Client Reference ID:	9150031754
VP Trans ID:	904859942 BSP0001001
Date:	11/09/2020
Amount:	$90.00
Check Number:	4499594

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BY: .....

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NOV 1 (2020
BY: .....

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

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2896727

Carrier

ACE AMERICAN INSURANCE COMPANY
436 WALNUT STREET
PHILADELPHIA, PA 19106

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: 10/28/2020
Patient Account: 76977
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189095646-001
DOI/DOL: 08/13/2019
CR Date / BR Date: 11/03/2020 / 11/03/2020
External Claim Number: 201910111355557712940 4
Social Security Number: *****
Employer/Insured: AVANTOR INC
Employer/Insured Address: USA-CA CLAREMONT (THERAPEK)

Policy Admin Information: 028509
Branch ID: RCO

Bill Details

Date of Service: 09/29/2020
Post Date: 11/04/2020
Client Type of Bill: 74
Adjuster: TLBISH

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	09/29/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT



904859942

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

0000049-0001298 S1760 001 987438 BSP 3.000 51

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

Broadspire
A CRAWFORD COMPANY

BY: .....

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:	189095646-001
Client Reference ID:	9150650183
VP Trans ID:	1020767685 BSP0001001
Date:	04/23/2021
Amount:	$90.00
Check Number:	4836106

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

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

Broadspire

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

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

4836106

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020767685

⑈4836106⑈ ⑆273970116⑆ 1700102966⑈

Broadspire

Explanation of Review

Bill Id: BRS-BSCA-3038172 **Prev. Bill Id:** BRS-BSCA-2990082

Carrier

ACE AMERICAN INSURANCE COMPANY
436 WALNUT STREET
PHILADELPHIA, PA 19106

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: 10/28/2020
Patient Account: 76977
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189095646-001
DOI/DOL: 08/13/2019
CR Date / BR Date: 04/08/2021 / 04/08/2021
External Claim Number: 201910111355557712940 4
Social Security Number: *****
Employer/Insured: AVANTOR INC
Employer/Insured Address: USA-CA CLAREMONT

Policy Admin Information: 028509
Branch ID: RCO

Bill Details

Date of Service: 09/29/2020 **Client Type of Bill:** 74
Post Date: 04/08/2021 **Adjuster:** KMBARB

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	09/29/2020	99	00014	A	1	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

Total Charges:	180.00				
Bill Review Reductions:		0.00			
Network Reductions:			0.00		
Miscellaneous Reductions:				0.00	
Recommended Allowance:					180.00
Previous Recommended Allowance:					90.00
Additional Recommendation For This Review:					90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
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

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 77276

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
188540786001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: JILLIAN SHIELDS
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs CALIFORNIA EXPANDED METAL PROD
Date Of Injury: 7/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/08/19	INITIAL EXAM	DR MOHAMMED HASSANIN @ FMR*	230.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/18/19	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	230.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/20/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/27/19	FOLLOW-UP	W/ ACUPUNCT T. KIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
12/02/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/04/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
12/20/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/08/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/15/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/31/20	PR2/REEVAL	W/DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
02/05/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/10/20	INIT PHYSIO	THERAPY DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/12/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00

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 77276

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SS # : XXX-XX-N/A
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Claim #(s):
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BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: JILLIAN SHIELDS
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs CALIFORNIA EXPANDED METAL PROD
Date Of Injury: 7/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/19/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/24/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/26/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/02/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
04/21/20	PMT BY CHECK	DOS 2/19/20* =# 4122527	-144.00
04/22/20	PMT BY CHECK	DOS 2/17/20* =# 4125208	-90.00
03/04/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/09/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
04/27/20	PMT BY CHECK	DOS 2/24/20* =# 4132866	-90.00
04/27/20	PMT BY CHECK	DOS 2/26/20* =# 4133072	-90.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/13/20	PR2/REEVAL	DR MOAHMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/07/20	PMT BY CHECK	DOS 3/2/20* =# 4154716	-90.00
03/30/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/14/20	PMT BY CHECK	DOS 3/9/20* =# 4166100	-90.00
05/18/20	PMT BY CHECK	DOS 3/11/20* =# 4170246	-90.00
04/08/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/15/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00

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

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Date NO#
04/12/21 77276

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ATTN: JILLIAN SHIELDS
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs CALIFORNIA EXPANDED METAL PROD
Date Of Injury: 7/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/29/20	PMT BY CHECK	DOS 2/19/20* =# 4190650	-36.00
05/29/20	PMT BY CHECK	DOS 3/18/20* =# 4190576	-90.00
04/22/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/24/20	PR2/REEVAL	DR RUSSMAN/HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/03/20	PMT BY CHECK	DOS 3/30/20* =# 7197866	-90.00
06/04/20	PMT BY CHECK	DOS 4/8/20* =# 4200670	-90.00
06/08/20	PMT BY CHECK	DOS 2/17/20* =# 4204702	-90.00
05/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/12/20	PMT BY CHECK	DOS 2/26/20* =# 4213995	-90.00
06/11/20	PMT BY CHECK	DOS 4/15/20* =# 4212385	-90.00
05/13/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/20/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/18/20	PMT BY CHECK	DOS 4/22/20* =# 4223509	-90.00
06/18/20	PMT BY CHECK	DOS 4/24/20* =# 4223511	-90.00
05/27/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/29/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/26/20	PMT BY CHECK	DOS 5/6/20* =# 4237299	-90.00
06/11/20	F/U PHYSIO	THERAPY DR PEZEHSKIAN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
07/02/20	PMT BY CHECK	DOS 5/13/20* =# 4246815	-90.00
07/02/20	PMT BY CHECK	DOS 5/20/20* =# 4246837	-90.00
06/18/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	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#
04/12/21 77276

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
188540786001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: JILLIAN SHIELDS
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs CALIFORNIA EXPANDED METAL PROD
Date Of Injury: 7/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/20	PMT BY CHECK	DOS 3/9/20* =# 4258926	-90.00
07/13/20	PMT BY CHECK	DOS 3/11/20* =# 4263493	-90.00
06/25/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/17/20	PMT BY CHECK	DOS 6/11/20* =# 4272469	-90.00
07/16/20	PMT BY CHECK	DOS 5/27/20* =# 4270260	-90.00
07/16/20	PMT BY CHECK	DOS 5/29/20* =# 4270238	-90.00
07/02/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/09/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 00363	0.00
07/28/20	PMT BY CHECK	DOS 6/18/20* =# 4291232	-90.00
07/31/20	PMT BY CHECK	DOS 6/25/20* =# 4299602	-90.00
08/06/20	PMT BY CHECK	DOS 7/2/20* =# 4311036	-90.00
08/11/20	PMT BY CHECK	DOS 7/9/20* =# 4318971	-90.00
08/28/20	PMT BY CHECK	DOS 4/22/20* =# 4356855	-90.00
08/28/20	PMT BY CHECK	DOS 4/24/20* =# 4356854	-90.00
08/20/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/02/20	PMT BY CHECK	DOS 8/20/20* =# 4423683	-90.00
10/01/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
11/11/20	PMT BY CHECK	DOS 10/1/20* =# 4506735	-90.00
11/23/20	PMT BY CHECK	DOS 7/9/20* =# 4527554	-90.00
10/29/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
12/14/20	PMT BY CHECK	DOS 10/29/20* =# 4566198	-90.00
11/16/20	INITIAL EXAM	DR RUBANENKO @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/18/20	PMT BY CHECK	DOS 7/2/20* =# 4575910	-90.00
01/06/21	PMT BY CHECK	DOS 8/20/20* =# 4606321	-90.00

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 77276

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
188540786001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: JILLIAN SHIELDS
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs CALIFORNIA EXPANDED METAL PROD
Date Of Injury: 7/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/21	PMT BY CHECK	DOS 11/16/20* =# 4613873	-90.00
12/10/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/05/21	PENALTIES	FOR UNPAID IBR DECISION DUE 12/21/20 ($540)	81.00
02/05/21	INTEREST	FOR UNAPID IBR DECISION DUE 12/21/20 ($540)	7.83
02/10/21	PMT BY CHECK	DOS 12/10/20* =# 4675737	-90.00
01/19/21	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/19/21	PMT BY CHECK	DOS 1/19/21* =# 4756796	-180.00
03/25/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
03/25/21	RMB IBR FEE	DOS 5/6/20-6/11/20 # 5670511461	-180.00
03/25/21	PMT BY CHECK	DOS 5/6/20-6/11/20 # 5670511461	-540.00
03/25/21	COSTS	IBR RELATED	127.31
03/25/21	PMT BY CHECK	DOS 5/6/20-6/11/20 # 4670511461	-127.31
04/08/21	PMT BY CHECK	DOS 10/29/20* =# 4803020	-90.00
		BALANCE	4058.83

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

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

Broadspire®
A CRAWFORD COMPANY

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

RECEIVED
DEC 17 20
BY:

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:	188540786-001
Client Reference ID:	9150163159
VP Trans ID:	928048347 BSP0001002
Date:	12/14/2020
Amount:	$90.00
Check Number:	4566198

PAID
DEC 17 2020
BY:

77276
Get Paid Faster
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support@vpayusa.com
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Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay® at (877) 399-5917 and provide the VP Trans ID shown above and destroy this communication and its attachments, if any.

[redacted]

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2929505

Carrier

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

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 12/04/2020
Patient Account: 77276
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188540786-001
DOI/DOL: 07/15/2017
CR Date / BR Date: 12/08/2020 / 12/08/2020
External Claim Number: 20170720130940449268 83
Social Security Number: ****
Employer/Insured: CALIFORNIA EXPANDED METAL PROD
Employer/Insured Address: CALIFORNIA EXPANDED METAL PROD
263 NORTH COVINA LN
CITY OF INDUSTRY, CA 91744
Policy Admin Information: 022551
Branch ID: FSN

Bill Details

Date of Service: 10/29/2020
Post Date: 12/10/2020
Client Type of Bill: 74
Adjuster: JMSHIE

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	10/29/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00			
Bill Review Reductions:		90.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

928048347

M

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

0000044-0000886 S1760 001 982825 BSP 2.000 24

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

Broadspire®
A CRAWFORD COMPANY

77276

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:	188540786-001
Client Reference ID:	9150590441
VP Trans ID:	1009035905 BSP0001002
Date:	04/08/2021
Amount:	$90.00
Check Number:	4803020

Get Paid Faster

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VCard or ACH

Email
support@vpayusa.com
today to find out how.

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

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

Broadspire
A CRAWFORD COMPANY

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

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

4803020

04/08/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1009035905

⑈4803020⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2998783 **Prev. Bill Id:** BRS-BSCA-2929505

Carrier

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

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 12/04/2020
Patient Account: 77276
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188540786-001
DOI/DOL: 07/15/2017
CR Date / BR Date: 02/23/2021 / 02/26/2021
External Claim Number: 20170720130940449268 83
Social Security Number: ****
Employer/Insured: CALIFORNIA EXPANDED METAL PROD
Employer/Insured Address: CALIFORNIA EXPANDED METAL PROD
263 NORTH COVINA LN
CITY OF INDUSTRY, CA 91744
Policy Admin Information: 022551
Branch ID: FSN

Bill Details

Date of Service: 10/29/2020 **Client Type of Bill:** 74
Post Date: 04/06/2021 **Adjuster:** JMSHIE

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	10/29/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00			
Bill Review Reductions:		0.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				180.00
Previous Recommended Allowance:				90.00
Additional Recommendation For This Review:				90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
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

1009035905

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 77742

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189140724

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: JODI HENGGELER
P.O. BOX 14645
LEXINGTON, KY 40512

Case: [redacted] vs REAL TIME STAFFING
Date Of Injury: 11/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/20	INITIAL EXAM	DR MAGGIE PEZESHKIAN/MARINA RUSSMAN @ FMR*	180.00
01/28/20	INITIAL EXAM	DR MAGGIE PEZESHKIAN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/22/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/27/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/05/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/12/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/14/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/21/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/26/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/28/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/06/20	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	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#
04/26/21 77742

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189140724

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: JODI HENGGELER
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs REAL TIME STAFFING
Date Of Injury: 11/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/17/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/19/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/20/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/22/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/18/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/24/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/29/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/30/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/02/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/01/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLLAGOMEZ # 500341	0.00
07/21/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/21/20	PMT BY CHECK	DOS 7/21/20* =# 4342692	-90.00
08/27/20	PMT BY CHECK	DOS 1/28/20-7/2/20* =# 4353956	-2160.00
08/10/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	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#
04/26/21 77742

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189140724

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: JODI HENGGELER
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs REAL TIME STAFFING
Date Of Injury: 11/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/14/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/18/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/19/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/18/20	PMT BY CHECK	DOS 8/10/20* =# 4395364	-90.00
09/21/20	PMT BY CHECK	DOS 8/11/20* =# 4397820	-90.00
09/01/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/03/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/05/20	PR2/REEVAL	DR MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/25/20	PMT BY CHECK	DOS 8/14/20* =# 4409695	-90.00
09/25/20	PMT BY CHECK	DOS 8/18/20* =# 4409742	-90.00
09/25/20	PMT BY CHECK	DOS 8/19/20* =# 4409740	-90.00
09/08/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/10/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/30/20	PMT BY CHECK	DOS 8/20/20* =# 4419331	-90.00
09/30/20	PMT BY CHECK	DOS 8/21/20* =# 4419329	-90.00
09/15/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	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#
04/26/21 77742

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189140724

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: JODI HENGGELER
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs REAL TIME STAFFING
Date Of Injury: 11/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/07/20	PMT BY CHECK	DOS 9/1/20* =# 4432615	-90.00
10/09/20	PMT BY CHECK	DOS 9/3/20* =# 4438011	-90.00
10/09/20	PMT BY CHECK	DOS 9/5/20* =# 4438009	-90.00
09/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
09/22/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/14/20	PMT BY CHECK	DOS 9/8/20* =# 4446033	-90.00
09/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/20/20	PMT BY CHECK	DOS 9/10/20* =# 4459201	-90.00
09/30/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/23/20	PMT BY CHECK	DOS 9/15/20* =# 4467712	-90.00
10/03/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/06/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/28/20	PMT BY CHECK	DOS 9/16/20* =# 4475977	-90.00
10/28/20	PMT BY CHECK	DOS 9/17/20* =# 4475979	-90.00
10/29/20	PMT BY CHECK	DOS 9/21/20* =# 4479332	-90.00
11/03/20	PMT BY CHECK	DOS 9/22/20* =# 4485706	-90.00
11/03/20	PMT BY CHECK	DOS 9/23/20* =# 4485915	-90.00
10/12/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00

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

*** INVOICE ***
Date NO#
04/26/21 77742

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189140724

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: JODI HENGGELER
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs REAL TIME STAFFING
Date Of Injury: 11/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/06/20	PMT BY CHECK	DOS 9/30/20* =# 4497800	-90.00
11/04/20	PMT BY CHECK	DOS 9/28/20* =# 4490804	-90.00
10/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
10/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/18/20	PMT BY CHECK	DOS 10/6/20* =# 4520534	-90.00
11/20/20	PMT BY CHECK	DOS 10/12/20* =# 4525275	-90.00
10/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
11/25/20	PMT BY CHECK	DOS 10/13/20* =# 4533822	-90.00
12/02/20	PMT BY CHECK	DOS 10/19/20* =# 4542481	-90.00
11/04/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/07/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/09/20	PMT BY CHECK	DOS 10/21/20* =# 4558184	-90.00
12/09/20	PMT BY CHECK	DOS 10/23/20* =# 4558389	-90.00
11/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/11/20	PMT BY CHECK	DOS 10/3/20* =# 4563615	-90.00
12/14/20	PMT BY CHECK	DOS 1/28/2-7/2/20* =# 4565786	-2160.00
12/16/20	PMT BY CHECK	DOS 10/28/20* =# 4570969	-90.00
12/29/20	PMT BY CHECK	DOS 8/14/20* =# 4591341	-90.00
12/31/20	PMT BY CHECK	DOS 8/18/20* =# 4597023	-90.00

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

*** INVOICE ***
Date NO#
04/26/21 77742

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189140724

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: JODI HENGGELER
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs REAL TIME STAFFING
Date Of Injury: 11/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/29/20	PMT BY CHECK	DOS 8/20/20* =# 4591342	-90.00
12/31/20	PMT BY CHECK	DOS 11/7/20* =# 4597333	-90.00
01/06/21	PMT BY CHECK	DOS 8/21/20* =# 4606318	-90.00
01/06/21	PMT BY CHECK	DOS 9/01/20* =# 4606368	-90.00
01/06/21	PMT BY CHECK	DOS 11/11/20 =# 4606584	-90.00
01/08/21	PMT BY CHECK	DOS 8/11/20* =# 4611107	-90.00
01/12/21	PMT BY CHECK	DOS 9/3/20* =# 4615734	-90.00
01/12/21	PMT BY CHECK	DOS 9/5/20* =# 4615738	-90.00
01/21/21	PMT BY CHECK	DOS 9/8/20* =# 4630926	-90.00
01/22/21	PMT BY CHECK	DOS 11/4/20* =# 4636003	-90.00
11/03/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/25/21	PMT BY CHECK	DOS 9/10/20* =# 4638005	-90.00
01/28/21	PMT BY CHECK	DOS 8/10/20* =# 4648417	-90.00
02/10/21	PMT BY CHECK	DOS 11/3/20* =# 4675725	-90.00
01/25/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/04/21	PMT BY CHECK	DOS 9/22/20* =# 4723471	-90.00
03/04/21	PMT BY CHECK	DOS 9/23/20* =# 4723468	-90.00
03/04/21	PMT BY CHECK	DOS 8/19/20* =# 4723473	-90.00
03/18/21	PMT BY CHECK	DOS 10/19/20* =# 4753815	-90.00
03/18/21	PMT BY CHECK	DOS 10/23/20* =# 4753816	-90.00
03/18/21	PMT BY CHECK	DOS 10/21/20* =# 4753817	-90.00
03/23/21	PMT BY CHECK	DOS 1/25/21* =# 4762317	-180.00
03/25/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
03/25/21	RMB IBR FEE	DOS 8/19/20 # 5670516132	-180.00
03/25/21	PMT BY CHECK	DOS 7/21/20 # 5670516132	-90.00
03/02/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/08/21	PMT BY CHECK	DOS 10/28/20* =# 4803177	-90.00
04/15/21	PMT BY CHECK	DOS 9/30/20* =# 4818616	-90.00

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

*** INVOICE ***
Date NO#
04/26/21 77742

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189140724

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: JODI HENGGELER
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs REAL TIME STAFFING
Date Of Injury: 11/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/21	PMT BY CHECK	DOS 10/6/20* =# 4818615	-90.00
04/15/21	PMT BY CHECK	DOS 10/12/20* =# 4818617	-90.00
04/15/21	PMT BY CHECK	DOS 11/11/20* =# 4818622	-90.00
04/19/21	PMT BY CHECK	DOS 10/13/20* =# 4824796	-90.00
04/21/21	PMT BY CHECK	DOS 10/3/20* =# 4830877	-90.00
04/23/21	PMT BY CHECK	DOS 11/3/21* =# 4836996	-90.00
04/23/21	PMT BY CHECK	DOS 11/4/21* =# 4836997	-90.00

BALANCE 900.00

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

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

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A CRAWFORD COMPANY

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

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BY: .....

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Claim ID:	189140724-001
Client Reference ID:	9150171552
VP Trans ID:	929743503 BSP0001002
Date:	12/16/2020
Amount:	$90.00
Check Number:	4570969

77742

PAID
DEC 2 [illegible] 2020

BY: .....

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Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2931567

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: 12/01/2020
Patient Account: 77742
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 12/11/2020 / 12/11/2020
External Claim Number: 20191115150320727835 33
Social Security Number: ****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES
969 N. GRAND AVE
COVINA, CA 91724
Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 10/28/2020
Post Date: 12/14/2020
Client Type of Bill: 74
Adjuster: JJHENG

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	10/28/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

929743503

m

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

77742

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Claim ID:	189140724-001
Client Reference ID:	9150590953
VP Trans ID:	1009036859 BSP0001002
Date:	04/08/2021
Amount:	$90.00
Check Number:	4803177

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

Broadspire
A CRAWFORD COMPANY

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

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

4803177

04/08/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC **$90.00**

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1009036859

⑈4803177⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3028413 **Prev. Bill Id:** BRS-BSCA-2931567

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: 12/01/2020
Patient Account: 7742
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 03/27/2021 / 03/29/2021
External Claim Number: 20191115150320727835 33
Social Security Number: ****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES
969 N. GRAND AVE
COVINA, CA 91724
Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 10/28/2020 **Client Type of Bill:** 74
Post Date: 04/06/2021 **Adjuster:** JJHENG

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	10/28/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,A19,885,C86 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
C86 CA-TIME LIMIT FOR FILING ON AMENDS (90 DAYS) DENY SVCS IF REC DATE OF AMEND IS > 90 DAYS OF ORIG OR PREVIOUS EOR POST DATE. CA LC 4603.
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

1009036859

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

0000446-0001350 S0106 001 937326 BSP

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

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Claim ID:	189140724-001
Client Reference ID:	9150026305
VP Trans ID:	903885770 BSP0001002
Date:	11/06/2020
Amount:	$90.00
Check Number:	4497800

PAID
NOV 10 2020
BY
NOV 09 2020

77742

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Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2896675

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: 10/30/2020
Patient Account: 77742
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 11/03/2020 / 11/03/2020
External Claim Number: 2019111515032072783533
Social Security Number: *****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES
969 N. GRAND AVE
COVINA, CA 91724
Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 09/30/2020
Post Date: 11/04/2020
Client Type of Bill: 74
Adjuster: JJHENG

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	09/30/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

903885770

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

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

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Claim ID:	189140724-001
Client Reference ID:	9150618077
VP Trans ID:	1014093621 BSP0001002
Date:	04/15/2021
Amount:	$90.00
Check Number:	4818616

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Broadspire
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Explanation of Review

Bill Id: BRS-BSCA-3036581 **Prev. Bill Id:** BRS-BSCA-2992947

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: 10/30/2020
Patient Account: 77742
Region: 9
Payment Status Code: I

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 04/04/2021 / 04/07/2021
External Claim Number: 20191115150320727835 33
Social Security Number: *****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES
969 N. GRAND AVE
COVINA, CA 91724
Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 09/30/2020 **Client Type of Bill:** 74
Post Date: 04/07/2021 **Adjuster:** JJHENG

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	09/30/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
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

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

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Claim ID:	189140724-001
Client Reference ID:	9150071368
VP Trans ID:	911343064 BSP0001002
Date:	11/18/2020
Amount:	$90.00
Check Number:	4520534

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[redacted]

Broadspire
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Explanation of Review

Bill Id: BRS-BSCA-2906172

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: 11/06/2020
Patient Account: 77742
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 11/12/2020 / 11/12/2020
External Claim Number: 201911151503207278353 3
Social Security Number: *****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES
969 N. GRAND AVE
COVINA, CA 91724
Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 10/06/2020
Post Date: 11/15/2020
Client Type of Bill: 74
Adjuster: JJHENG

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	10/06/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

911343064

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0000019-0000327 S1760 001 984979 BSP 1.800 21

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Claim ID:	189140724-001
Client Reference ID:	9150618076
VP Trans ID:	1014093607 BSP0001002
Date:	04/15/2021
Amount:	$90.00
Check Number:	4818615

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Explanation of Review

Bill Id: BRS-BSCA-3036580 **Prev. Bill Id:** BRS-BSCA-2996814

Carrier

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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: 11/06/2020
Patient Account: 77742
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 04/04/2021 / 04/07/2021
External Claim Number: 201911151503207278353 3
Social Security Number: *****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES
969 N. GRAND AVE
COVINA, CA 91724
Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 10/06/2020 **Client Type of Bill:** 74
Post Date: 04/07/2021 **Adjuster:** JJHENG

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	10/06/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code including but not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

1014093607

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Claim ID:	189140724-001
Client Reference ID:	9150081183
VP Trans ID:	913372548 BSP0001002
Date:	11/20/2020
Amount:	$90.00
Check Number:	4525275

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Broadspire
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Explanation of Review

Bill Id: BRS-BSCA-2908284

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: 11/13/2020
Patient Account: 77742
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 11/17/2020 / 11/17/2020
External Claim Number: 20191115150320727835 33
Social Security Number: ****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES
969 N. GRAND AVE
COVINA, CA 91724
Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 10/12/2020
Post Date: 11/17/2020
Client Type of Bill: 74
Adjuster: JJHENG

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	10/12/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

Messages

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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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Claim ID:	189140724-001
Client Reference ID:	9150618078
VP Trans ID:	1014093630 BSP0001002
Date:	04/15/2021
Amount:	$90.00
Check Number:	4818617

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Broadspire
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Explanation of Review

Bill Id: BRS-BSCA-3036583 **Prev. Bill Id:** BRS-BSCA-3002713

Carrier

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70 SEAVIEW AVE
STAMFORD, CT 06902

Provider

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PO BOX # 4165
TUSTIN, CA 92781-0000

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 11/13/2020
Patient Account: 77742
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 04/04/2021 / 04/07/2021
External Claim Number: 201911151503207783533
Social Security Number: *****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES
969 N. GRAND AVE
COVINA, CA 91724
Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 10/12/2020 **Client Type of Bill:** 74
Post Date: 04/07/2021 **Adjuster:** JJHENG

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	10/12/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00				
Bill Review Reductions:		0.00			
Network Reductions:			0.00		
Miscellaneous Reductions:				0.00	
Recommended Allowance:					180.00
Previous Recommended Allowance:					90.00
Additional Recommendation For This Review:					90.00

Messages

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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code including but not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

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Claim ID:	189140724-001
Client Reference ID:	9150242824
VP Trans ID:	942664982 BSP0001002
Date:	01/06/2021
Amount:	$90.00
Check Number:	4606584

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Explanation of Review

Bill Id: BRS-BSCA-2950602

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: 12/18/2020
Patient Account: 77742
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 12/22/2020 / 12/22/2020
External Claim Number: 201911151503207278353 3
Social Security Number: ****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES
969 N. GRAND AVE
COVINA, CA 91724
Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 11/11/2020
Post Date: 01/04/2021
Client Type of Bill: 74
Adjuster: JJHENG

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/11/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

Messages

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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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

942664982

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Claim ID:	189140724-001
Client Reference ID:	9150618090
VP Trans ID:	1014093672 BSP0001002
Date:	04/15/2021
Amount:	$90.00
Check Number:	4818622

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Explanation of Review

Bill Id: BRS-BSCA-3036829 **Prev. Bill Id:** BRS-BSCA-2950602

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: 12/18/2020
Patient Account: 77742
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 04/06/2021 / 04/07/2021
External Claim Number: 2019111515032072783533
Social Security Number: ****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES
969 N. GRAND AVE
COVINA, CA 91724
Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 11/11/2020 **Client Type of Bill:** 74
Post Date: 04/07/2021 **Adjuster:** JJHENG

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/11/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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Claim ID:	189140724-001
Client Reference ID:	9150097510
VP Trans ID:	916292600 BSP0001002
Date:	11/25/2020
Amount:	$90.00
Check Number:	4533822

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Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-2912984

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: 11/16/2020
Patient Account: 77742
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 11/19/2020 / 11/19/2020
External Claim Number: 201911151503207278353 3
Social Security Number: *****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES

Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 10/13/2020
Post Date: 11/23/2020
Client Type of Bill: 74
Adjuster: JJHENG

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	10/13/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00				
Bill Review Reductions:		90.00			
Network Reductions:			0.00		
Miscellaneous Reductions:				0.00	
Recommended Allowance:					90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT



916292600

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

0000524-0001559 S0106 001 985945 BSP

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

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Claim ID:	189140724-001
Client Reference ID:	9150629236
VP Trans ID:	1016326727 BSP0001002
Date:	04/19/2021
Amount:	$90.00
Check Number:	4824796

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

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

4824796

04/19/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1016326727

⑈4824796⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3036579 **Prev. Bill Id:** BRS-BSCA-3002661

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: 11/16/2020
Patient Account: 77742
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 04/04/2021 / 04/07/2021
External Claim Number: 20191[illegible]32072783533
Social Security Number: *****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES

Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 10/13/2020
Post Date: 04/07/2021
Client Type of Bill: 74
Adjuster: JJHENG

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	10/13/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

Total Charges:	180.00				
Bill Review Reductions:		0.00			
Network Reductions:			0.00		
Miscellaneous Reductions:				0.00	
Recommended Allowance:					180.00
Previous Recommended Allowance:					90.00
Additional Recommendation For This Review:					90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
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

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

0000578-0001737 S0106 001 946640 BSP

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

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DEC 1 [illegible] 2020
BY: .....

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Claim ID:	189140724-001
Client Reference ID:	9150157674
VP Trans ID:	927112710 BSP0001002
Date:	12/11/2020
Amount:	$90.00
Check Number:	4563615

RECEIVED
[illegible]
BY: .....

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[redacted]

Broadspire
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Explanation of Review

Bill Id: BRS-BSCA-2927297

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: 11/03/2020
Patient Account: 77742
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 11/06/2020 / 12/08/2020
External Claim Number: 201911151503207278353 3
Social Security Number: *****(
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES

Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 10/03/2020
Post Date: 12/08/2020
Client Type of Bill: 74
Adjuster: JJHENG

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	10/03/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

927112710

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

0000055-0000577 S0716 001 986637 BSP

JOYCE ALTMAN INTERPRETERS, INC.
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TUSTIN, CA 92781-0000

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Claim ID:	189140724-001
Client Reference ID:	9150639458
VP Trans ID:	1018693821 BSP0001002
Date:	04/21/2021
Amount:	$90.00
Check Number:	4830877

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Plantation, FL 33318-9080

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

4830877

04/21/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC **$90.00**

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1018693821

⑈4830877⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3036582 **Prev. Bill Id:** BRS-BSCA-3028480

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: 11/03/2020
Patient Account: 77742
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 04/04/2021 / 04/07/2021
External Claim Number: 201911151503207278353 3
Social Security Number: *****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES

Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 10/03/2020 **Client Type of Bill:** 74
Post Date: 04/07/2021 **Adjuster:** JJHENG

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	10/03/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
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

1018693821

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

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

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BY: .....

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Claim ID:	189140724-001
Client Reference ID:	9150370681
VP Trans ID:	965795194 BSP0001002
Date:	02/10/2021
Amount:	$90.00
Check Number:	4675725

FILED
FEB 12 2021
BY: .....

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Broadspire
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Explanation of Review

Bill Id: BRS-BSCA-2980256

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: 01/29/2021
Patient Account: 77742
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 02/01/2021 / 02/01/2021
External Claim Number: 20191115150320727835 33
Social Security Number: *****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES

Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 11/03/2020
Post Date: 02/07/2021
Client Type of Bill: 74
Adjuster: JJHENG

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/03/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

965795194

Broadspire Services, Inc.
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Plantation, FL 33318-9080

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Claim ID:	189140724-001
Client Reference ID:	9150650407
VP Trans ID:	1020774629 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4836996

77742

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

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

4836996

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC **$90.00**

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020774629

⑈4836996⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3041630 **Prev. Bill Id:** BRS-BSCA-2980256

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: 01/29/2021
Patient Account: 77742
Region: 26
Payment Status Code: I

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 04/12/2021 / 04/12/2021
External Claim Number: 201911151503207783533
Social Security Number: ****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES

Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 11/03/2020 **Client Type of Bill:** 74
Post Date: 04/12/2021 **Adjuster:** JJHENG

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/03/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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10207746629

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

0000537-0001609 S0106 001 959118 BSP

JOYCE ALTMAN INTERPRETERS, INC.
PO BOX # 4165
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Claim ID:	189140724-001
Client Reference ID:	9150301348
VP Trans ID:	953781580 BSP0001002
Date:	01/22/2021
Amount:	$90.00
Check Number:	4636003

JAN 2 6 2021

[illegible]

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Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2965031

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: 12/14/2020
Patient Account: 77742
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 01/19/2021 / 01/19/2021
External Claim Number: 201911151503207278353 3
Social Security Number: ****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES

Policy Admin Information: 023383
Branch ID: BRE

Bill Details

Date of Service: 11/04/2020
Post Date: 01/20/2021
Client Type of Bill: 74
Adjuster: JJHENG

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/04/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00				
Bill Review Reductions:		90.00			
Network Reductions:			0.00		
Miscellaneous Reductions:				0.00	
Recommended Allowance:					90.00

Messages

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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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

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PO Box 189080
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Claim ID:	189140724-001
Client Reference ID:	9150650408
VP Trans ID:	1020774633 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4836997

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Email
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today to find out how.

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Broadspire
A CRAWFORD COMPANY

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

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

4836997

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020774633

⑈4836997⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3041635 **Prev. Bill Id:** BRS-BSCA-2965031

Carrier

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

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 12/14/2020
Patient Account: 77742
Region: 9
Payment Status Code: 1

Claim Number: 189140724-001
DOI/DOL: 11/08/2019
CR Date / BR Date: 04/12/2021 / 04/12/2021
External Claim Number: 201911151503207278353 3
Social Security Number *****
Employer/Insured: EMPLOYBRIDGE HOLDING COMPANY
Employer/Insured Address: REAL TIME STAFFING SERVICES

Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 11/04/2020
Post Date: 04/12/2021
Client Type of Bill: 74
Adjuster: JJHENG

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/04/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
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

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 78055

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

EAMS#(s): *

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189150607/189208665-001

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

Case: vs PRIDE INDUSTRIES
Date Of Injury: 11/6/19;2/17-1/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/20	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/06/20	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/13/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/15/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/20/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/22/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/27/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
05/07/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/11/20	INIT PHYSIO	THERAPY @ FMR W/DR MAGGIE PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/14/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/21/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/28/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/04/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
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04/05/21 78055

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Claim #(s):
189150607/189208665-001

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

Case: vs PRIDE INDUSTRIES
Date Of Injury: 11/6/19;2/17-1/20

DOS	SERVICE	DESCRIPTION	AMOUNT
06/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/11/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/15/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/18/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/22/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/23/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
06/24/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/25/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/30/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/07/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
07/09/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/13/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00

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

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

Case: vs PRIDE INDUSTRIES
Date Of Injury: 11/6/19;2/17-1/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ANA MORALES # 004052	0.00
07/21/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/27/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/29/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/30/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/03/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/05/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/10/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/12/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/25/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR (2H 53M)	270.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/03/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/10/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/17/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/25/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00

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

*** INVOICE ***

Date	NO#
04/05/21	78055

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Claim #(s):
189150607/189208665-001

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

Case: vs PRIDE INDUSTRIES
Date Of Injury: 11/6/19;2/17-1/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/29/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/05/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/06/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/07/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/14/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/27/20	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/05/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/04/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/09/20	FOLLOW-UP	W/ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/16/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/07/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/09/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/10/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00

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

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BROADSPIRE INS (SCAN-DEPT)
W. C. DEPARTMENT
ATTN: DOUGLAS NAATZ
P.O. BOX # 14352
LEXINGTON, KY 40512

Case: vs PRIDE INDUSTRIES
Date Of Injury: 11/6/19;2/17-1/20

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/03/21	PMT BY CHECK	DOS 12/7/20* # 6750593945	-180.00
02/03/21	PMT BY CHECK	DOS 12/9/20* # 6750593757	-180.00
01/04/21	INITL CHIRO	TX W/DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/07/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/17/21	PMT BY CHECK	DOS 12/10/20* =# 4690576	-90.00
01/13/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/15/21	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/20/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/25/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/26/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/27/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/28/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/02/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/01/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/04/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00

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

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W. C. DEPARTMENT
ATTN: DOUGLAS NAATZ
P.O. BOX # 14352
LEXINGTON, KY 40512

Case: vs PRIDE INDUSTRIES
Date Of Injury: 11/6/19;2/17-1/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/08/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/11/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/15/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SILVANA CORIA # 010641	0.00
03/22/21	PMT BY CHECK	DOS 1/4/21* =# 4758485	-180.00
03/23/21	PMT BY CHECK	DOS 1/15/21* =# 4761040	-90.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR* (A.M.)	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
03/26/21	PMT BY CHECK	DOS 1/27/21* =# 4771189	-180.00
02/16/21	SHOCK WAVE	THERAPY W/DR LEON TCHAKALIAN @ FMR* #3 (P.M.)	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
04/02/21	PMT BY CHECK	DOS 1/20/21* =# 4784281	-6.00
04/02/21	PMT BY CHECK	DOS 2/1/21* =# 4784258	-6.00
04/02/21	PMT BY CHECK	DOS 2/4/21* =# 4784257	-6.00
04/02/21	PMT BY CHECK	DOS 2/2/21* =# 4784236	-180.00

Joyce Altman Interpreters, Inc.
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LEXINGTON, KY 40512

Case: vs PRIDE INDUSTRIES
Date Of Injury: 11/6/19;2/17-1/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 13032.00

* 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

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

0000028-0000492 S1760 001 981031 BSP 1.800 21

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

Broadspire®
A CRAWFORD COMPANY

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:	189150607-001
Client Reference ID:	9150565999
VP Trans ID:	1004718823 BSP0001003
Date:	04/02/2021
Amount:	$180.00
Check Number:	4784236

78055

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today to find out how.

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A CRAWFORD COMPANY

Broadspire Services, Inc.
PO Box 189080
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METABANK, N.A.
Sioux Falls, SD
72-7011/2739

4784236

04/02/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$180.00

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1004718823

⑈4784236⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3027025

Carrier

NORTH RIVER INSURANCE COMPANY
305 MADISON AVENUE
MORRISTOWN, NJ 07962

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: 03/17/2021
Patient Account: 78055
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189150607-001
DOI/DOL: 11/06/2019
CR Date / BR Date: 03/22/2021 / 03/22/2021
External Claim Number: 20191127133825675005 61
Social Security Number: ****
Employer/Insured: PRIDE INDUSTRIES
Employer/Insured Address: LA CNTY ISD REGION 12
1104 N. EASTERN AVE.
LOS ANGELES, CA 90007
Policy Admin Information: 029310
Branch ID: RCO

Bill Details

Date of Service: 02/02/2021
Post Date: 03/31/2021
Client Type of Bill: 74
Adjuster: VRSEAR

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

Totals

Total Charges:	180.00			
Bill Review Reductions:		0.00		
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

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 78075

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189233960-0001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: MICHELLE HUNTER
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs FOREVER 21 LOGISTICS
Date Of Injury: 2/27/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/27/20	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
03/31/20	F/U CHIRO TX	W/DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
04/02/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/07/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/09/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/14/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/16/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/21/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/23/20	PR2/REEVAL	DR MAYYA KRAVCHENKO @GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/28/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/30/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHEKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/05/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/07/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/14/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/19/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	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 78075

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189233960-0001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: MICHELLE HUNTER
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs FOREVER 21 LOGISTICS
Date Of Injury: 2/27/20

DOS	SERVICE	DESCRIPTION	AMOUNT
05/21/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/26/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/12/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/09/20	PMT BY CHECK	DOS 5/12/20* =# 4259205	-90.00
07/09/20	PMT BY CHECK	DOS 5/14/20* =# 4259084	-90.00
07/09/20	PMT BY CHECK	DOS 5/21/20* =# 4259178	-90.00
07/10/20	PMT BY CHECK	DOS 5/26/20* =# 4261490	-90.00
09/03/20	LIEN FIL FEE	LIEN FILING FEE	150.00
09/23/20	PMT BY CHECK	DODS 5/12/20* =# 4403176	-90.00
09/24/20	PMT BY CHECK	DOS 5/26/20* =# 4406683	-90.00
12/29/20	PENALTIES	FOR DATE OF SERVICE 3/27/20	27.00
04/28/21	INTEREST	FOR DATE OF SERVICE 3/27/20	17.75
01/29/21	PMT BY CHECK	DOS 5/14/20* =# 4651225	-90.00
03/25/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
03/25/21	RMB IBR FEE	DOS 5/14/21-5/21/20 # 5670486936	-180.00
04/12/21	PMT BY CHECK	DOS 5/21/20 # 4808883	-90.00
		BALANCE	2714.75

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

Broadspire 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:	189233960-001
Client Reference ID:	9130540904
VP Trans ID:	825419485 BSP0001002
Date:	07/09/2020
Amount:	$90.00
Check Number:	4259178

PAID
JUL 14 2020

PAID
JUL 13 2020

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VCard or ACH

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

Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-2776905

Carrier
ACE AMERICAN INSURANCE COMPANY
436 WALNUT STREET
PHILADELPHIA, PA 19106

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: 06/30/2020
Patient Account: 78075
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189233960-001
DOI/DOL: 02/27/2020
CR Date / BR Date: 07/06/2020 / 07/06/2020
External Claim Number: 20200325113325851156 89
Social Security Number: ****
Employer/Insured: FOREVER 21
Employer/Insured Address: DCM - MANHAT
Policy Admin Information: 024173
Branch ID: BRE

Bill Details

Date of Service: 05/21/2020
Post Date: 07/07/2020
Client Type of Bill: 74
Adjuster: MDJOHN

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	05/21/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00				
Bill Review Reductions:		90.00			
Network Reductions:			0.00		
Miscellaneous Reductions:				0.00	
Recommended Allowance:					90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

N

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

0000049-0000480 S0716 001 983789 BSP

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

Broadspire
A CRAWFORD COMPANY

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:	189233960-001
Client Reference ID:	9150601702
VP Trans ID:	1011144309 BSP0001002
Date:	04/12/2021
Amount:	$90.00
Check Number:	4808883

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support@vpayusa.com
today to find out how.

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

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

Broadspire
A CRAWFORD COMPANY

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

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

4808883

04/12/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1011144309

⑈4808883⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3023778 Prev. Bill Id: BRS-BSCA-2842593

Carrier

ACE AMERICAN INSURANCE COMPANY
436 WALNUT STREET
PHILADELPHIA, PA 19106

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 06/30/2020
Patient Account: 78075
Region: 9
Payment Status Code: 1

Claim Number: 189233960-001
DOI/DOL: 02/27/2020
CR Date / BR Date: 03/22/2021 / 03/25/2021
External Claim Number: 2020032511332585115689
Social Security Number: *****
Employer/Insured: FOREVER 21
Employer/Insured Address: DCM - MANUAL

Policy Admin Information: 024173
Branch ID: BRE

Bill Details

Date of Service: 05/21/2020
Post Date: 04/08/2021
Client Type of Bill: 74
Adjuster: MDJOHN

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	05/21/2020	99	00014	A	2	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,A19,885,C86 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
C86 CA-TIME LIMIT FOR FILING ON AMENDS (90 DAYS) DENY SVCS IF REC DATE OF AMEND IS > 90 DAYS OF ORIG OR PREVIOUS EOR POST DATE. CA LC 4603.
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

10111443309

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 78113

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189119634,189239041

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: AMEZCUA ANGELINA
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs 99 CENTS ONLY STORE
Date Of Injury: 10/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/20	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/14/20	INITIAL ACUP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/20/20	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/28/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/05/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/06/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/19/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/20/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/01/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/04/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/05/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/15/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	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#
04/27/21 78113

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189119634,189239041

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: AMEZCUA ANGELINA
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs 99 CENTS ONLY STORE
Date Of Injury: 10/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/19/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/25/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/29/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/02/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/06/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/08/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/13/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/22/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/27/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/14/20	PMT BY CHECK	DOS 7/13/20* =# 4327429	-90.00
08/17/20	PMT BY CHECK	DOS 7/15/20* =# 4331723	-90.00
08/01/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/03/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/04/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/05/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00

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

*** INVOICE ***
Date NO#
04/27/21 78113

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189119634,189239041

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: AMEZCUA ANGELINA
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs 99 CENTS ONLY STORE
Date Of Injury: 10/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/11/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/02/20	PMT BY CHECK	DOS 7/22/20* =# 4363199	-6.00
09/03/20	PMT BY CHECK	DOS 7/27/20* =# 4368586	-90.00
08/13/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/20	PMT BY CHECK	DOS 8/1/20* =# 4373181	-90.00
08/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/18/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/11/20	PMT BY CHECK	DOS 8/3/20* =# 4382752	-90.00
09/11/20	PMT BY CHECK	DOS 8/5/20* =# 4382770	-90.00
08/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/20/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/24/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/25/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/17/20	PMT BY CHECK	DOS 8/4/20* =# 4392747	-90.00
09/17/20	PMT BY CHECK	DOS 8/10/20* =# 4392994	-90.00
08/26/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/27/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/21/20	PMT BY CHECK	DOS 8/11/20* =# 4397812	-90.00
08/31/20	F/U PHYSIO	THERAPY W/DR PEZESKIAN @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/27/21 78113

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189119634,189239041

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: AMEZCUA ANGELINA
P.O. BOX 14645
LEXINGTON, KY 40512

Case: . vs 99 CENTS ONLY STORE
Date Of Injury: 10/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/23/20	PMT BY CHECK	DOS 8/13/20* =# 4403674	-90.00
09/01/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/25/20	PMT BY CHECK	DOS 8/17/20* =# 4409743	-90.00
09/25/20	PMT BY CHECK	DOS 8/18/20* =# 4409739	-90.00
09/09/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/08/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/30/20	PMT BY CHECK	DOS 8/19/20* =# 4419626	-90.00
09/30/20	PMT BY CHECK	DOS 8/20/20* =# 4419372	-90.00
09/15/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/02/20	PMT BY CHECK	DOS 8/26/20* =# 4423978	-90.00
10/05/20	PMT BY CHECK	DOS 8/24/20* =# 4427402	-90.00
10/05/20	PMT BY CHECK	DOS 8/25/20* =# 4427307	-90.00
09/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/07/20	PMT BY CHECK	DOS 8/31/20* =# 4432614	-90.00
09/19/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/08/20	PMT BY CHECK	DOS 8/27/20* =# 4435557	-90.00
09/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/12/20	PMT BY CHECK	DOS 9/1/20* =# 4440520	-90.00
10/14/20	PMT BY CHECK	DOS 9/8/20* =# 4446060	-90.00
10/01/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/20/20	PMT BY CHECK	DOS 9/9/20* =# 4459135	-90.00
09/30/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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189119634,189239041

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: AMEZCUA ANGELINA
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs 99 CENTS ONLY STORE
Date Of Injury: 10/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/23/20	PMT BY CHECK	DOS 9/15/20* =# 4467710	-90.00
10/06/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/07/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/29/20	PMT BY CHECK	DOS 9/16/20* =# 4479217	-90.00
11/03/20	PMT BY CHECK	DOS 9/19/20* =# 4485686	-90.00
11/03/20	PMT BY CHECK	DOS 9/23/20* =# 4485919	-90.00
10/14/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/17/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/10/20	PMT BY CHECK	DOS 9/30/20* =# 4503395	-90.00
11/12/20	PMT BY CHECK	DOS 10/1/20* =# 4509522	-90.00
11/05/20	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/27/20	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/20/20	PMT BY CHECK	DOS 7/22/20* =# 4525396	-84.00
11/19/20	PMT BY CHECK	DOS 10/6/20* =# 4523074	-90.00
10/29/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/24/20	PMT BY CHECK	DOS 10/7/20* =# 4530320	-90.00
12/02/20	PMT BY CHECK	DOS 10/14/20* =# 4541941	-90.00
12/02/20	PMT BY CHECK	DOS 10/17/20* =# 4542496	-90.00
11/03/20	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
11/04/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/08/20	PMT BY CHECK	DOS 11/5/20* =# 4555683	-90.00

Joyce Altman Interpreters, Inc.
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BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: AMEZCUA ANGELINA
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs 99 CENTS ONLY STORE
Date Of Injury: 10/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/12/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/10/20	PMT BY CHECK	DOS 8/1/20* =# 4561076	-90.00
12/10/20	PMT BY CHECK	DOS 8/3/20* =# 4561075	-90.00
12/10/20	PMT BY CHECK	DOS 10/27/20* =# 4561309	-90.00
11/13/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SCHULZ # 102100	0.00
11/18/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/23/20	PMT BY CHECK	DOS 8/4/20* =# 4583053	-90.00
12/28/20	PMT BY CHECK	DOS 8/11/20* =# 4588477	-90.00
11/21/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/29/20	PMT BY CHECK	DOS 8/13/20* =# 4591339	-90.00
12/31/20	PMT BY CHECK	DOS 8/17/20* =# 4597022	-90.00
12/29/20	PMT BY CHECK	DOS 8/26/20* =# 4591340	-90.00
11/30/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/06/21	PMT BY CHECK	DOS 8/18/20* =# 4606316	-90.00
01/06/21	PMT BY CHECK	DOS 8/20/20* =# 4606320	-90.00
01/06/21	PMT BY CHECK	DOS 8/25/20* =# 4606371	-90.00
01/06/21	PMT BY CHECK	DOS 10/29/20* =# 4606579	-90.00
01/06/21	PMT BY CHECK	DOS 11/4/20* =# 4606582	-90.00
01/06/21	PMT BY CHECK	DOS 11/11/20* =# 4606578	-90.00
01/07/21	PMT BY CHECK	DOS 11/12/20* =# 4609139	-90.00
01/11/21	PMT BY CHECK	DOS 11/13/20* =# 4613874	-90.00
01/11/21	PMT BY CHECK	DOS 11/18/20* =# 4613885	-90.00
01/12/21	PMT BY CHECK	DOS 8/27/20* =# 4615737	-90.00
12/03/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00

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

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04/27/21 78113

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Terms: 60 days
Claim #(s):
189119634,189239041

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: AMEZCUA ANGELINA
P.O. BOX 14645
LEXINGTON, KY 40512

Case: .. vs 99 CENTS ONLY STORE
Date Of Injury: 10/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/15/21	PMT BY CHECK	DOS 11/21/20* =# 4623954	-90.00
12/10/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/21/21	PMT BY CHECK	DOS 9/8/20* =# 4630928	-90.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/14/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/26/21	PMT BY CHECK	DOS 11/3/20* =# 4640839	-90.00
01/26/21	PMT BY CHECK	DOS 11/30/20* =# 4640964	-90.00
02/02/21	PMT BY CHECK	DOS 12/3/20* =# 4655626	-180.00
01/05/21	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/04/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/10/21	PMT BY CHECK	DOS 9/19/20* =# 4675613	-90.00
02/09/21	PMT BY CHECK	DOS 12/10/20* =# 4672614	-90.00
01/07/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/12/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/15/21	PMT BY CHECK	DOS 12/14/20* =# 4685758	-90.00
02/16/21	PMT BY CHECK	DOS 12/15/20* =# 4688609	-90.00
02/19/21	PMT BY CHECK	DOS 8/10/20* =# 4697432	-90.00
01/14/21	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/21/21	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/28/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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#
04/27/21 78113

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EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189119634,189239041

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: AMEZCUA ANGELINA
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs 99 CENTS ONLY STORE
Date Of Injury: 10/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/21	P AND S	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/05/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
03/05/21	RMB IBR FEE	DOS 7/13/20-7/27/20* # 5670122616	-180.00
03/05/21	PMT BY CHECK	DOS 7/13/21-7/27/20* # 5670122616	-360.00
03/18/21	PMT BY CHECK	DOS 10/7/20* =#4753659	-90.00
03/18/21	PMT BY CHECK	DOS 11/5/20* =#4753937	-90.00
03/18/21	PMT BY CHECK	DOS 9/15/20* =#4753693	-90.00
03/25/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
03/25/21	RMB IBR FEE	DOS 8/10/20-8/24/20 # 5670482049	-180.00
03/25/21	PMT BY CHECK	DOS 8/24/20 # 5670482049	-90.00
04/08/21	PMT BY CHECK	DOS 9/9/20* =# 4803117	-90.00
04/08/21	PMT BY CHECK	DOS 8/31/20* =# 4803118	-90.00
04/06/21	PMT BY CHECK	DOS 9/23/20* =# 4795056	-90.00
04/08/21	PMT BY CHECK	DOS 9/1/20* =# 4803119	-90.00
04/09/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
04/09/21	RMB IBR FEE	DOS 8/5/20 # 5670798795	-180.00
04/09/21	PMT BY CHECK	DOS 8/5/20 # 5670798795	-90.00
04/21/21	PMT BY CHECK	DOS 9/30/20* =# 4831030	-90.00
04/21/21	PMT BY CHECK	DOS 10/1/20* =# 4830917	-90.00
04/21/21	PMT BY CHECK	DOS 10/17/20* =# 4830919	-90.00
04/23/21	PMT BY CHECK	DOS 10/6/20* =# 4836956	-90.00
04/21/21	PMT BY CHECK	DOS 10/29/20* =# 4830945	-90.00
04/23/21	PMT BY CHECK	DOS 11/3/20* =# 4836998	-90.00
04/23/21	PMT BY CHECK	DOS 11/11/20* =# 4836999	-90.00
04/23/21	PMT BY CHECK	DOS 11/30/20* =# 4837060	-90.00
04/23/21	PMT BY CHECK	DOS 12/10/20* =# 4837000	-90.00
04/23/21	PMT BY CHECK	DOS 12/14/20* =# 4837063	-90.00

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

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Date NO#
04/27/21 78113

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EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189119634,189239041

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: AMEZCUA ANGELINA
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs 99 CENTS ONLY STORE
Date Of Injury: 10/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/23/21	PMT BY CHECK	DOS 12/15/20* =# 4837062	-90.00

BALANCE 5850.00

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

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

Broadspire®
A CRAWFORD COMPANY

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

PAID
NOV 05 2020

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:	189119634-001
Client Reference ID:	9150007142
VP Trans ID:	900979815 BSP0001002
Date:	11/03/2020
Amount:	$90.00
Check Number:	4485919

RECEIVED
NOV 05 2020

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Email
support@vpayusa.com
today to find out how.

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Bill Id: BRS-BSCA-2889828

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 10/23/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 10/27/2020 / 10/27/2020
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 09/23/2020
Post Date: 10/29/2020
Client Type of Bill: 74
Adjuster: AAAMEZ

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	09/23/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

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

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Claim ID:	189119634-001
Client Reference ID:	9150577318
VP Trans ID:	1006978324 BSP0001002
Date:	04/06/2021
Amount:	$90.00
Check Number:	4795056

Get Paid Faster

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Email
support@vpayusa.com
today to find out how.

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

Broadspire
A CRAWFORD COMPANY

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

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

4795056

04/06/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC **$90.00**

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1006978324

⑈4795056⑈ ⑆273970116⑆ 1700102966⑈

Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-3025106 **Prev. Bill Id:** BRS-BSCA-3009547

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 10/23/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 03/26/2021 / 03/26/2021
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 09/23/2020
Post Date: 04/02/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

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	09/23/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
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

1006978324

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

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A CRAWFORD COMPANY

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

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Claim ID:	189119634-001
Client Reference ID:	9130885657
VP Trans ID:	882957635 BSP0001002
Date:	10/07/2020
Amount:	$90.00
Check Number:	4432614

PAID
OCT 13 2020
BY. .....

OCT 12 2020

BY: .....

78113

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Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2862432

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 09/29/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 10/02/2020 / 10/02/2020
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 08/31/2020
Post Date: 10/05/2020
Client Type of Bill: 74
Adjuster: AAAMEZ

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	08/31/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

882957635

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

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

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Claim ID:	189119634-001
Client Reference ID:	9150590754
VP Trans ID:	1009036546 BSP0001002
Date:	04/08/2021
Amount:	$90.00
Check Number:	4803118

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BY: .....

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Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3025108 **Prev. Bill Id:** BRS-BSCA-3017876

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 09/29/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 03/26/2021 / 03/26/2021
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 08/31/2020 **Client Type of Bill:** 74
Post Date: 04/06/2021 **Adjuster:** AAAMEZ

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	08/31/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
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

1009036546

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

0000522-0001530 S0106 001 930376 BSP

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Claim ID:	189119634-001
Client Reference ID:	9130900101
VP Trans ID:	885620839 BSP0001002
Date:	10/12/2020
Amount:	$90.00
Check Number:	4440520

78113

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[redacted]

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2865593

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 09/30/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 10/06/2020 / 10/06/2020
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 09/01/2020
Post Date: 10/07/2020
Client Type of Bill: 74
Adjuster: AAAMEZ

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	09/01/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

8855620839

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

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PO BOX # 4165
TUSTIN, CA 92781-0000

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Claim ID:	189119634-001
Client Reference ID:	9150590755
VP Trans ID:	1009036550 BSP0001002
Date:	04/08/2021
Amount:	$90.00
Check Number:	4803119

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A CRAWFORD COMPANY

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

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

4803119

04/08/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC **$90.00**

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1009036550

⑈4803119⑈ ⑆273970116⑆ 1700102966⑈

Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-3025109 **Prev. Bill Id:** BRS-BSCA-3017899

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 09/30/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 03/26/2021 / 03/26/2021
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 09/01/2020
Post Date: 04/06/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

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	09/01/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00				
Bill Review Reductions:		0.00			
Network Reductions:			0.00		
Miscellaneous Reductions:				0.00	
Recommended Allowance:					180.00
Previous Recommended Allowance:					90.00
Additional Recommendation For This Review:					90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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1009036550

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Claim ID:	189119634-001
Client Reference ID:	9130934933
VP Trans ID:	891308373 BSP0001002
Date:	10/20/2020
Amount:	$90.00
Check Number:	4459135

78113

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OCT 26 2020

BY: .....

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Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-2874047

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 10/07/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 10/13/2020 / 10/13/2020
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 09/09/2020
Post Date: 10/15/2020
Client Type of Bill: 74
Adjuster: AAAMEZ

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	09/09/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

8913086373

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

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Claim ID:	189119634-001
Client Reference ID:	9150590753
VP Trans ID:	1009036542 BSP0001002
Date:	04/08/2021
Amount:	$90.00
Check Number:	4803117

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Broadspire
A CRAWFORD COMPANY

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

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

4803117

04/08/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

⑈4803117⑈ ⑆322270115⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3025107 **Prev. Bill Id:** BRS-BSCA-3017912

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 10/07/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 03/26/2021 / 03/26/2021
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 09/09/2020
Post Date: 04/06/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

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	09/09/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code including but not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

1009036542

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

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TUSTIN, CA 92781-0000

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SEP 15 2020

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Claim ID:	189119634-001
Client Reference ID:	9130792664
VP Trans ID:	866451284 BSP0001002
Date:	09/11/2020
Amount:	$90.00
Check Number:	4382770

SEP 14 2020

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Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2838503

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 09/04/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 09/08/2020 / 09/08/2020
External Claim Number: 20191017130718642346 74
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 08/05/2020
Post Date: 09/09/2020
Client Type of Bill: 74
Adjuster: AAAMEZ

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	08/05/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

866451284

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	04/09/2021
Check Amount	:	$270.00
Check Number	:	5670798795

JOYCE ALTMAN INTERPRETING
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
189119634-001 BP WC Brea All Other WC Medical	10/15/2019 $270.00 $270.00	Angelina A. Amezcua CB-20-0001833	657-216-3810 08/05/2020-08/05/2020

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Claim Check Number
5670798795
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
********* **$270.00***

Check Date	:	04/09/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETING

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

JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781-4165

By

Claim #: 189119634-001

⑈5670798795⑈ ⑆061100790⑆ 8800600242⑈

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

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Claim ID:	189119634-001
Client Reference ID:	9150037131
VP Trans ID:	905742008 BSP0001002
Date:	11/10/2020
Amount:	$90.00
Check Number:	4503395

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[redacted]

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2897741

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 10/30/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 11/03/2020 / 11/03/2020
External Claim Number: 20191017130771864234674
Social Security Number: ****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 09/30/2020
Post Date: 11/05/2020
Client Type of Bill: 74
Adjuster: AAAMEZ

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	09/30/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT



9057420008

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

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Claim ID:	189119634-001
Client Reference ID:	9150639616
VP Trans ID:	1018694724 BSP0001002
Date:	04/21/2021
Amount:	$90.00
Check Number:	4831030

PAY

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Broadspire

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

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

4831030

04/21/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

1018694724

MEMO

⑈4831030⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3041661 Prev. Bill Id: BRS-BSCA-2997926

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 10/30/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 04/12/2021 / 04/12/2021
External Claim Number: 20191017130718642346 74
Social Security Number:
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 09/30/2020 **Client Type of Bill:** 74
Post Date: 04/12/2021 **Adjuster:** AAAMEZ

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	09/30/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

	Charges	Review	Network	Misc.	Allowance
Total Charges:	180.00				
Bill Review Reductions:		0.00			
Network Reductions:			0.00		
Miscellaneous Reductions:				0.00	
Recommended Allowance:					180.00
Previous Recommended Allowance:					90.00
Additional Recommendation For This Review:					90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
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

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

PAID
NOV 17 2020
BY: .....

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Claim ID:	189119634-001
Client Reference ID:	9150050106
VP Trans ID:	907175264 BSP0001002
Date:	11/12/2020
Amount:	$90.00
Check Number:	4509522

POSTED
NOV 1 [illegible]
BY: .....

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Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-2900551

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 10/29/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 11/06/2020 / 11/06/2020
External Claim Number: 20191017130718642346 74
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 10/01/2020
Post Date: 11/10/2020
Client Type of Bill: 74
Adjuster: AAAMEZ

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	10/01/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

Messages

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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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907175264

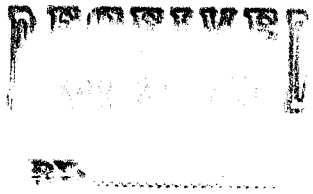
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JOYCE ALTMAN INTERPRETERS, INC.
PO BOX # 4165
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Claim ID:	189119634-001
Client Reference ID:	9150639496
VP Trans ID:	1018694064 BSP0001002
Date:	04/21/2021
Amount:	$90.00
Check Number:	4830917



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Broadspire
A CRAWFORD COMPANY

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

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

4830917

04/21/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1018694064

⑈4830917⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3038149 **Prev. Bill Id:** BRS-BSCA-3000550

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 10/29/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 04/08/2021 / 04/08/2021
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 10/01/2020
Post Date: 04/08/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

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	10/01/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
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

RECEIVED DEC 07 2020

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

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Claim ID:	189119634-001
Client Reference ID:	9150120075
VP Trans ID:	920319172 BSP0001002
Date:	12/02/2020
Amount:	$90.00
Check Number:	4542496

PAID DEC 07 2020

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[redacted]

Broadspire
A CRAWFORD COMPANY

Explanation of Review

RECEIVED DEC 07 2020

Bill Id: BRS-BSCA-2918020

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 11/19/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 11/23/2020 / 11/23/2020
External Claim Number: 20191017130718642346 74
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 10/17/2020
Post Date: 11/29/2020
Client Type of Bill: 74
Adjuster: AAAMEZ

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	10/17/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

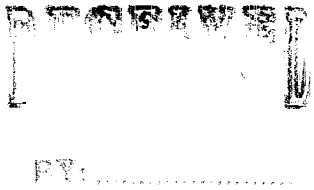
Broadspire Services, Inc.
PO Box 189080
Plantation, FL 33318-9080

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A CRAWFORD COMPANY

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

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Claim ID:	189119634-001
Client Reference ID:	9150639497
VP Trans ID:	1018694071
	BSP0001002
Date:	04/21/2021
Amount:	$90.00
Check Number:	4830919



BY: .....

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Broadspire

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

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

4830919

04/21/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1018694071

⑈4830919⑈ ⑆273970116⑆ 1700102966⑈

Broadspire

Explanation of Review

Bill Id: BRS-BSCA-3038151 **Prev. Bill Id:** BRS-BSCA-3006931

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 11/19/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 04/08/2021 / 04/08/2021
External Claim Number: 20191017130718642346 74
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 10/17/2020 **Client Type of Bill:** 74
Post Date: 04/08/2021 **Adjuster:** AAAMEZ

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	10/17/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1.885.A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
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

1018694071

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

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JOYCE ALTMAN INTERPRETERS, INC.
PO BOX # 4165
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Claim ID:	189239041-001
Client Reference ID:	9150242817
VP Trans ID:	942664959 BSP0001002
Date:	01/06/2021
Amount:	$90.00
Check Number:	4606579

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Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2950580

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 12/03/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189239041-001
DOI/DOL: 03/04/2020
CR Date / BR Date: 12/22/2020 / 12/22/2020
External Claim Number: 202004031217464660989 1
Social Security Number: ****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 10/29/2020
Post Date: 01/04/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

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	10/29/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

942664959

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PO Box 189080
Plantation, FL 33318-9080

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Claim ID:	189239041-001
Client Reference ID:	9150639531
VP Trans ID:	1018694273 BSP0001002
Date:	04/21/2021
Amount:	$90.00
Check Number:	4830945

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

4830945

04/21/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1018694273

⑈4830945⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3039659 **Prev. Bill Id:** BRS-BSCA-2950580

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 12/03/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189239041-001
DOI/DOL: 03/04/2020
CR Date / BR Date: 04/09/2021 / 04/09/2021
External Claim Number: 20200403121746466098 91
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 10/29/2020
Post Date: 04/09/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

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	10/29/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
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

1018694273

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Plantation, FL 33318-9080

0000426-0001246 S0106 001 940556 BSP

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Claim ID:	189119634-001
Client Reference ID:	9150077035
VP Trans ID:	912318792 BSP0001002
Date:	11/19/2020
Amount:	$90.00
Check Number:	4523074

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Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-2907377

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 11/06/2020
Patient Account: 78113
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 11/12/2020 / 11/12/2020
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 10/06/2020
Post Date: 11/16/2020
Client Type of Bill: 74
Adjuster: AAAMEZ

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	10/06/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00			
Bill Review Reductions:		90.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT



912318792

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Plantation, FL 33318-9080

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Claim ID:	189119634-001
Client Reference ID:	9150650182
VP Trans ID:	1020774334 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4836956

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Plantation, FL 33318-9080

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Sioux Falls, SD
72-7011/2739

4836956

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020774334

⑈4836956⑈ ⑆273970116⑆ 1700102966⑈

Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-3038153 **Prev. Bill Id:** BRS-BSCA-3008555

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 11/06/2020
Patient Account: 78113
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 04/08/2021 / 04/08/2021
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 10/06/2020 **Client Type of Bill:** 74
Post Date: 04/08/2021 **Adjuster:** AAAMEZ

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	10/06/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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1020774334

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BY: .....

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Claim ID:	189119634-001
Client Reference ID:	9150310895
VP Trans ID:	955701651 BSP0001002
Date:	01/26/2021
Amount:	$90.00
Check Number:	4640839

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BY: .....

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Bill Id: BRS-BSCA-2966580

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 12/14/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 01/19/2021 / 01/19/2021
External Claim Number: 20191017130718642346 74
Social Security Number: ****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 11/03/2020
Post Date: 01/21/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/03/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

Messages

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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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Claim ID:	189119634-001
Client Reference ID:	9150650411
VP Trans ID:	1020774636 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4836998

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A CRAWFORD COMPANY

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

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

4836998

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC **$90.00**

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020774636

⑈4836998⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3041676 **Prev. Bill Id:** BRS-BSCA-2966580

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 12/14/2020
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 04/12/2021 / 04/12/2021
External Claim Number: 20191017[illegible]3071864234674
Social Security Number: ****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 11/03/2020 **Client Type of Bill:** 74
Post Date: 04/12/2021 **Adjuster:** AAAMEZ

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/03/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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10207746 36

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Plantation, FL 33318-9080

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Claim ID:	189119634-001
Client Reference ID:	9150242816
VP Trans ID:	942664953 BSP0001002
Date:	01/06/2021
Amount:	$90.00
Check Number:	4606578

JAN 1 1 2021

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Bill Id: BRS-BSCA-2950579

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 12/18/2020
Patient Account: 78113
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 12/22/2020 / 12/22/2020
External Claim Number: 201910[illegible]71864234674
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 11/11/2020
Post Date: 01/04/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/11/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

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

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Claim ID:	189119634-001
Client Reference ID:	9150650412
VP Trans ID:	1020774640 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4836999

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

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

4836999

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020774640

⑈4836999⑈ ⑆273970116⑆ 1700102966⑈

Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-3041678 **Prev. Bill Id:** BRS-BSCA-2950579

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 12/18/2020
Patient Account: 78113
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 04/12/2021 / 04/12/2021
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 11/11/2020
Post Date: 04/12/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/11/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	C86,W1,885,D00 0.00	180.00

Totals

	Charges	Review	Network	Misc.	Allowance
Total Charges:	180.00				
Bill Review Reductions:		0.00			
Network Reductions:			0.00		
Miscellaneous Reductions:				0.00	
Recommended Allowance:					180.00
Previous Recommended Allowance:					90.00
Additional Recommendation For This Review:					90.00

Messages

C86 CA-TIME LIMIT FOR FILING ON AMENDS (90 DAYS) DENY SVCS IF REC DATE OF AMEND IS > 90 DAYS OF ORIG OR PREVIOUS EOR POST DATE. CA LC 4603.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
D00 BASED ON FURTHER REVIEW, NO ADDITIONAL ALLOWANCE IS WARRANTED.
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

1020774640

Broadspire Services, Inc.
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Plantation, FL 33318-9080

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

FAXED
JAN 29 2021
BY: .....

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Claim ID:	189119634-001
Client Reference ID:	9150311186
VP Trans ID:	955702340 BSP0001002
Date:	01/26/2021
Amount:	$90.00
Check Number:	4640964

RECEIVED
JAN 29 2021
BY: .....

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Bill Id: BRS-BSCA-2967530

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 01/13/2021
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 01/20/2021 / 01/20/2021
External Claim Number: 201910[illegible]3071864234674
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 11/30/2020
Post Date: 01/22/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/30/2020	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

955702340

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Plantation, FL 33318-9080

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Claim ID:	189119634-001
Client Reference ID:	9150650569
VP Trans ID:	1020775235 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4837060

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Plantation, FL 33318-9080

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

4837060

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020775235

⑈4837060⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3043557 **Prev. Bill Id:** BRS-BSCA-2967530

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 01/13/2021
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 04/09/2021 / 04/14/2021
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 11/30/2020 **Client Type of Bill:** 74
Post Date: 04/15/2021 **Adjuster:** AAAMEZ

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/30/2020	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
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

1020775235

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

0000361-0001094 S0106 001 964350 BSP

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Claim ID:	189119634-001
Client Reference ID:	9150366146
VP Trans ID:	964989904 BSP0001002
Date:	02/09/2021
Amount:	$90.00
Check Number:	4672614

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[redacted]

Broadspire
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Explanation of Review

Bill Id: BRS-BSCA-2978630

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 01/28/2021
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 02/01/2021 / 02/01/2021
External Claim Number: 2019101711071864234674
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 12/10/2020
Post Date: 02/04/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

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	12/10/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00			
Bill Review Reductions:		90.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				90.00

Messages

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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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

964989904

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Claim ID:	189119634-001
Client Reference ID:	9150650413
VP Trans ID:	1020774644 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4837000

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PO Box 189080
Plantation, FL 33318-9080

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

4837000

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020774644

⑈4837000⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3041698 Prev. Bill Id: BRS-BSCA-2978630

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 01/28/2021
Patient Account: 78113
Region: 9
Payment Status Code: I

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 04/12/2021 / 04/12/2021
External Claim Number: 20191017130718642346 74
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 12/10/2020
Post Date: 04/12/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

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	12/10/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

Total Charges:	180.00			
Bill Review Reductions:		0.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				180.00
Previous Recommended Allowance:				90.00
Additional Recommendation For This Review:				90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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1020774644

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PO Box 189080
Plantation, FL 33318-9080

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Claim ID:	189119634-001
Client Reference ID:	9150387655
VP Trans ID:	968854307 BSP0001002
Date:	02/15/2021
Amount:	$90.00
Check Number:	4685758

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Bill Id: BRS-BSCA-2984965

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 02/03/2021
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 02/08/2021 / 02/08/2021
External Claim Number: 201910171307186423467 4
Social Security Number: *****(7
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 12/14/2020
Post Date: 02/10/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

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	12/14/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90 00	0.00	W1,885 0.00	90 00

Totals

Total Charges:	180 00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

Messages

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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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

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Claim ID:	189119634-001
Client Reference ID:	9150650575
VP Trans ID:	1020775248 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4837063

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Broadspire
A CRAWFORD COMPANY

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

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

4837063

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020775248

⑈4837063⑈ ⑆273970116⑆ 1700102966⑈

Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-3043617 **Prev. Bill Id:** BRS-BSCA-2984965

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 02/03/2021
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 04/14/2021 / 04/14/2021
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 12/14/2020
Post Date: 04/14/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

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	12/14/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
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

1020775248

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

FEB 19 2021

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78113

Claim ID:	189119634-001
Client Reference ID:	9150392744
VP Trans ID:	969489187 BSP0001002
Date:	02/16/2021
Amount:	$90.00
Check Number:	4688609

FEB 1 8 2021

BY: .....

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Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2986319

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 02/02/2021
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 02/08/2021 / 02/08/2021
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 12/15/2020
Post Date: 02/11/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

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	12/15/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

969489187

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

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Claim ID:	189119634-001
Client Reference ID:	9150650573
VP Trans ID:	1020775245 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4837062

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support@vpayusa.com
today to find out how.

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Broadspire
A CRAWFORD COMPANY

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

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

4837062

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020775245

⑈4837062⑈ ⑆273970116⑆ 1700102966⑈

Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-3043596 **Prev. Bill Id:** BRS-BSCA-2986319

Carrier

99 CENTS ONLY STORES
4000 UNION PACIFIC AVENUE
COMMERCE, CA 90023

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: 02/02/2021
Patient Account: 78113
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 189119634-001
DOI/DOL: 10/15/2019
CR Date / BR Date: 04/14/2021 / 04/14/2021
External Claim Number: 201910171307186423467 4
Social Security Number: *****
Employer/Insured: 99 CENTS ONLY STORES
Employer/Insured Address: STORE 193 HACIENDA HEIGHTS

Policy Admin Information: 020675
Branch ID: BRE

Bill Details

Date of Service: 12/15/2020
Post Date: 04/14/2021
Client Type of Bill: 74
Adjuster: AAAMEZ

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	12/15/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00			
Bill Review Reductions:		0.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				180.00
Previous Recommended Allowance:				90.00
Additional Recommendation For This Review:				90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
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

1020775245

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

*** INVOICE ***
Date NO#
05/11/21 78954

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188988096-001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: KATHY ROBERTS
P.O. BOX 14645
LEXINGTON, KY 40512

Case: --- vs MISSION LINEN SUPPLY
Date Of Injury: 11/2/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/10/20	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/16/20	INITL CHIRO	TREATMENT W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/23/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/07/20	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/08/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/14/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/21/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/28/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
11/05/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/25/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/30/20	EMG TESTING	& NCV BY DR BHARATWAL @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/09/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 5003541	0.00
01/15/21	PMT BY CHECK	DOS 11/25/20* =# 4623955	-90.00
01/26/21	PMT BY CHECK	DOS 11/30/20* =# 4640963	-90.00
01/26/21	PMT BY CHECK	DOS 11/5/20* =# 4640838	-90.00
12/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
02/09/21	PMT BY CHECK	DOS 12/9/20* =# 4672641	-90.00

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

*** INVOICE ***
Date NO#
05/11/21 78954

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188988096-001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: KATHY ROBERTS
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs MISSION LINEN SUPPLY
Date Of Injury: 11/2/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/21	PMT BY CHECK	DOS 12/16/20* =# 4688607	-90.00
01/13/21	PR2/REEVAL	DR PEZESHNKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/20/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/03/21	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/10/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/16/21	PMT BY CHECK	DOS 1/13/21* =# 4746801	-180.00
02/24/21	EMG TESTING	& NCV L/E BY DR BIPIN BHARATWAL @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/02/21	PMT BY CHECK	DOS 1/20/21* =# 4786879	-180.00
04/12/21	PMT BY CHECK	DOS 2/10/21* =# 4809048	-180.00
04/23/21	PMT BY CHECK	DOS 11/5/20* =# 4837064	-90.00
04/23/21	PMT BY CHECK	DOS 11/25/20* =# 4837001	-90.00
04/23/21	PMT BY CHECK	DOS 11/30/20* =# 4837002	-90.00
04/23/21	PMT BY CHECK	DOS 12/9/20* =# 4837003	-90.00
04/23/21	PMT BY CHECK	DOS 12/16/20* =# 4837061	-90.00
04/22/21	PMT BY CHECK	DOS 2/24/21* =# 4834574	-180.00
03/24/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	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#
05/11/21 78954

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188988096-001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: KATHY ROBERTS
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs MISSION LINEN SUPPLY
Date Of Injury: 11/2/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1800.00

* 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

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

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Claim ID:	188988096-001
Client Reference ID:	9150559261
VP Trans ID:	1004761317 BSP0001002
Date:	04/02/2021
Amount:	$180.00
Check Number:	4786879

78754

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Broadspire
A CRAWFORD COMPANY

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

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

4786879

04/02/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC **$180.00**

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1004761317

⑈4786879⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3027644

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 03/19/2021
Patient Account: 78954
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 188988096-001
DOI/DOL: 11/02/2018
CR Date / BR Date: 03/23/2021 / 03/23/2021
External Claim Number: 20190427215653414538 21
Social Security Number: *****
Employer/Insured: MISSION LINEN SUPPLY
Employer/Insured Address: MISSION LINEN SUPPLY
UNKNOWN
SANTA BARBARA, CA 93103
Policy Admin Information: 019710
Branch ID: BRE

Bill Details

Date of Service: 01/20/2021
Post Date: 03/30/2021
Client Type of Bill: 74
Adjuster: KMROBE

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	01/20/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
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

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1004761317

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

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Claim ID:	188988096-001
Client Reference ID:	9150602121
VP Trans ID:	1011149552 BSP0001002
Date:	04/12/2021
Amount:	$180.00
Check Number:	4809048

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Broadspire
A CRAWFORD COMPANY

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

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

4809048

04/12/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$180.00

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1011149552

⑈4809048⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3036035

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 03/26/2021
Patient Account: 78954
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 188988096-001
DOI/DOL: 11/02/2018
CR Date / BR Date: 04/02/2021 / 04/02/2021
External Claim Number: 201904272156534145382l
Social Security Number: *****
Employer/Insured: MISSION LINEN SUPPLY
Employer/Insured Address: MISSION LINEN SUPPLY
UNKNOWN
SANTA BARBARA, CA 93103
Policy Admin Information: 019710
Branch ID: BRE

Bill Details

Date of Service: 02/10/2021
Post Date: 04/08/2021
Client Type of Bill: 74
Adjuster: KMROBE

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	02/10/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
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

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

0000606-0001802 S0106 001 987050 BSP

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

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Claim ID:	188988096-001
Client Reference ID:	9150646098
VP Trans ID:	1019760044 BSP0001002
Date:	04/22/2021
Amount:	$180.00
Check Number:	4834574

78954

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Plantation, FL 33318-9080

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

4834574

04/22/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC **$180.00**

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1019760044

⑈4834574⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-3046530

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 04/09/2021
Patient Account: 78954
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188988096-001
DOI/DOL: 11/02/2018
CR Date / BR Date: 04/13/2021 / 04/13/2021
External Claim Number: 20190427215653414538 21
Social Security Number: *****
Employer/Insured: MISSION LINEN SUPPLY
Employer/Insured Address: MISSION LINEN SUPPLY
UNKNOWN
SANTA BARBARA, CA 93103
Policy Admin Information: 019710
Branch ID: BRE

Bill Details

Date of Service: 02/24/2021
Post Date: 04/19/2021
Client Type of Bill: 74
Adjuster: KMROBE

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	02/24/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
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

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

0000060-0000612 S0716 001 960083 BSP

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

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Claim ID:	188988096-001
Client Reference ID:	9150310894
VP Trans ID:	955701647 BSP0001002
Date:	01/26/2021
Amount:	$90.00
Check Number:	4640838

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[redacted]

Broadspire
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Explanation of Review

Bill Id: BRS-BSCA-2966579

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 12/14/2020
Patient Account: 78954
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188988096-001
DOI/DOL: 11/02/2018
CR Date / BR Date: 01/19/2021 / 01/19/2021
External Claim Number: 20190427215653414538 21
Social Security Number: *****
Employer/Insured: MISSION LINEN SUPPLY
Employer/Insured Address: MISSION LINEN SUPPLY
UNKNOWN
SANTA BARBARA, CA 93103
Policy Admin Information: 019710
Branch ID: BRE

Bill Details

Date of Service: 11/05/2020
Post Date: 01/21/2021
Client Type of Bill: 74
Adjuster: NNGIAC

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/05/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

955701647

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Claim ID:	188988096-001
Client Reference ID:	9150650576
VP Trans ID:	1020775250 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4837064

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Sioux Falls, SD
72-7011/2739

4837064

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020775250

⑈4837064⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3043618 **Prev. Bill Id:** BRS-BSCA-2966579

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 12/14/2020
Patient Account: 78954
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188988096-001
DOI/DOL: 11/02/2018
CR Date / BR Date: 04/14/2021 / 04/14/2021
External Claim Number: 20190427215653414538 21
Social Security Number: ****
Employer/Insured: MISSION LINEN SUPPLY
Employer/Insured Address: MISSION LINEN SUPPLY
UNKNOWN
SANTA BARBARA, CA 93103
Policy Admin Information: 019710
Branch ID: BRE

Bill Details

Date of Service: 11/05/2020 **Client Type of Bill:** 74
Post Date: 04/14/2021 **Adjuster:** KMROBE

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/05/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
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

10207752 50

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Claim ID:	188988096-001
Client Reference ID:	9150277326
VP Trans ID:	949174232 BSP0001002
Date:	01/15/2021
Amount:	$90.00
Check Number:	4623955

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JAN 21 2021
BY:.....

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[redacted]

Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-2959347

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 01/08/2021
Patient Account: 78954
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188988096-001
DOI/DOL: 11/02/2018
CR Date / BR Date: 01/11/2021 / 01/11/2021
External Claim Number: 20190427215653414538 21
Social Security Number: ****
Employer/Insured: MISSION LINEN SUPPLY
Employer/Insured Address: MISSION LINEN SUPPLY
UNKNOWN
SANTA BARBARA, CA 93103
Policy Admin Information: 019710
Branch ID: BRE

Bill Details

Date of Service: 11/25/2020
Post Date: 01/13/2021
Client Type of Bill: 74
Adjuster: KMROBE

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/25/2020	99	00014	A	1	INTERPRETER OTHER 15 180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00			
Bill Review Reductions:		90.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				90.00

Messages

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W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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

949174232

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Plantation, FL 33318-9080

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Claim ID:	188988096-001
Client Reference ID:	9150650414
VP Trans ID:	1020774648 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4837001

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Plantation, FL 33318-9080

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

4837001

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020774648

⑈4837001⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3041699 **Prev. Bill Id:** BRS-BSCA-2959347

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 01/08/2021
Patient Account: 78954
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188988096-001
DOI/DOL: 11/02/2018
CR Date / BR Date: 04/12/2021 / 04/12/2021
External Claim Number: 201904272156534145382l
Social Security Number: ****
Employer/Insured: MISSION LINEN SUPPLY
Employer/Insured Address: MISSION LINEN SUPPLY
UNKNOWN
SANTA BARBARA, CA 93103
Policy Admin Information: 019710
Branch ID: BRE

Bill Details

Date of Service: 11/25/2020 **Client Type of Bill:** 74
Post Date: 04/12/2021 **Adjuster:** KMROBE

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/25/2020	99	00014	A	1	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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10207746648

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Claim ID:	188988096-001
Client Reference ID:	9150311185
VP Trans ID:	955702336 BSP0001002
Date:	01/26/2021
Amount:	$90.00
Check Number:	4640963

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[redacted]

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2967528

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 01/13/2021
Patient Account: 78954
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188988096-001
DOI/DOL: 11/02/2018
CR Date / BR Date: 01/20/2021 / 01/20/2021
External Claim Number: 201904272156534145382l
Social Security Number: ****
Employer/Insured: MISSION LINEN SUPPLY
Employer/Insured Address: MISSION LINEN SUPPLY
UNKNOWN
SANTA BARBARA, CA 93103
Policy Admin Information: 019710
Branch ID: BRE

Bill Details

Date of Service: 11/30/2020
Post Date: 01/22/2021
Client Type of Bill: 74
Adjuster: NNGIAC

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/30/2020	99	00014	A	1	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

Messages

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

Notes

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955702336

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Claim ID:	188988096-001
Client Reference ID:	9150650415
VP Trans ID:	1020774651 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4837002

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Plantation, FL 33318-9080

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

4837002

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020774651

⑈4837002⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3041700 **Prev. Bill Id:** BRS-BSCA-2967528

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 01/13/2021
Patient Account: 78954
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188988096-001
DOI/DOL: 11/02/2018
CR Date / BR Date: 04/12/2021 / 04/12/2021
External Claim Number: 20190427215653414538 21
Social Security Number: *****
Employer/Insured: MISSION LINEN SUPPLY
Employer/Insured Address: MISSION LINEN SUPPLY
UNKNOWN
SANTA BARBARA, CA 93103
Policy Admin Information: 019710
Branch ID: BRE

Bill Details

Date of Service: 11/30/2020
Post Date: 04/12/2021
Client Type of Bill: 74
Adjuster: KMROBE

Bill ICD Version: 10

Dx A:T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	11/30/2020	99	00014	A	1	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
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

1020774651

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

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Claim ID:	188988096-001
Client Reference ID:	9150366198
VP Trans ID:	964990038 BSP0001002
Date:	02/09/2021
Amount:	$90.00
Check Number:	4672641

FEB 16 2021

BY:

FEB 12 2021

BY:

78954

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Bill Id: BRS-BSCA-2979148

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 01/26/2021
Patient Account: 78954
Region: 9
Payment Status Code: I

Claimant

Claim Number: 188988096-001
DOI/DOL: 11/02/2018
CR Date / BR Date: 01/29/2021 / 01/29/2021
External Claim Number: 201904272156534145382l
Social Security Number: *****
Employer/Insured: MISSION LINEN SUPPLY
Employer/Insured Address: MISSION LINEN SUPPLY
UNKNOWN
SANTA BARBARA, CA 93103
Policy Admin Information: 019710
Branch ID: BRE

Bill Details

Date of Service: 12/09/2020
Post Date: 02/04/2021
Client Type of Bill: 74
Adjuster: NNGIAC

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	12/09/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

964990038

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

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Claim ID:	188988096-001
Client Reference ID:	9150650416
VP Trans ID:	1020774657 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4837003

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support@vpayusa.com
today to find out how.

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

Broadspire
A CRAWFORD COMPANY

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

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

4837003

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC **$90.00**

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020774657

⑈4837003⑈ ⑆273970116⑆ 1700102966⑈

Explanation of Review

Broadspire
A CRAWFORD COMPANY

Bill Id: BRS-BSCA-3041740 **Prev. Bill Id:** BRS-BSCA-2979148

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 01/26/2021
Patient Account: 78954
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188988096-001
DOI/DOL: 11/02/2018
CR Date / BR Date: 04/12/2021 / 04/12/2021
External Claim Number: 201904272156534145382l
Social Security Number: ****
Employer/Insured: MISSION LINEN SUPPLY
Employer/Insured Address: MISSION LINEN SUPPLY
UNKNOWN
SANTA BARBARA, CA 93103
Policy Admin Information: 019710
Branch ID: BRE

Bill Details

Date of Service: 12/09/2020 **Client Type of Bill:** 74
Post Date: 04/12/2021 **Adjuster:** KMROBE

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	12/09/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
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

1020774657

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

0000447-0001379 S0106 001 966249 BSP

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

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FEB 19 2021

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Claim ID:	188988096-001
Client Reference ID:	9150392741
VP Trans ID:	969489176 BSP0001002
Date:	02/16/2021
Amount:	$90.00
Check Number:	4688607

78954

RECEIVED
FEB 18 2021
BY: .....

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Bill Id: BRS-BSCA-2986315

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 02/05/2021
Patient Account: 78954
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188988096-001
DOI/DOL: 11/02/2018
CR Date / BR Date: 02/08/2021 / 02/08/2021
External Claim Number: 201904272156534145382l
Social Security Number: *****
Employer/Insured: MISSION LINEN SUPPLY
Employer/Insured Address: MISSION LINEN SUPPLY
UNKNOWN
SANTA BARBARA, CA 93103
Policy Admin Information: 019710
Branch ID: BRE

Bill Details

Date of Service: 12/16/2020
Post Date: 02/11/2021
Client Type of Bill: 74
Adjuster: NNGIAC

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	12/16/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00				
Bill Review Reductions:		90.00			
Network Reductions:			0.00		
Miscellaneous Reductions:				0.00	
Recommended Allowance:					90.00

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 Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

96949176

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:	188988096-001
Client Reference ID:	9150650570
VP Trans ID:	1020775238 BSP0001002
Date:	04/23/2021
Amount:	$90.00
Check Number:	4837061

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Email
support@vpayusa.com
today to find out how.

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Broadspire
A CRAWFORD COMPANY

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

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

4837061

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1020775238

⑈4837061⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3043570 **Prev. Bill Id:** BRS-BSCA-2986315

Carrier

SAFETY NATIONAL CASUALTY CORPO
1832 SCHUETZ RD
ST LOUIS, MO 63146-3540

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: 02/05/2021
Patient Account: 78954
Region: 9
Payment Status Code: 1

Claimant

Claim Number: 188988096-001
DOI/DOL: 11/02/2018
CR Date / BR Date: 04/14/2021 / 04/14/2021
External Claim Number: 20190427215653414538 21
Social Security Number: *****
Employer/Insured: MISSION LINEN SUPPLY
Employer/Insured Address: MISSION LINEN SUPPLY
UNKNOWN
SANTA BARBARA, CA 93103
Policy Admin Information: 019710
Branch ID: BRE

Bill Details

Date of Service: 12/16/2020 **Client Type of Bill:** 74
Post Date: 04/14/2021 **Adjuster:** KMROBE

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	12/16/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

Notes

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10207752 38

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

*** INVOICE ***
Date NO#
04/29/21 79057

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189360257

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: KRISTY HART
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs EMPLOYBRIDGE LLC
Date Of Injury: 3/16/19-3/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/20	INITIAL EXAM	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/21/20	INITIAL ACUP	W/ ACUPUNCT YUN GONG @ FMR* RT KNEE	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/22/20	INIT PHYSIO	TX W/DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/24/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/28/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/29/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/30/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/01/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/05/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/06/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/07/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/08/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/13/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/20/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/29/21 79057

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189360257

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: KRISTY HART
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs EMPLOYBRIDGE LLC
Date Of Injury: 3/16/19-3/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/21/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/22/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/26/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/27/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/29/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/02/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/03/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/04/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
11/10/20	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
11/17/20	F/U CHIRO TX	CHIRO TX W/DR AZIMZADEH*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/19/20	F/U PHYSIO	THERAPY W/DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/07/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/10/20	F/U PHYSIO	THERAPY W/DR MAHNAZ @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/18/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/29/21 79057

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189360257

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: KRISTY HART
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs EMPLOYBRIDGE LLC
Date Of Injury: 3/16/19-3/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/21/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/26/21	INITL CHIRO	TREATMENT DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/28/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/01/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/02/21	F/U CHIRO TX	CHIRO TX W/DR AZIMZADEH*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/03/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/04/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/09/21	F/U CHIRO TX	CHIRO TX W/DR AZIMZADEH @FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/10/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/11/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/15/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/25/21	INITIAL ACUP	W/ ACUPUNCT YUN GONG @ FMR* LT KNEE	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/23/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/22/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	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#
04/29/21 79057

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189360257

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: KRISTY HART
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs EMPLOYBRIDGE LLC
Date Of Injury: 3/16/19-3/16/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/21	F/U PHYSIO	THERAPY W/DR MAHNAZ @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/08/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/09/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/11/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/15/21	PMT BY CHECK	DOS 2/23/21* =# 4818897	-6.00
04/14/21	PMT BY CHECK	DOS 1/25/21* =# 4815458	-180.00
03/10/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
04/27/21	PMT BY CHECK	DOS 2/22/21* =# 4842488	-180.00

BALANCE 8454.00

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

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

0000672-0002058 S0106 001 984511 BSP

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

Broadspire
A CRAWFORD COMPANY

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:	189360257-001
Client Reference ID:	9150612772
VP Trans ID:	1013001585 BSP0001002
Date:	04/14/2021
Amount:	$180.00
Check Number:	4815458

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

Broadspire
A CRAWFORD COMPANY

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

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

4815458

04/14/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$180.00

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

JOYCE ALTMAN INTERPRETERS, INC
PO BOX # 4815458
TUSTIN, CA 92781-0000

VOID AFTER 120 DAYS

MEMO

1013001585

⑈4815458⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3040658

Carrier

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

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 04/05/2021
Patient Account: 79057
Region: 9
Payment Status Code: I

Claim Number: 189360257-001
DOI/DOL: 03/16/2020
CR Date / BR Date: 04/09/2021 / 04/09/2021
External Claim Number: 2020100623400447109219
Social Security Number: *****
Employer/Insured: EMPLOYBRIDGE, LLC
Employer/Insured Address: REAL TIME STAFFING SERVICES

Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 01/25/2021
Post Date: 04/12/2021
Client Type of Bill: 74
Adjuster: KLHART

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	01/25/2021	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
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

10130015B5

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

0000340-0000969 S0106 001 988405 BSP

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

Broadspire
A CRAWFORD COMPANY

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:	189360257-001
Client Reference ID:	9150660804
VP Trans ID:	1022716831 BSP0001002
Date:	04/27/2021
Amount:	$180.00
Check Number:	4842488

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

Broadspire
A CRAWFORD COMPANY

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

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

4842488

04/27/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$180.00

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 120 DAYS

MEMO

1022716831

⑈4842488⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-3044984

Carrier

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

Provider

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

Claimant

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 04/08/2021
Patient Account: 79057
Region: 26
Payment Status Code: 1

Claim Number: 189360257-001
DOI/DOL: 03/16/2020
CR Date / BR Date: 04/12/2021 / 04/12/2021
External Claim Number: 20201006234004471092l9
Social Security Number: ****
Employer/Insured: EMPLOYBRIDGE, LLC
Employer/Insured Address: REAL TIME STAFFING SERVICES

Policy Admin Information: 023363
Branch ID: BRE

Bill Details

Date of Service: 02/22/2021
Post Date: 04/22/2021
Client Type of Bill: 74
Adjuster: KLHART

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	02/22/2021	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
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

1022716831

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 75988

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
18W03F847679

BILL TO:
CANNON COCHRAN MGMT SVCS (NV)
W. C. DEPARTMENT
ATTN: CHELSEA WATTS
P.O. BOX 35350
LAS VEGAS, NV 89133

Case: vs EMPLOYERS HR, LLC
Date Of Injury: 8/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/19	FOLLOW-UP	W/ ACUPUNCT DR CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/15/19	FOLLOW-UP	W/ ACUPUNCT DR TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/04/19	PR2/REEVAL	DR MARINA RUSSMAN/ MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/18/19	FOLLOW-UP	W/ ACUPUNCT HUGH MORRISON @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/24/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/09/19	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/23/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/30/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/31/19	FOLLOW UP	PHYSICAL TX W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
08/05/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/07/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
08/15/19	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	EDUARDO REYES # 004539	0.00
09/16/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
09/18/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00

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

*** INVOICE ***
Date NO#
04/13/21 75988

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
18W03F847679

BILL TO:
CANNON COCHRAN MGMT SVCS (NV)
W. C. DEPARTMENT
ATTN: CHELSEA WATTS
P.O. BOX 35350
LAS VEGAS, NV 89133

Case: vs EMPLOYERS HR, LLC
Date Of Injury: 8/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	DIANA RODRIGUEZ # 009611	0.00
09/25/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
09/26/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/24/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/31/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/21/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/28/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/23/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER M. RAMOS # 101254	0.00
11/04/19	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER M. RAMOS # 101254	0.00
11/07/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/15/19	INITIAL PSYC	EVAL ANTHONY FRANCISCO, PH.D. @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/25/19	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	150.00
/ /	-	W/DR RAMESHNI/RUSSMAN*	0.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/02/19	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	150.00
/ /	-	W/DR RAMESHNI/RUSSMAN* 2ND	0.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/19/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/13/21 75988

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
18W03F847679

BILL TO:
CANNON COCHRAN MGMT SVCS (NV)
W. C. DEPARTMENT
ATTN: CHELSEA WATTS
P.O. BOX 35350
LAS VEGAS, NV 89133

Case: [redacted] vs EMPLOYERS HR, LLC
Date Of Injury: 8/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/10/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/21/20	FOLLOW-UP	W/ ACUPUNCT BO CHO @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON @ FMR*	0.00
01/23/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/30/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/14/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/12/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/08/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/14/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
10/19/20	PMT BY CHECK	DOS 9/8/20* # 0161663204	-180.00
10/07/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/29/20	PMT BY CHECK	DOS 9/14/20* # 0161663938	-180.00
10/20/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/23/20	PMT BY CHECK	DOS 9/15/20-10/7/20* # 0161665738	-540.00
11/02/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	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#
04/13/21 75988

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
18W03F847679

BILL TO:
CANNON COCHRAN MGMT SVCS (NV)
W. C. DEPARTMENT
ATTN: CHELSEA WATTS
P.O. BOX 35350
LAS VEGAS, NV 89133

Case: vs EMPLOYERS HR, LLC
Date Of Injury: 8/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/15/20	PMT BY CHECK	DOS 10/20/20-11/2/20* # 0161667228	-360.00
11/18/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
12/10/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/27/21	PMT BY CHECK	DOS 11/11/20-11/23/20* # 0161669799	-360.00
12/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/04/21	PMT BY CHECK	DOS 11/18/20* =# 0161670544	-90.00
01/04/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/26/21	PMT BY CHECK	DOS 12/21/20 & 1/4/21* # 0161671891	-360.00
01/26/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/03/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/10/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/08/21	PMT BY CHECK	DOS 2/3/21* # 0161674661	-180.00

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

*** INVOICE ***
Date NO#
04/13/21 75988

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
18W03F847679

BILL TO:
CANNON COCHRAN MGMT SVCS (NV)
W. C. DEPARTMENT
ATTN: CHELSEA WATTS
P.O. BOX 35350
LAS VEGAS, NV 89133

Case: vs EMPLOYERS HR, LLC
Date Of Injury: 8/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 5660.00

* 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 STATE NATIONAL INSURANCE
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check No. **0161674661**

Date: 04/08/2021

Batch#: 304374827

Amount

$****180.00

Void After 180 Days

Amount: ONE HUNDRED EIGHTY AND 00 / 100*****

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Rodney J. Golden

⑈0161674661⑈ ⑆071000039⑆ 866662264 2⑈

M

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
18W03F847679		180.00	0.00	180.00	75988 ✓	JACUNNINGH
08/01/2018					75988 DS 02.03.21	Concord

Batch#: 304374827

Loc: WORKFORCE ENTERPRISES WFE INC - IRWINDALE BRANCH

Check# 161674661

Check Amount: $**180.00**

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

*** INVOICE ***
Date NO#
04/13/21 78086

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19K37J252319

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

Case: vs BARON HR LLC
Date Of Injury: CT 11/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/20	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/13/20	INITIAL ACUP	W/ ACUPUNCT ERIC CAHCIA @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/21/20	PR2/REEVAL	DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/11/20	F/U CHIRO TX	CHIRO TX W/DR MICHAEL TORRES @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
06/29/20	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/07/20	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/16/20	PR2/REEVAL	DR ZAREENA KAHN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT BAPTIE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/28/20	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/09/20	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/16/20	FOLLOW-UP	W/ ACUPUNCT BAPTIE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/29/21	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/08/21	PMT BY CHECK	DOS 1/29/21* # 0166620628	-180.00

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

*** INVOICE ***
Date NO#
04/13/21 78086

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19K37J252319

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

Case: vs BARON HR LLC
Date Of Injury: CT 11/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1980.00

* 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 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. 0166620628

Date: 04/08/2021

Batch#: 304374819

Amount

$****180.00

Void After 180 Days

Amount: ONE HUNDRED EIGHTY AND 00 / 100*****

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

Rodney J. Golden

⑈0166620628⑈ ⑆071000039⑆ 866662264 2⑈

M

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
19K37J252319		180.00	0.00	180.00	78086 ✓	VCHEELEY
11/15/2019					78086 DS 01.29.21	Salem

Batch#: 304374819

Loc: BARONHR WEST INC. DBA BARONHR

Check# 166620628

Check Amount: $**180.00**

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

*** INVOICE ***
Date NO#
04/29/21 78627

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
345C5727216

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: CHRIS NEFF
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs RANSTAD INHOUSE SERVICES LLC
Date Of Injury: 6/29/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/20	INITL CHIRO	& PHYS TX W/DR CHRISTINE HA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/07/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
08/14/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/21/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/18/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/21/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/25/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/09/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00

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

*** INVOICE ***
Date NO#
04/29/21 78627

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
345C5727216

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: CHRIS NEFF
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs RANSTAD INHOUSE SERVICES LLC
Date Of Injury: 6/29/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/30/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
10/23/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
11/06/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/20/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
12/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/18/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/29/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/08/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
04/29/21 78627

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
345C5727216

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: CHRIS NEFF
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs RANSTAD INHOUSE SERVICES LLC
Date Of Injury: 6/29/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/15/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/29/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/05/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/19/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/26/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
03/05/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
03/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/23/21	PMT BY CHECK	DOS 2/26/21* =# DA84752700	-180.00
04/26/21	PMT BY CHECK	DOS 2/19/21* =# DA84758845	-180.00

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

*** INVOICE ***
Date NO#
04/29/21 78627

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
345C5727216

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: CHRIS NEFF
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs RANSTAD INHOUSE SERVICES LLC
Date Of Injury: 6/29/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 5400.00

* 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.

P7092028004

20210422949

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

Forwarding Service Requested

SINGLE PIECE
336 2.4888 SP 0.910

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

2

DATE: 04/23/21
CHECK NO: **DA84752700**

STATEMENT

CHUBB

CHUBB
ACE Property and Casualty Insurance Company

FILE ID	DOLLARS
345C5727216	$ 180.00

* **NOT NEGOTIABLE** *
INVOICE # 78627
AGENCY CLAIM # 202007031127377043620 6

FOR
SERVICES FROM 02/26/21 THRU 02/26/21 PAT.#78627

CLAIMANT

DATE OF EVENT
06/29/20

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.

EM-BOA18B

DETACH THIS PORTION BEFORE CASHING

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

CHUBB

CHUBB
ACE Property and Casualty Insurance Company

64-1278/611 GA

DATE: 04/23/21

DA84752700

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

FILE ID
345C5727216

Bank of America

2925647

Pay One Hundred Eighty Dollars

$ *****$180.00*

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

FOR
SERVICES FROM 02/26/21 THRU 02/26/21
POLICY HOLDER
RANDSTAD NORTH AMERICA, INC.

CLAIM OFFICE
WOODLAND HILLS WC
CLAIMANT

SPECIAL HANDLING
00

CHUBB

AUTHORIZED SIGNATURE

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

⑈6184752700⑈ ⑆061112788⑆ 00329978640 2⑈

P7092028014
202104223949

Conduent
P.O. Box 32045
Lakeland, FL 33802
Phone: 888-853-4735

EXPLANATION OF REVIEW INDEX # B049381185

9 OF 13 F
ENV 336

Bill ID: 2111-H-1236624-0
Process Date: 04/20/2021 Rec Dt: 04/14/2021
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165
NPI: 1111111111
Provider TIN: 330956713
Group: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165
NPI:
Group TIN: 330956713

Claim #: C345C5727216
Patient:
Patient ID:
DOI: 06/29/2020
Patient Account #: 78627
Carrier\Insurer: ACE
435 WALNUT ST
PHILADELPHIA, PA 19106
Audit Account: RANDSTAD
60 HARVARD MILL SQUARE
WAKEFIELD, MA 01880
Audit Account ID: #13285
Report Account: RANDSTAD
Report Account ID: #13285
Network: -
Network Plan: -
Network Plan #: -
Dates of Service: 02/26/2021-02/26/2021
Method of Payment: Check
CK #: - CK DATE: -
Bill Frequency Type: -

ICD-DX: T14.90 Injury, unspecified

DOS	CODE/MOD	SERVICE CODE	MIN/UNITS	CHARGES	ALLOWANCE
02/26/2021	T1013/ -	SIGN LANGUAGE/ ORAL INTEPR SERVICES	-/1	180.00	180.00

REVIEW RED	NETWORK RED	OTHER RED	EXP CODE(S)
-	-	-	5076,6541,,

TOTAL CHARGES: 180.00
BILL REVIEW REDUCTION: 0.00
NETWORK REDUCTION: 0.00
OTHER REDUCTION: 0.00

TOTAL RECOMMENDED ALLOWANCE:180.00

*EXPLANATION CODES
5076 BYPASS NETWORK
6541 MEDICAL

Direct inquiries regarding this review to:

Conduent
PO Box 32045, Lakeland, FL 33802
Phone: 888-853-4735 option 6.

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

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW After and 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 shall be liable for and further payment. REQUEST FOR INDEPENDENT BILL REVIEW After the Provider submits a Request for Second Review, the claim 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 the 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.

Bill ID: 2111-H-1236624-0
CPT only B)1996-2006 American Medical Association. All Rights Reserved
Applicable FARS/DFARS Restrictions Apply to Government Use.
CDT-4 and CDT-2005: Current Dental Terminology is copyright B)2003-2006 American Dental Association. All Rights Reserved

P7092028004

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

202104233928

Electronic Service Requested

SINGLE PIECE
238 2.1260 SP 0.910

JOYCE ALTMAN INTERPRETERS INC. 2
PO BOX 4165
TUSTIN, CA 92781-4165

DATE: 04/26/21
CHECK NO: **DA84758845**

STATEMENT

CHUBB

CHUBB
ACE Property and Casualty Insurance Company

FILE ID	DOLLARS
345C5727216	$ 180.00

*** NOT NEGOTIABLE ***

INVOICE # 78627
AGENCY CLAIM # 202007031127377043620 6

FOR
SERVICES FROM 02/19/21 THRU 02/19/21 PAT.#78627

CLAIMANT

DATE OF EVENT
06/29/20

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.

RECEIVED
APR 29 2021

BY: .....

1 OF 11 F
FNV 238

EM-BOA18B

DETACH THIS PORTION BEFORE CASHING

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

CHUBB

CHUBB
ACE Property and Casualty Insurance Company

64-1278/611 GA

DATE: 04/26/21 **DA84758845**

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Bank of America

FILE ID
345C5727216

Pay One Hundred Eighty Dollars

$ ***$180.00***

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

FOR
SERVICES FROM 02/19/21 THRU 02/19/21
POLICY HOLDER
RANDSTAD NORTH AMERICA, INC.

CLAIM OFFICE
WOODLAND HILLS WC
CLAIMANT

SPECIAL HANDLING
00

CHUBB

AUTHORIZED SIGNATURE

DO NOT CASH IF WATERMARK ... ISE SIDE OF THIS DOCUMENT - HOLD AT AN ANGLE TO VIEW

9532790

⑈6184758845⑈ ⑆061112788⑆ 0032997864021⑈

P/092028014
202104233928

Conduent
P.O. Box 32045
Lakeland, FL 33802
Phone: 888-853-4735

EXPLANATION OF REVIEW

INDEX # B049391878

2 OF 11 F
ENV 238

Bill ID:	2111-H-1237177-0
Process Date:	04/21/2021 Rec Dt: 04/06/2021
Provider:	JOYCE ALTMAN INTERPRETERS INC. PO BOX 4165 TUSTIN, CA 92781-4165
NPI:	1111111111
Provider TIN:	330956713
Group:	JOYCE ALTMAN INTERPRETERS INC. PO BOX 4165 TUSTIN, CA 92781-4165
NPI:	1111111111
Group TIN:	330956713
Claim #:	C345C5727216
Patient:	
Patient ID:	
DOI:	06/29/2020
Patient Account #:	78627
Carrier\Insurer:	ACE 435 WALNUT ST PHILADELPHIA, PA 19106
Audit Account:	RANDSTAD 60 HARVARD MILL SQUARE WAKEFIELD, MA 01880
Audit Account ID:	#13285
Report Account:	RANDSTAD
Report Account ID:	#13285
Network:	-
Network Plan:	-
Network Plan #:	-
Dates of Service:	02/19/2021-02/19/2021
Method of Payment:	Check
CK #:	- CK DATE: -
Bill Frequency Type:	-
ICD-DX:	T14.90 Injury, unspecified

DOS	CODE/MOD	SERVICE CODE	MIN/UNITS	CHARGES	ALLOWANCE
02/19/2021	T1013/ -	SIGN LANGUAGE/ ORAL INTEPR SERVICES	-/1	180.00	180.00

REVIEW RED	NETWORK RED	OTHER RED	EXP CODE(S)
-	-	-	5076,6541,,

TOTAL CHARGES:	180.00
BILL REVIEW REDUCTION:	0.00
NETWORK REDUCTION:	0.00
OTHER REDUCTION:	0.00
TOTAL RECOMMENDED ALLOWANCE:	180.00

*EXPLANATION CODES

5076	BYPASS NETWORK
6541	MEDICAL

Direct inquiries regarding this review to:

Conduent
PO Box 32045, Lakeland, FL 33802
Phone: 888-853-4735 option 6.

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

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW After and 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 shall be liable for and further payment. REQUEST FOR INDEPENDENT BILL REVIEW After the Provider submits a Request for Second Review, the claim 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 the 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.

Bill ID: 2111-H-1237177-0
CPT only B)1996-2006 American Medical Association. All Rights Reserved
Applicable FARS/DFARS Restrictions Apply to Government Use.
CDT-4 and CDT-2005: Current Dental Terminology is copyright B)2003-2006 American Dental Association. All Rights Reserved

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 78951

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
040520028551

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: XOCHITL MARIN
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs ISIS COLLECTON, INC.
Date Of Injury: CT 10/12/12-3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/20	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/29/20	INITIAL ACUP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/01/20	INIT PHYSIO	TX W/DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/07/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/12/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/19/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/27/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/03/20	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
11/05/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	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#
04/27/21 78951

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
040520028551

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: XOCHITL MARIN
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs ISIS COLLECTON, INC.
Date Of Injury: CT 10/12/12-3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
11/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
12/01/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/22/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/10/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/07/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/14/21	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/21/21	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/28/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/04/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/11/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/18/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/25/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
03/02/21	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/11/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	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#
04/27/21 78951

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
040520028551

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: XOCHITL MARIN
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs ISIS COLLECTON, INC.
Date Of Injury: CT 10/12/12-3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/21	PMT BY CHECK	DOS 10/8/20-2/11/21* =# 0005376447	-4500.00
04/19/21	PMT BY CHECK	DOS 2/18/21* =# 0005380940	-180.00

BALANCE 720.00

* 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.

CHUBB®

CHUBB GROUP OF INSURANCE COMPANIE
555 S. Flower Street 3rd Flo
Los Angeles, CA 90071-24

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165
Tax ID: 330956713
Carrier Code:
JCN: 2020072411465988378717
Network Indicator: N
Comments:

Patient
PPO Name:
Patient's SSN #:
Patient's DOB:
Patient Acct #: 78951

Patient's Employer
Issi Collection Inc

Claim Ref #: 040520028551
Claim Adjuster: XOCHITL MARIN
Date of Loss: 03/20/2020
Check Number: 0005376447
Print Date: 04/15/2021

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
09/15/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
09/29/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
10/01/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
10/07/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
			CHECK TOTAL:		$4,680.00	$180.00	$0.00	$4,500.00

Reduction Reason Codes and Description

G67 - Payment pre-negotiated

MV0 - Market Value

RZZ - Payer/ Provider agreement in place

State Disclaimer

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.
For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.
If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.
Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

For questions regarding the payment amount, please contact: CORVEL at (800)987-1007 1851 EAST FIRST STREET SANTA ANA, CA 92705
Review Date: 04/13/2021 Ref.#: 15102387-0001-6 IRS #: 953382819

ICD Code	ICD Description	ICD Code	ICD Description	ICD Code	ICD Description
T14.90	Injury, unspecified				

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

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CHUBB INDEMNITY INSURANCE COMPANY
555 S. FLOWER STREET, 3RD FLOOR
LOS ANGELES, CA 90071-2427

Claim Ref #: 040520028551
BANK OF AMERICA
ATLANTA, GA
Patient:

Check Number 0005376447 64-1278
Date 04/15/2021 0611

PAY Four Thousand Five Hundred Dollars $4,500.00

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165

IN SETTLEMENT OF 09/15/2020 02/11/2021

CHUBB®
AUTHORIZED SIGNATURE

⑈0005376447⑈ ⑆061112788⑆ 3359869800⑈

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165

Patient

Patient's Employer
Issi Collection Inc

Tax ID: 330956713
Carrier Code:
JCN: 202007241146598837871 7
Network Indicator: N
Comments:

PPO Name:
Patient's SSN #:
Patient's DOB:
Patient Acct #: 78951

Claim Ref #: 040520028551
Claim Adjuster: XOCHITL MARIN
Date of Loss: 03/20/2020
Check Number: 0005376447
Print Date: 04/15/2021

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
10/08/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
10/13/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
10/20/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
10/22/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
10/27/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
10/29/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
11/03/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
11/05/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
11/11/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
11/12/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
11/16/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
11/17/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
11/19/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,R1	1	180.00	180.00	0.00	0.00
11/23/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
12/01/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
12/10/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
01/07/2021	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
			CHECK TOTAL:		$4,680.00	$180.00	$0.00	$4,500.00



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CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165

Patient

Patient's Employer
Issi Collection Inc

Tax ID: 330956713
Carrier Code:
JCN: 202007241146598837871 7
Network Indicator: N
Comments:

PPO Name:
Patient's SSN #:
Patient's DOB:
Patient Acct #: 78951

Claim Ref #: 040520028551
Claim Adjuster: XOCHITL MARIN
Date of Loss: 03/20/2020
Check Number: 0005376447
Print Date: 04/15/2021

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
01/14/2021	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
01/21/2021	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
01/28/2021	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
02/04/2021	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
02/11/2021	T1013	SIGN LANGUAGE/ORAL INTEPR	G67,MV0,RZZ	8	180.00	0.00	0.00	180.00
			CHECK TOTAL:		$4,680.00	$180.00	$0.00	$4,500.00

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M

CHUBB GROUP OF INSURANCE COMPANIE
555 S. Flower Street 3rd Floo
Los Angeles, CA 90071-242
Page: 1 of

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165
Tax ID: 330956713
Carrier Code:
JCN: 202007241146598837871 7
Network Indicator: N
Comments:

Patient

PPO Name:
Patient's SSN #:
Patient's DOB:
Patient Acct #: 78951

Patient's Employer
Issi Collection Inc
5808 Wilmington Ave
Vernon, CA 90058-3830
Claim Ref #: 040520028551
Claim Adjuster: XOCHITL MARIN
Date of Loss: 03/20/2020
Check Number: 0005380940
Print Date: 04/19/2021

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
09/15/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,R1	1	180.00	180.00	0.00	0.00
09/29/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,R1	1	180.00	180.00	0.00	0.00
10/01/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,R1	1	180.00	180.00	0.00	0.00
10/07/2020	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,R1	1	180.00	180.00	0.00	0.00
			CHECK TOTAL:		$4,860.00	$4,680.00	$0.00	$180.00

Reduction Reason Codes and Description

G56 - Duplicate charge or balance forward

R1 - Duplicate Billing

State Disclaimer

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.
For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.
If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.
Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

For questions regarding the payment amount, please contact: CORVEL at (800)987-1007 1851 EAST FIRST STREET SANTA ANA, CA 92705
Review Date: 04/15/2021 Ref.#: 15108261-0001-6 IRS #: 953382819

ICD Code	ICD Description	ICD Code	ICD Description	ICD Code	ICD Description
T14.90	Injury, unspecified				

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

CHUBB®

CHUBB INDEMNITY INSURANCE COMPANY
555 S. FLOWER STREET, 3RD FLOOR
LOS ANGELES, CA 90071-2427

Claim Ref #: 040520028551
BANK OF AMERICA
ATLANTA, GA
Patient: Ignacio Lucas Espinosa

Check Number 0005380940 64-1278
Date 04/19/2021 0611

PAY One Hundred And Eighty Dollars

$180.00

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165

IN SETTLEMENT OF 09/15/2020 02/18/2021

CHUBB®
AUTHORIZED SIGNATURE

⑈0005380940⑈ ⑆061112788⑆ 3359869800⑈

CHUBB®

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165

Tax ID: 330956713
Carrier Code:
JCN: 2020072411465988378717
Network Indicator: N
Comments:

Patient

PPO Name:
Patient's SSN #:
Patient's DOB:
Patient Acct #: 78951

Patient's Employer
Issi Collection Inc
5808 Wilmington Ave
Vernon, CA 90058-3830

Claim Ref #: 040520028551
Claim Adjuster: XOCHITL MARIN
Date of Loss: 03/20/2020
Check Number: 0005380940
Print Date: 04/19/2021

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
01/14/2021	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,R1	1	180.00	180.00	0.00	0.00
01/21/2021	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,R1	1	180.00	180.00	0.00	0.00
01/28/2021	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,R1	1	180.00	180.00	0.00	0.00
02/04/2021	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,R1	1	180.00	180.00	0.00	0.00
02/11/2021	T1013	SIGN LANGUAGE/ORAL INTEPR	G56,R1	1	180.00	180.00	0.00	0.00
02/18/2021	T1013	SIGN LANGUAGE/ORAL INTEPR	523,RZZ	8	180.00	0.00	0.00	180.00
			CHECK TOTAL:		$4,860.00	$4,680.00	$0.00	$180.00

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

*** INVOICE ***
Date NO#
04/14/21 77612

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
CWC230229516

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: CHATELYN BARRETT
P.O. BOX 40790
LANSING, MI 48901

Case: vs SANTA FE SECONDS
Date Of Injury: 8/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/13/19	INITIAL EXAM	DR NEGIN RAMESHNI @ FMR*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/17/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	JOSE G LUGO # 500049	0.00
09/18/19	INITIAL PHYS	TX W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARENO # 101080	0.00
09/19/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/26/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/01/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/03/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/08/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/12/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/16/19	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/25/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/11/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
11/12/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/18/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/19/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
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TAX ID# 33-0956713

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04/14/21 77612

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SS # : XXX-XX-
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Terms: 60 days
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CWC230229516

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: CHATELYN BARRETT
P.O. BOX 40790
LANSING, MI 48901

Case: vs SANTA FE SECONDS
Date Of Injury: 8/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/26/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/02/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/03/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/12/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/13/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
12/16/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/17/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/23/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/10/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/13/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 50049	0.00
02/07/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/10/20	FOLLOW-UP	W/ ACUPUNCT DA HAE RA @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/14/20	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/20/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/28/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/10/20	F/U PHYSIO	THERAPY W/NAJIB @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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Date NO#
04/14/21 77612

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EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
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CWC230229516

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: CHATELYN BARRETT
P.O. BOX 40790
LANSING, MI 48901

Case: vs SANTA FE SECONDS
Date Of Injury: 8/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
04/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
04/29/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/06/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/16/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
06/10/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/22/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/24/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/01/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANA MORALES # 004052	0.00
08/07/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
08/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANA MORALES # 004052	0.00
09/02/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/13/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* #1	0.00
/ /	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

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Date	NO#
04/14/21	77612

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EAMS#(s):

SS # : XXX-XX
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COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: CHATELYN BARRETT
P.O. BOX 40790
LANSING, MI 48901

Case: vs SANTA FE SECONDS
Date Of Injury: 8/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/24/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/13/20	PMT BY CHECK	DOS 9/2/20* =# 29036192 EMPLOYERS	-180.00
09/26/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/19/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA MARIA MORALES # 004052	0.00
10/10/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/14/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/03/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/16/20	PR2/REEVAL	DR RUSSMAN/AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/17/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON #100802	0.00
10/21/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/23/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/14/21 77612

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EAMS#(s):

SS # : XXX-XX
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Terms: 60 days
Claim #(s):
CWC230229516

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: CHATELYN BARRETT
P.O. BOX 40790
LANSING, MI 48901

Case: vs SANTA FE SECONDS
Date Of Injury: 8/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/02/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
11/09/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/20/20	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
11/23/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/25/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/30/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/24/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
12/02/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
12/14/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
12/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
12/16/20	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
01/28/21	PMT BY CHECK	DOS 11/24/20* =# 101785761	-90.00
12/21/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/22/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/23/20	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/08/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00

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

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Date	NO#
04/14/21	77612

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COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: CHATELYN BARRETT
P.O. BOX 40790
LANSING, MI 48901

Case: vs SANTA FE SECONDS
Date Of Injury: 8/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/16/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/18/21	PMT BY CHECK	DOS 12/14/20* =# 101814748	-90.00
02/01/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/02/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
02/03/21	PR2/REEVAL	DR MANHAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/09/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/16/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/23/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/22/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/01/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER SANTIAGOS # 000963	0.00
03/04/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/01/21	PMT BY CHECK	DOS 2/2/21* =# 101876530	-90.00
04/06/21	PMT BY CHECK	DOS 11/2/20, 2/1/21* =# 101880724	-270.00

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

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04/14/21 77612

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EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
CWC230229516

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: CHATELYN BARRETT
P.O. BOX 40790
LANSING, MI 48901

Case: vs SANTA FE SECONDS
Date Of Injury: 8/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 13960.00

* 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.

AF Group

PO Box 40790
Lansing, MI 48901-7990
AFGroupInsurance.com

CHECK DATE : 04/06/2021
CHECK NUMBER : 101880724

Payable To: **Joyce Altman Interpreters, Inc.**
P.O. Box 4165
Tustin, CA 92781-4165

EMPLOYEE NAME / CLAIM NO.	FROM DATE / COMMENT	THRU DATE	MBR NUMBER	INVOICE NUMBER	AMOUNT
CWC230229516	11/02/2020	11/02/2020	5022-5685818		$180.00
CWC230229516	02/01/2021	02/01/2021	5022-5683884		$90.00
				TOTAL	$270.00

Questions may be directed to us at : 866-206-5851
Check Number : 101880724

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND.

Security features included. Details on back.

AF Group | PO Box 40790 Lansing, MI 48901-7990

on behalf of
Accident Fund Insurance Company of America

VOID AFTER 180 DAYS

Check Number 101880724
JPMorgan Chase Bank, N.A.
Columbus, OH
56-1544/441

Check Date 04/06/2021

Pay This Amount

Pay the Sum of *Two hundred seventy and 00/100 Dollars*

****$270.00****

Pay To The Order Of:
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

CompWest

CompWest - California 5022

Process Date: 04/05/2021
Control Number: 5685818
EOR Page 1 of 2
Rev/Aud: AA/KN

Claim Number: CWC230229516
Claimant:
Provider Tax ID: 330956713 Vendor: 1313
Provider Ref: Geo Zip: 92781
Provider License: 999999999

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 08/28/2019
Claims Received Date: 03/26/2021

Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
11/02/20	11	T1013		SIGN LANGUAGE/(	1.000	180.00	0.00	0.00	0.00	180.00	
			TOTALS:			180.00	0.00	0.00	0.00	180.00	
			TOTAL RECOMMENDED ALLOWANCE:							180.00	

Rendering Provider Name:
Rendering Provider NPI:

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 77879

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CWC230214956

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: SAHIRA EORIA
P.O. BOX 40790
LANSING, MI 48901

Case: vs LIVE ART PLANTSCAPES
Date Of Injury: 8/21/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/20	INITIAL EXAM	DR MARINA RUSSMAN/NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/14/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/11/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/27/20	PMT BY CHECK	DOS 2/19/20-4/11/20* =# 101573699	-270.00
04/01/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
04/01/21	RMB IBR FEE	DOS 2/19/20-4/11/20 # 101876530	-180.00
04/01/21	PMT BY CHECK	DOS 2/19/20-4/11/20	-270.00

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.

CompWest
Part of the AF Group

PO Box 40790
Lansing, MI 48901-7990
CompWestInsurance.com

CHECK DATE : 08/27/2020
CHECK NUMBER : 101573699

77879

Payable To: **Joyce Altman Interpreters, Inc.**
P.O. Box 4165
Tustin, CA 92781-4165

EMPLOYEE NAME / CLAIM NO.	FROM DATE / COMMENT	THRU DATE	MBR NUMBER	INVOICE NUMBER	AMOUNT
	02/19/2020	04/11/2020	5022-5599810		$270.00
CWC230214956					
				TOTAL	$270.00

SEP 0 4 2020

BY: .....

PAID
SEP 0 4 2020

BY: .....

Questions may be directed to us at : 888-266-7937
Check Number : 101573699

[redacted]

CompWest

CompWest - California 5022

Process Date: 08/26/2020
Control Number: 5599810
EOR Page 1 of 2
Rev/Aud: AA/JL

Claim Number: CWC230214956
Claimant:
Provider Tax ID: 330956713 Vendor: 1313
Provider Ref: 77879 Geo Zip: 92781
Provider License: 999999999

PPO/OSR ID:
NPI Number: 1477186625
Claimant SSN: XXX-XX-
Date Of Injury: 08/21/2019
Claims Received Date: 08/18/2020

Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
02/19/20	11	T1013		SIGN LANGUAGE/(	1.000	180.00	90.00	0.00	0.00	90.00	601,G1
03/14/20	11	T1013		SIGN LANGUAGE/(	1.000	180.00	90.00	0.00	0.00	90.00	601,G1
04/11/20	11	T1013		SIGN LANGUAGE/(	1.000	180.00	90.00	0.00	0.00	90.00	601,G1
			TOTALS:			540.00	270.00	0.00	0.00	270.00	
			TOTAL RECOMMENDED ALLOWANCE:							270.00	

Rendering Provider Name: RUSSMAN, MARINA
Rendering Provider NPI: 1477186625

DWC CODE DESCRIPTION

G1 -THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

CARRIER EXPLANATION REASON CODE

601 -CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES



m

AF Group

PO Box 40790
Lansing, MI 48901-7990
AFGroupInsurance.com

CHECK DATE : 04/01/2021
CHECK NUMBER : 101876530

Payable To: **Joyce Altman Interpreters, Inc.**
P.O. Box 4165
Tustin, CA 92781-4165

77879

EMPLOYEE NAME / CLAIM NO.	FROM DATE / COMMENT	THRU DATE	MBR NUMBER	INVOICE NUMBER	AMOUNT
CWC230214956	02/19/2020 Claim CWC230214956	04/11/2020		IBR DETERMINATION	$450.00
CWC230229516	02/02/2021	02/02/2021	5022-5684216		$90.00
				TOTAL	$540.00

Different applicant ←

Questions may be directed to us at : 866-206-5851
Check Number : 101876530

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND.

Security features included. Details on back.

AF Group | PO Box 40790 Lansing, MI 48901-7990
on behalf of Accident Fund Insurance Company of America

VOID AFTER 180 DAYS

Check Number 101876530
JPMorgan Chase Bank, N.A.
Columbus, OH
56-1544/441

Check Date 04/01/2021

Pay This Amount
****$540.00****

Pay the Sum of *Five hundred forty and 00/100 Dollars*

Pay To The Order Of:
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

Mary C Phillips

⑈101876530⑈ ⑆071000013⑆ 2684923535⑈

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 78580

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CWC0230157355

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: CLAUDIA GUZMAN
P.O. BOX 40790
LANSING, MI 48901

Case: vs TEXOLLINI INC
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/20	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/03/20	INITIAL ACUP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/04/20	INIT PHYSIO	THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/07/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/08/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA M. MORALES # 004052	0.00
08/10/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/22/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA MORALES # 004052	0.00
09/09/20	PR2/REEVAL	DR RUSSMAN/AZIZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/14/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/18/20	FOLLOW-UP	W/ ACUPUNCT SUNGSOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/21/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/25/20	FOLLOW-UP	W/ ACUPUNCT SUNGSOO HWANG @	180.00

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

*** INVOICE ***
Date NO#
04/26/21 78580

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
CWC0230157355

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: CLAUDIA GUZMAN
P.O. BOX 40790
LANSING, MI 48901

Case: vs TEXOLLINI INC
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		FMR*	
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/28/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/02/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/05/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/12/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/21/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/26/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/02/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/03/20	PMT BY CHECK	DOS 7/29/20-10/5/20* =# 101711179	-1620.00
12/08/20	PMT BY CHECK	DOS 10/12/20* =# 101718453	-90.00
11/13/20	FOLLOW-UP	W/ ACUPUNCT NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/29/20	PMT BY CHECK	DOS 10/26/20* =# 101746917	-90.00
12/28/20	PMT BY CHECK	DOS 11/2/20* =# 101743875	-90.00
12/21/20	PMT BY CHECK	DOS 10/21/20* =# 101737558	-90.00
01/07/21	PMT BY CHECK	DOS 11/6/20-11/13/20* =# 101758478	-180.00
12/08/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00

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

*** INVOICE ***

Date	NO#
04/26/21	78580

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CWC0230157355

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: CLAUDIA GUZMAN
P.O. BOX 40790
LANSING, MI 48901

Case: vs TEXOLLINI INC
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/22/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/05/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/07/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/14/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 101694	0.00
02/10/21	PMT BY CHECK	DOS 12/8/20* =# 101803155	-90.00
01/15/21	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/19/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/26/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/26/21	PMT BY CHECK	DOS 12/15/20* =#101827263	-90.00
01/27/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/01/21	PMT BY CHECK	DOS 12/22/20* =# 101829366	-90.00
02/01/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/10/21	PMT BY CHECK	DOS 1/14/21* =# 101843534	-90.00
02/08/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/15/21	PMT BY CHECK	DOS 1/5/21-1/7/21* =# 101849696	-180.00
03/16/21	PMT BY CHECK	DOS 1/15/21* =# 101851794	-90.00
03/23/21	PMT BY CHECK	DOS 1/27/21* =# 101862330	-90.00
03/25/21	PMT BY CHECK	DOS 1/26/21* =# 101866319	-90.00
04/05/21	PMT BY CHECK	DOS 2/01/21* =# 101878641	-90.00

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

*** INVOICE ***
Date NO#
04/26/21 78580

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CWC0230157355

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: CLAUDIA GUZMAN
P.O. BOX 40790
LANSING, MI 48901

Case: vs TEXOLLINI INC
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/07/21	PMT BY CHECK	DOS 2/8/21* =# 101882756	-90.00
04/19/21	PMT BY CHECK	DOS 11/6/20-11/13/20* =# 101898330	-180.00

BALANCE 3150.00

* 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.

AF Group

PO Box 40790
Lansing, MI 48901-7990
AFGroupInsurance.com

CHECK DATE : 01/07/2021
CHECK NUMBER : 101758478

Payable To: **Joyce Altman Interpreters, Inc.**
P.O. Box 4165
Tustin, CA 92781-4165

78580

EMPLOYEE NAME / CLAIM NO.	FROM DATE / COMMENT	THRU DATE	MBR NUMBER	INVOICE NUMBER	AMOUNT
CWC230157355	11/13/2020	11/13/2020	5022-5650305		$90.00
CWC230157355	11/06/2020	11/06/2020	5022-5649520		$90.00
				TOTAL	$180.00

RECEIVED
JAN 18 2021
BY: .....

RECEIVED
JAN 18 2021
BY: .....

Questions may be directed to us at : 866-206-5851
Check Number : 101758478

[redacted]

...ON WHITE BACKGROUND - NOT A WHITE BACKGROUND.

AF Group | PO Box 40790 Lansing, MI 48901-7990

on behalf of
Accident Fund Insurance Company of America

Security features included. Details on back.

VOID AFTER 180 DAYS

Check Number 101898330

JPMorgan Chase Bank, N.A.
Columbus, OH
56-1544/441

Check Date 04/19/2021

Pay This Amount

Pay the Sum of *One hundred eighty and 00/100 Dollars*

****$180.00****

Pay To The Order Of:

Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

⑈101898330⑈ ⑆044115443⑆ 26893735 3⑈

m

AF Group | PO Box 40790 Lansing, MI 48901-7990 AFGroupInsurance.com

CHECK DATE : 04/19/2021
CHECK NUMBER : 101898330

78580

Payable To: **Joyce Altman Interpreters, Inc.**
P.O. Box 4165
Tustin, CA 92781-4165

EMPLOYEE NAME / CLAIM NO.	FROM DATE / COMMENT	THRU DATE	MBR NUMBER	INVOICE NUMBER	AMOUNT
CWC230157355	11/06/2020	11/06/2020	5022-9044200		$90.00
CWC230157355	11/13/2020	11/13/2020	5022-9044208		$90.00
				TOTAL	$180.00

Questions may be directed to us at : 866-206-5851
Check Number : 101898330

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 78362

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB19006628

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

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 3/19/20

DOS	SERVICE	DESCRIPTION	AMOUNT
06/12/20	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
06/18/20	INITL CHIRO	TREATMENT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/19/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO 3 101080	0.00
06/26/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
07/02/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
07/16/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/23/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/24/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/30/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHEKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/31/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/06/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/11/20	PMT BY CHECK	DOS 6/12/20-7/24/20* =# 9218438	-1440.00
09/21/20	PMT BY CHECK	DOS 7/30/20* =# 9225028	-180.00
09/24/20	PMT BY CHECK	DOS 8/6/20* # 9228591	-180.00
09/04/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
09/17/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00

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 78362

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB19006628

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

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 3/19/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/24/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/01/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/08/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/27/20	PMT BY CHECK	DOS 9/4/20* # 9252628	-90.00
11/10/20	PMT BY CHECK	DOS 9/17/20* # 9263019	-90.00
10/26/20	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
11/17/20	PMT BY CHECK	DOS 9/24/20* # 9269817	-90.00
11/04/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/09/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/18/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/02/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
11/11/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/21/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/23/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/09/21	PMT BY CHECK	DOS 11/2/20-11/11/20* # 9336685	-360.00
02/11/21	PMT BY CHECK	DOS 9/4/20* # 9338497	-90.00
01/25/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00

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 78362

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB19006628

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

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 3/19/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/27/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
03/01/21	PMT BY CHECK	DOS 9/24/20* =# 9352969	-90.00
02/03/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/08/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/10/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/15/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/13/21	PMT BY CHECK	DOS 2/8/21* # 9387881	-180.00

BALANCE 2610.00

* 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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

AS ADMINISTRATOR OF:
Ace American Insurance Company

Claim#: BB-19-006628

CHECK NUMBER	CHECK DATE
9387881	04/13/21

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

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

⑈000938788⑈ ⑆121000248⑆ 4121 5140 12⑈

DETACH HERE

DETACH HERE

CORVEL

Business Unit: DTB,LLC, VALENCIA - 9076791

Explanation of Review

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/6404774 - 1
Reprice:	CA, 92781
Billed Date:	03/23/2021
Business Rcvd:	04/02/2021
MBR Rcvd:	04/02/2021
MBR Date:	04/12/2021
Date Approved:	04/12/2021
DOS From - To:	02/08/2021 - 02/08/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 973

Treating Provider:
Referring Physician:
Patient Control #: 78362
Provider Tax Id: 33-0956713

Claim #: BB-19-006628
Processor Initials: LZ
DOI: 03/19/2019
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/08/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		1	$0.00	$180.00
	Billed: T1013; Units: 1								
Sub-Totals for Bill: 6404774					**$180.00**			**$0.00**	**$180.00**
Totals for Bill:6404774									**$180.00**

Line Item Reason Codes and Descriptions
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#
04/20/21 78536

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-20-002246

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

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: CT 6/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/20	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/22/20	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/24/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/29/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/31/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/12/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/07/20	FOLLOW-UP	W/ ACUPUNCT PREIBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/27/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/02/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/04/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/09/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
09/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/16/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/22/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/20/21 78536

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-20-002246

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

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: CT 6/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/25/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/29/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/30/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/02/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/09/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/05/20	PMT BY CHECK	DOS 9/9/20* # 9259631	-180.00
10/16/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/18/20	PMT BY CHECK	DOS 9/29/20* # 9271246	-180.00
11/03/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/12/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/13/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/20/21 78536

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-20-002246

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

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: CT 6/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/18/20	PMT BY CHECK	DOS 10/13/20* # 9295488	-90.00
11/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
11/20/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/25/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/30/20	EMG TESTING	& NCV BY DR BHARATWAL @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/24/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/04/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/09/20	EMG TESTING	& NCV BY DR BIPIN BHARATWAL: U/E @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 50341	0.00
12/11/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/06/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/05/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/07/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/08/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/10/21	PMT BY CHECK	DOS 11/19/20* # 9337642	-180.00
01/09/21	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/20/21 78536

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-20-002246

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

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: CT 6/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/13/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/14/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/15/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/19/21	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/20/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/22/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/21/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/26/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/28/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/29/21	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/29/21	PMT BY CHECK	DOS 1/21/21* # 9376036	-180.00
04/16/21	PMT BY CHECK	DOS 1/26/21* # 9392375	-180.00

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

*** INVOICE ***
Date NO#
04/20/21 78536

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-20-002246

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

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: CT 6/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 8730.00

* 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

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

AS ADMINISTRATOR OF:
Ace American Insurance Company
Claim#: BB-20-003109

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
9376036	03/29/21

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

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

⑈0009376036⑈ ⑆121000248⑆ 4121 5140 12⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: TED LEVINE DRUM CO.-9037781-ONT
1817 Chico Ave
South El Monte, CA 91733

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6373855 - 1
Reprice: CA, 92781
Billed Date: 03/09/2021
Business Rcvd: 03/19/2021
MBR Rcvd: 03/19/2021
MBR Date: 03/26/2021
Date Approved: 03/26/2021
DOS From - To: 01/21/2021 - 01/21/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3412
Vendor #:
PIN:

Treating Provider:
Referring Physician: PEZESHKIAN
Patient Control #: 78536
Provider Tax Id: 33-0956713

Claim #: BB-20-003109
Processor Initials:
DOI: 06/24/2020
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/21/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		1	$0.00	$180.00
	Billed: T1013; Units: 1								
Sub-Totals for Bill: 6373855					**$180.00**			**$0.00**	**$180.00**
Totals for Bill:6373855									**$180.00**

Line Item Reason Codes and Descriptions
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

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

AS ADMINISTRATOR OF:
Ace American Insurance Company

Claim#: BB-20-003109

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
9392375	04/16/21

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0009392375⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

DETACH HERE

Business Unit: TED LEVINE DRUM CO.-9037781-ONT

Explanation of Review

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/6405697 - 1
Reprice:	CA, 92781
Billed Date:	03/10/2021
Business Rcvd:	04/02/2021
MBR Rcvd:	04/02/2021
MBR Date:	04/16/2021
Date Approved:	04/16/2021
DOS From - To:	01/26/2021 - 01/26/2021

Network:		**Treating Provider:**		**Claim #:**	BB-20-003109
Network Branch:		**Referring Physician:**		**Processor Initials:**	DP
Sub Network:		**Patient Control #:**	78536	**DOI:**	06/24/2020
Contract:		**Provider Tax Id:**	33-0956713	**RX Number:**	
Claim Rep.:	1872				

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/26/21	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$0.00	$180.00
	G67, MVO, RZZ		8	11			1		
	Billed: T1013; Units: 1								
Sub-Totals for Bill: 6405697					**$180.00**			**$0.00**	**$180.00**
Totals for Bill:6405697									**$180.00**

Line Item Reason Codes and Descriptions
MVO 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 78765

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1201-WC-20-0001726

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: ANA ZARAGOZA
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs PERFORMANCE FOOD GROUP INC/VIS
Date Of Injury: CT 8/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/20	FOLLOW-UP	W/ACUPUN TAE GON KIM @ LAKE-WOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/03/20	FOLLOW-UP	W/ ACUPUNCT TAE KIM @ LAKE-WOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/10/20	FOLLOW-UP	W/ ACUPUNCT TAE KIM @ LAKE-WOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/17/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT MOGHARABI @ LAKE-WOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/24/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
08/27/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/01/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/08/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/15/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD	180.00

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

*** INVOICE ***
Date NO#
04/26/21 78765

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1201-WC-20-0001726

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: ANA ZARAGOZA
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs PERFORMANCE FOOD GROUP INC/VIS
Date Of Injury: CT 8/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD	180.00
		VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/22/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD	180.00
		VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/23/20	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @	180.00
		LAKEWOOD VILLAGE*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
10/27/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD	180.00
		VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
11/12/20	PR2/REEVAL	DR MOGHARABI @ LAKEWOOD	180.00
		VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD	180.00
		VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
11/19/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD	180.00
		VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/01/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD	180.00
		VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
11/24/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD	180.00
		VILLAGE CHIRO*	
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/08/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD	180.00
		VILLAGE CHIRO*	

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 78765

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1201-WC-20-0001726

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: ANA ZARAGOZA
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs PERFORMANCE FOOD GROUP INC/VIS
Date Of Injury: CT 8/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/10/20	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
12/15/20	INITIAL EXAM	DR HYDER MUKADAM @ LAKEWOOD VILLAGE CHIRO* MEDS	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
02/17/21	PMT BY CHECK	DOS 8/20/20-10/15/20* =# 1156432	-1980.00
02/17/21	PMT BY CHECK	DOS 12/8/20* # 1156429	-180.00
02/17/21	PMT BY CHECK	DOS 12/10/20* # 1156427	-180.00
01/21/21	PR2/REEVAL	DR MOGHARABI @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
03/01/21	PMT BY CHECK	DOS 12/10/21-12/15/21* =# 1158340	-180.00
03/01/21	PMT BY CHECK	DOS 10/20/20-12/8/20* =# 1158338	-1620.00
03/24/21	PMT BY CHECK	DOS 1/21/21* # 1162605	-180.00
01/26/21	PR2/REEVAL	DR HYDER MUKADAM @ LAKEWOOD VILLAGE CHIRO* MEDS	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
02/18/21	NCV	DIAGNOSTIC STUDY INTERP: L/E @ LAKEWOOD VILLAGE*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
02/23/21	PR2/REEVAL	DR MUKADAM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
03/10/21	PR2/REEVAL	DR MOGHARABI @ LAKEWODD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	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#
04/26/21 78765

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1201-WC-20-0001726

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: ANA ZARAGOZA
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs PERFORMANCE FOOD GROUP INC/VIS
Date Of Injury: CT 8/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/21	FOLLOW-UP	W/ ACUPUNCT KIM @ LAKEWOOD VILLAGE CHIRO*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
04/19/21	PMT BY CHECK	DOS 1/26/21-2/18/21* =# 1167474	-360.00
04/22/21	PMT BY CHECK	DOS 2/23/21* =# 1168051	-180.00

BALANCE 360.00

* 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.
PERFORMANCE FOOD GROUP
PO BOX 22369
PORTLAND, OR 97269-2369

AS ADMINISTRATOR OF:
Ace American Insurance Company

Claim#: 1201-WC-20-0001726

CORVEL

Bank Code= PFG
11-24
1210(8)

CHECK NUMBER	CHECK DATE
1167474	04/19/21

PAY EXACTLY: *Three hundred sixty and 00/100 Dollars*

*******$360.00

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

⑈0001167474⑈ ⑆121000248⑆ 4388 368946⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: 1050 - Vistar Southern California

Employer
Patient:

Patient DOB: XXX-XX-

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	11/2883406 - 1
Reprice:	CA, 91770
Billed Date:	04/05/2021
Business Rcvd:	04/09/2021
MBR Rcvd:	04/09/2021
MBR Date:	04/19/2021
Date Approved:	04/19/2021
DOS From - To:	08/20/2020 - 02/18/2021

Network:		**Treating Provider:**		**Claim #:**	1201-WC-20-0001726
Network Branch:		**Referring Physician:**		**Processor Initials:**	CD
Sub Network:		**Patient Control #:**	78765	**DOI:**	08/01/2019
Contract:		**Provider Tax Id:**	33-0956713	**RX Number:**	
Claim Rep.:	Diaz, Courtney	**Claim Rep Phone #:**		**Claim Rep Ext.:**	

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/20/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$180.00	$0.00
	R1 , G1 , G56		8	99			1		
	Original bill [2849464.11]								
	Billed: 99199; Units: 1								
08/27/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$180.00	$0.00
	R1 , G1 , G56		8	99			1		
	Original bill [2849464.11]								
	Billed: 99199; Units: 1								
09/03/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00			$180.00	$0.00
	R1 , G1 , G56		8	99			1		
	Original bill [2849464.11]								
	Billed: 99199; Units: 1								

09/10/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849464.11]						
	Billed: 99199; Units: 1						
09/17/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849464.11]						
	Billed: 99199; Units: 1						
09/23/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849464.11]						
	Billed: 99199; Units: 1						
09/24/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849464.11]						
	Billed: 99199; Units: 1						
10/01/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849464.11]						
	Billed: 99199; Units: 1						
10/08/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849464.11]						
	Billed: 99199; Units: 1						
10/13/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849464.11]						
	Billed: 99199; Units: 1						
10/15/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849464.11]						
	Billed: 99199; Units: 1						
10/20/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849466.11]						
	Billed: 99199; Units: 1						
10/22/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849466.11]						
	Billed: 99199; Units: 1						

10/23/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849466,11]						
	Billed: 99199; Units: 1						
10/27/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849466,11]						
	Billed: 99199; Units: 1						
11/12/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849466,11]						
	Billed: 99199; Units: 1						
11/17/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849466,11]						
	Billed: 99199; Units: 1						
11/19/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849466,11]						
	Billed: 99199; Units: 1						
11/24/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849466,11]						
	Billed: 99199; Units: 1						
12/01/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849466,11]						
	Billed: 99199; Units: 1						
12/08/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2847859,11]						
	Billed: 99199; Units: 1						
12/10/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2847039,11]						
	Billed: 99199; Units: 1						
12/15/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G1 , G56	8 99		1			
	Original bill [2849488,11]						
	Billed: 99199; Units: 1						

01/21/21	T1013 R1 , G1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 8	99	$180.00	1		$180.00	$0.00
	Original bill [2867922.11]							
	Billed: 99199; Units: 1							
01/26/21	T1013 523, G1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 8	99	$180.00	1		$0.00	$180.00
	Billed: 99199; Units: 1							
02/18/21	T1013 523, G1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 8	99	$180.00	1		$0.00	$180.00
	Billed: 99199; Units: 1							
Sub-Totals for Bill: 2883406				**$4680.00**			**$4320.00**	**$360.00**

Totals for Bill:2883406 **$360.00**

Line Item Reason Codes and Descriptions

523 Reduced per administrative rules

R1 Duplicate Billing

Line Item Reason Codes and Descriptions

G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 & §5307.3 for OMFS, §9794 & §9795 for Med-Legal, §9981 for Copy, and §9795.3 for Translation of the California Code of Regulation. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600.

DOS on or before 01/01/2013: If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

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 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 explanation of review.

Emergency Regulation for DOS on or After 01/01/2013 (8 CCR § 9792.5.1(a))114 The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment 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. Request for Independent Bill Review After a health care provider, health care facility, or billing agent/assignee 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, 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 service of the EOR. The Request for Independent Bill Review must conform to the requirements of 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 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 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.

ICD Diagnosis Code

T14.90 INJURY UNSPECIFIED

Questions regarding this bill may be sent to:

CorVel Corporation - MedCheck
6455 S Yosemite St
Suite 700
Greenwood Village, CO 80111

Toll free: 800-938-0884
Phone: 720-250-0749
FAX: 866-449-4989

California DWC

CORVEL ENTERPRISE COMP, INC.
PERFORMANCE FOOD GROUP
PO BOX 22369
PORTLAND, OR 97269-2369

AS ADMINISTRATOR OF:
Ace American Insurance Company
Claim#: 1201-WC-20-0001726

CORVEL

Bank Code= PFG
11-24
1210(8)

CHECK NUMBER	CHECK DATE
1168051	04/22/21

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0001168051⑈ ⑆121000248⑆ 4388 368946⑈

TACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: 1050 - Vistar Southern California
3790 E Jurupa St
Ontario, CA 91761

Employer
Patient:

Patient DOB: XXX-XX

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 11/2887204 - 1
Reprice: CA, 92781
Billed Date: 04/07/2021
Business Rcvd: 04/14/2021
MBR Rcvd: 04/14/2021
MBR Date: 04/21/2021
Date Approved: 04/21/2021
DOS From - To: 08/20/2020 - 02/23/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Diaz, Courtney
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 78765
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 1201-WC-20-0001726
Processor Initials: CD
DOI: 08/01/2019
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/20/20	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [2849464,11]								
	Billed: 99199; Units: 1								
08/27/20	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [2849464,11]								
	Billed: 99199; Units: 1								
09/03/20	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [2849464,11]								
	Billed: 99199; Units: 1								

09/10/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849464,11]							
	Billed: 99199; Units: 1							
09/17/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849464,11]							
	Billed: 99199; Units: 1							
09/23/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849464,11]							
	Billed: 99199; Units: 1							
09/24/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849464,11]							
	Billed: 99199; Units: 1							
10/01/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849464,11]							
	Billed: 99199; Units: 1							
10/08/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849464,11]							
	Billed: 99199; Units: 1							
10/13/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849464,11]							
	Billed: 99199; Units: 1							
10/15/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849464,11]							
	Billed: 99199; Units: 1							
10/20/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849466,11]							
	Billed: 99199; Units: 1							
10/22/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849466,11]							
	Billed: 99199; Units: 1							

10/23/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849466.11]							
	Billed: 99199; Units: 1							
10/27/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849466.11]							
	Billed: 99199; Units: 1							
11/12/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849466.11]							
	Billed: 99199; Units: 1							
11/17/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849466.11]							
	Billed: 99199; Units: 1							
11/19/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849466.11]							
	Billed: 99199; Units: 1							
11/24/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849466.11]							
	Billed: 99199; Units: 1							
12/01/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849466.11]							
	Billed: 99199; Units: 1							
12/08/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2847859.11]							
	Billed: 99199; Units: 1							
12/10/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2847039.11]							
	Billed: 99199; Units: 1							
12/15/20	T1013	SIGN LANGUAGE/ORAL INTEPR	SERVICES PER 1	$180.00			$180.00	$0.00
	R1 , G56	1	11		1			
	Original bill [2849488.11]							
	Billed: 99199; Units: 1							

01/26/21	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [2883406,11]							
	Billed: 99199; Units: 1							
02/18/21	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$180.00	$0.00
	R1 , G56		1	11		1		
	Original bill [2883406,11]							
	Billed: 99199; Units: 1							
02/23/21	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$180.00		$0.00	$180.00
	507, G67, RZZ		8	11		1		
	Billed: 99199; Units: 1							
Sub-Totals for Bill: 2887204					**$4680.00**		**$4500.00**	**$180.00**

Totals for Bill:2887204 **$180.00**

Line Item Reason Codes and Descriptions

507 Priced According to Contract Agreement

R1 Duplicate Billing

RZZ Payer/ Provider agreement in place

Line Item Reason Codes and Descriptions

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

G67 Payment based on individual pre-negotiated agreement for this specific service

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 & §5307.3 for OMFS, §9794 & §9795 for Med-Legal, §9981 for Copy, and §9795.3 for Translation of the California Code of Regulation. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600.

DOS on or before 01/01/2013: If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

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 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 explanation of review.

Emergency Regulation for DOS on or After 01/01/2013 (8 CCR § 9792.5.1(a))114 The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment 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. Request for Independent Bill Review After a health care provider, health care facility, or billing agent/assignee 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, 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 service of the EOR. The Request for Independent Bill Review must conform to the requirements of 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 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 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.

ICD Diagnosis Code

T14.90 INJURY UNSPECIFIED

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

*** INVOICE ***
Date NO#
04/20/21 77128

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
JK79400

BILL TO:
ALASKA NATIONAL INS. (2501-ID)
W. C. DEPARTMENT
ATTN: SAUL RUVALCABA
2501 E. STATE AVE., STE 100
MERIDIAN, ID 83642

Case: vs PENGUIN NATURAL FOODS INC
Date Of Injury: 8/31/17-8/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/19	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/16/19	F/U CHIRO TX	W/DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/18/19	F/U CHIRO TX	W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/23/19	F/U CHIRO TX	W/DR KRAVCHENKO @ GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/25/19	F/U CHIRO TX	W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/30/19	F/U CHIRO TX	W/DR KRAVCHENKO @ GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/01/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/06/19	F/U CHIRO TX	W/DR KRAVCHENKO @ GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/08/19	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/13/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/15/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/20/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/22/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/27/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/06/19	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	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#
04/20/21 77128

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
JK79400

BILL TO:
ALASKA NATIONAL INS. (2501-ID)
W. C. DEPARTMENT
ATTN: SAUL RUVALCABA
2501 E. STATE AVE., STE 100
MERIDIAN, ID 83642

Case: vs PENGUIN NATURAL FOODS INC
Date Of Injury: 8/31/17-8/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/15/20	PMT BY CHECK	DOS 12/11/19* =# 137566	-90.00
01/27/21	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
02/03/21	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
02/12/21	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/17/21	F/U CHIRO TX	CHIRO TX W/DR ERIC GONFUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
03/09/21	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/05/21	F/U CHIRO TX	& PHYSIO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/08/21	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/13/21	PMT BY CHECK	DOS 1/27/21* =# 158538	-180.00
04/13/21	PMT BY CHECK	DOS 2/3/21* # 158539	-180.00
		BALANCE	2570.00

* 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
158538	04/13/21

Claim#: JK79400

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

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

⑈0000158538⑈ ⑆121000248⑆ 4002 143116⑈

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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 Patient: Penguin Natural Foods, Inc.

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6368055 - 1
Reprice: CA, 91770
Billed Date: 03/11/2021
Business Rcvd: 03/16/2021
MBR Rcvd: 03/16/2021
MBR Date: 03/19/2021
Date Approved: 04/13/2021
DOS From - To: 11/22/2019 - 01/27/2021

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

Treating Provider:
Referring Physician: ERIC GOFNUNG
Patient Control #: 77128
Provider Tax Id: 33-0956713

Claim #: JK79400
Processor Initials: NMM
DOI: 09/01/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/22/19	T1013 RG7, M1 , RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		1	$90.00	$0.00
	Effective for services provided on or after January 1, 2017, the request for pymt with an itemization of services provided & the charge for each service shall be submitted to the employer within 12 months of the DOS or within 12 months of discharge.								
11/27/19	T1013 RG7, M1 , RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		1	$90.00	$0.00
12/06/19	T1013 RG7, M1 , RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00

CORVEL

01/27/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 8	$180.00 11		1	$0.00	$180.00

Billed: T1013; Units: 1

Sub-Totals for Bill: 6368055	**$540.00**	**$360.00**	**$180.00**
Charges not listed have been previously processed			$0.00
Totals for Bill:6368055			**$180.00**

Line Item Reason Codes and Descriptions

MV0 Market Value

RG7 Procedure or service not billed in valid timeframe

RZZ Payer/ Provider agreement in place

Line Item Reason Codes and Descriptions

G67 Payment based on individual pre-negotiated agreement for this specific service

M1 Workers compensation claim adjudicated as non-compensable. Carrier not liable for claim or service/ treatment.

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 & §5307.3 for OMFS, §9794 & §9795 for Med-Legal, §9981 for Copy, and §9795.3 for Translation of the California Code of Regulation. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600.

DOS on or before 01/01/2013: If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

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 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 explanation of review.

Emergency Regulation for DOS on or After 01/01/2013 (8 CCR § 9792.5.1(a))114 The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment 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. Request for Independent Bill Review After a health care provider, health care facility, or billing agent/assignee 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, 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 service of the EOR. The Request for Independent Bill Review must conform to the requirements of 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 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 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.

ICD Diagnosis Code

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

Questions regarding this bill may be sent to:

CorVel Corporation, Attn: Bill Review
PO Box 6966
Portland, OR 97228

Toll free: 833-758-5750
Phone: 916-605-5140
FAX: 866-449-4217

California DWC

Employer Address -

Penguin Natural Foods, Inc.
4400 Alcoa Ave
Los Angeles, CA 90058-0000

Payer Identification Number - 920077654
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 1799
Carrier Telephone Number - 1-866-355-2642

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
158539	04/13/21

Claim#: JK79400

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

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

⑈0000158539⑈ ⑆121000248⑆ 4002 143116⑈

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 Patient: Penguin Natural Foods, Inc.

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6386323 - 1
Reprice: CA, 92781
Billed Date: 03/18/2021
Business Rcvd: 03/23/2021
MBR Rcvd: 03/23/2021
MBR Date: 03/29/2021
Date Approved: 04/13/2021
DOS From - To: 02/03/2021 - 02/03/2021

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

Treating Provider:
Referring Physician: GOFNUNG
Patient Control #: 77128
Provider Tax Id: 33-0956713

Claim #: JK79400
Processor Initials: CH
DOI: 09/01/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/03/21	T1013 G67, MVO, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		A	$0.00	$180.00
	Billed: t1013; Units: 1								
Sub-Totals for Bill: 6386323					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:6386323									**$180.00**

Line Item Reason Codes and Descriptions
MVO 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#
04/27/21 79176

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
KB70300

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

Case: vs STAY GREEN, INC.
Date Of Injury: 7/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/20	INITIAL EXAM	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/26/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/19/20	INITIAL ACUP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/11/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/16/20	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
11/17/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/01/20	INIT PHYSIO	THERAPY W/DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/03/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/24/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/08/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/15/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR* LT FOOT	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/17/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/22/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/09/21	PMT BY CHECK	DOS 11/24/20-12/8/20*	-360.00

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

*** INVOICE ***
Date NO#
04/27/21 79176

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
KB70300

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

Case: vs STAY GREEN, INC.
Date Of Injury: 7/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 147170	
01/12/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/19/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/27/21	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/28/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/02/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/04/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/09/21	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/15/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/22/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/24/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/01/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
04/13/21	PMT BY CHECK	DOS 2/2/21-2/4/21*	-360.00
		# 158524	
04/13/21	PMT BY CHECK	DOS 2/9/21* # 158525	-180.00
04/13/21	PMT BY CHECK	DOS 2/15/21* # 158526	-180.00
03/15/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
04/20/21	PMT BY CHECK	DOS 2/22/21* # 159742	-180.00

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

*** INVOICE ***
Date NO#
04/27/21 79176

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
KB70300

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

Case: vs STAY GREEN, INC.
Date Of Injury: 7/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 3420.00

* 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
158524	04/13/21

Claim#: KB70300

PAY EXACTLY: *Three hundred sixty and 00/100 Dollars*

*******$360.00

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

⑈0000158524⑈ ⑆121000248⑆ 4002 143114⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HERE

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

Employer Patient: Stay Green, Inc.

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6382026 - 1
Reprice: CA, 92781
Billed Date: 03/19/2021
Business Rcvd: 03/22/2021
MBR Rcvd: 03/22/2021
MBR Date: 03/29/2021
Date Approved: 04/13/2021
DOS From - To: 02/02/2021 - 02/04/2021

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

Treating Provider:
Referring Physician: MAHNAZ AZIMZADEH
Patient Control #: 79176
Provider Tax Id: 33-0956713

Claim #: KB70300
Processor Initials: TRC
DOI: 07/24/2019
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/02/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		1	$0.00	$180.00
	Billed: T1013; Units: 1								
02/04/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		1	$0.00	$180.00
	Billed: T1013; Units: 1								

Sub-Totals for Bill: 6382026 $360.00 **$0.00** **$360.00**

Charges not listed have been previously processed $0.00

Totals for Bill:6382026 **$360.00**

Line Item Reason Codes and Descriptions
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

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
158525	04/13/21

Claim#: KB70300

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

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

⑈0000158525⑈ ⑆121000248⑆ 4002 143111⑈

DETACH HERE

CORVEL
Explanation of Review

DETACH HE

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

Employer Patient: Stay Green, Inc.

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6398241 - 1
Reprice: CA, 92781
Billed Date: 03/26/2021
Business Rcvd: 03/30/2021
MBR Rcvd: 03/30/2021
MBR Date: 04/07/2021
Date Approved: 04/13/2021
DOS From - To: 02/09/2021 - 02/09/2021

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

Treating Provider:
Referring Physician: MAHNAZ AZIMZADEH
Patient Control #: 79176
Provider Tax Id: 33-0956713

Claim #: KB70300
Processor Initials: NMM
DOI: 07/24/2019
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/09/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		A	$0.00	$180.00
	Billed: T1013; Units: 1								
Sub-Totals for Bill: 6398241					$180.00			$0.00	$180.00
Totals for Bill:6398241									$180.00

Line Item Reason Codes and Descriptions
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

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
158526	04/13/21

Claim#: KB70300

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

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

⑈0000158526⑈ ⑆121000248⑆ 4002 143311⑈

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Explanation of Review

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

Employer Patient: Stay Green, Inc.

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6408874 - 1
Reprice: CA, 91770
Billed Date: 03/30/2021
Business Rcvd: 04/02/2021
MBR Rcvd: 04/02/2021
MBR Date: 04/09/2021
Date Approved: 04/13/2021
DOS From - To: 02/15/2021 - 02/15/2021

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

Treating Provider:
Referring Physician: MAHNAZ AZIMZADEH
Patient Control #: 79176
Provider Tax Id: 33-0956713

Claim #: KB70300
Processor Initials: NMM
DOI: 07/24/2019
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/15/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		A	$0.00	$180.00
	Billed: t1013; Units: 1								
Sub-Totals for Bill: 6408874					$180.00			$0.00	$180.00
Totals for Bill:6408874									$180.00

Line Item Reason Codes and Descriptions
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

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

CORVEL

Bank Code= ANIMC
11-21
1210(8)

CHECK NUMBER	CHECK DATE
159742	04/20/21

Claim#: KB70300

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

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

⑈0000159742⑈ ⑆121000248⑆ 4002 143311⑈

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CORVEL

Explanation of Review

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

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6417027 - 1
Reprice: CA, 92781
Billed Date: 04/05/2021
Business Rcvd: 04/08/2021
MBR Rcvd: 04/08/2021
MBR Date: 04/15/2021
Date Approved: 04/20/2021
DOS From - To: 02/22/2021 - 02/22/2021

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

Treating Provider:
Referring Physician: MAHNAZ AZIMZADEH
Patient Control #: 79176
Provider Tax Id: 33-0956713

Claim #: KB70300
Processor Initials: NMM
DOI: 07/24/2019
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/22/21	T1013 G67, MVO, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		A	$0.00	$180.00
	Billed: T1013; Units: 1								
Sub-Totals for Bill: 6417027					$180.00			$0.00	$180.00
Charges not listed have been previously processed									$0.00
Totals for Bill:6417027									$180.00

Line Item Reason Codes and Descriptions
MVO 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	78581

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-12-050230

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

Case: vs MANNING BEEF
Date Of Injury: 10/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/28/20	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/10/20	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/12/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/17/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/19/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/24/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/26/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/03/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/02/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/01/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/12/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/26/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00

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

*** INVOICE ***
Date NO#
04/26/21 78581

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-12-050230

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

Case: vs MANNING BEEF
Date Of Injury: 10/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/30/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/02/20	INITL CHIRO	TREATMENT W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/21/20	PMT BY CHECK	DOS 10/19/20* # 9297050	-180.00
12/21/20	PMT BY CHECK	DOS 10/21/20* # 9297047	-180.00
11/23/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
12/30/20	PMT BY CHECK	DOS 10/26/20* # 9303191	-180.00
11/25/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/07/21	PMT BY CHECK	DOS 10/28/20* # 9309847	-180.00
01/07/21	PMT BY CHECK	DOS 10/30/20* # 9309844	-180.00
12/02/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/15/21	PMT BY CHECK	DOS 11/2/20* # 9315743	-180.00
12/11/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/22/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/10/21	PMT BY CHECK	DOS 11/23/20* # 9337506	-180.00
02/12/21	PMT BY CHECK	DOS 12/2/20* # 9339711	-180.00
01/12/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/14/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/15/21	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/26/21 78581

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-12-050230

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

Case: vs MANNING BEEF
Date Of Injury: 10/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/24/21	PMT BY CHECK	DOS 12/11/20* =#9349445	-180.00
01/21/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/03/21	F/U CHIRO TX	CHIRO TX DR PEZESHKIAN @ FMR* R	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/08/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/12/21	PR2/REEVAL	DR MOHAMMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/18/21	PMT BY CHECK	DOS 1/14/21* # 9367520	-180.00
03/18/21	PMT BY CHECK	DOS 7/28/20-12/22/20* =# 9367549	-2700.00
02/15/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/24/21	PMT BY CHECK	DOS 1/12/21* # 9372959	-180.00
03/24/21	PMT BY CHECK	DOS 1/15/21* # 9372958	-180.00
02/22/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/31/21	PMT BY CHECK	DOS 1/21/21* =# 9378990	-180.00
03/08/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/15/21	PMT BY CHECK	DOS 2/3/21* =# 9390804	-180.00
03/15/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/17/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/20/21	PMT BY CHECK	DOS 2/12/21-2/15/21* # 9395266	-360.00

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

*** INVOICE ***
Date NO#
04/26/21 78581

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
BB-12-050230

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

Case: vs MANNING BEEF
Date Of Injury: 10/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 900.00

* 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:
Barrett Business Services

Claim#: BB-12-0502300

Bank Code= BBSEC
11-24
1210(E)

CHECK NUMBER	CHECK DATE
9378990	03/31/21

*******$180.00

PAY EXACTLY: *One hundred eighty 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

⑈0009378990⑈ ⑆121000248⑆ 4121 514012⑈

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DETACH HER

CORVEL

Explanation of Review

Business Unit: MANNING BEEF LLC, SAN BERNARD

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6374969 - 1
Reprice: CA, 92781
Billed Date: 03/09/2021
Business Rcvd: 03/19/2021
MBR Rcvd: 03/19/2021
MBR Date: 03/30/2021
Date Approved: 03/30/2021
DOS From - To: 01/21/2021 - 01/21/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4533

Treating Provider:
Referring Physician: PEZESHKIAN
Patient Control #: 78581
Provider Tax Id: 33-0956713

Claim #: BB-12-0502300
Processor Initials: KDM
DOI: 10/08/2012
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/21/21	T1013 G67, MVO, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		1	$0.00	$180.00
	Billed: T1013; Units: 1								
Sub-Totals for Bill: 6374969					$180.00			$0.00	$180.00
Totals for Bill:6374969									$180.00

Line Item Reason Codes and Descriptions
MVO 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

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 & §5307.3 for OMFS, §9794 & §9795 for Med-Legal, §9981 for Copy, and §9795.3 for Translation of the California Code of Regulation. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600.

DOS on or before 01/01/2013: If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

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 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 explanation of review.

Emergency Regulation for DOS on or After 01/01/2013 (8 CCR § 9792.5.1(a))114 The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment 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. Request for Independent Bill Review After a health care provider, health care facility, or billing agent/assignee 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, 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 service of the EOR. The Request for Independent Bill Review must conform to the requirements of 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 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 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.
****"Please note our new mailing address for bill submission: PO Box 6966, Portland, OR 97228."****

ICD Diagnosis Code
T14.90 INJURY UNSPECIFIED

Questions regarding this bill may be sent to:

CorVel Corporation, Attn: Bill Review
PO Box 6966
Portland, OR 97228

Toll free: 833-758-5750
Phone: 916-605-5140
FAX: 866-449-4217

California DWC
Employer Address -

Payer Identification Number - 421704550
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 0409, 2364
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Payment Date - Date Paid information was not available at the time this EOR was created.

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

AS ADMINISTRATOR OF:
Barrett Business Services

Claim#: BB-12-0502300

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
9390804	04/15/21

*******$180.00

PAY EXACTLY: *One hundred eighty 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

⑈0009390804⑈ ⑆121000248⑆ 4121 5140 12⑈

DETACH HERE

CORVEL

DETACH HERE

Explanation of Review

Business Unit: MANNING BEEF LLC, SAN BERNARD

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6395891 - 1
Reprice: CA, 92781
Billed Date: 03/18/2021
Business Rcvd: 03/29/2021
MBR Rcvd: 03/29/2021
MBR Date: 04/14/2021
Date Approved: 04/14/2021
DOS From - To: 02/03/2021 - 02/03/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4533

Treating Provider:
Referring Physician: MARINA RUSSMAN
Patient Control #: 78581
Provider Tax Id: 33-0956713

Claim #: BB-12-0502300
Processor Initials: KDM
DOI: 10/08/2012
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/03/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		1	$0.00	$180.00
	Pezeshkian								
	Billed: T1013; Units: 1								
Sub-Totals for Bill: 6395891					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:6395891									**$180.00**

Line Item Reason Codes and Descriptions
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

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

AS ADMINISTRATOR OF:
Barrett Business Services

Claim#: BB-12-0502300

CORVEL

Bank Code:- BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
9395266	04/20/21

PAY EXACTLY: *Three hundred sixty and 00/100 Dollars*

*******$360.00

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

⑈0009395266⑈ ⑆121000248⑆ 4121 5140 12⑈

TACH HERE

CORVEL

Explanation of Review

DETACH HER

Business Unit: MANNING BEEF LLC, SAN BERNARD
5942 Acorn St
Riverside, CA 92504-1040

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6413103 - 1
Reprice: CA, 92781
Billed Date: 03/30/2021
Business Rcvd: 04/07/2021
MBR Rcvd: 04/07/2021
MBR Date: 04/20/2021
Date Approved: 04/20/2021
DOS From - To: 02/12/2021 - 02/15/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4533

Vendor #:
PIN:

Treating Provider:
Referring Physician: MARINA BUSSMAN
Patient Control #: 78581
Provider Tax Id: 33-0956713

Claim #: BB-12-0502300
Processor Initials: KDM
DOI: 10/08/2012
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/12/21	T1013 G67, MVO, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		A	$0.00	$180.00
	Billed: T1013; Units: 1								
02/15/21	T1013 G67, MVO, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		A	$0.00	$180.00
	Billed: T1013; Units: 1								
Sub Totals for Bill: 6413103					$360.00			$0.00	$360.00
Charges not listed have been previously processed									$0.00
Totals for Bill:6413103									$360.00

Line Item Reason Codes and Descriptions
MVO 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	77798

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1405-WC-20-0000042

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: RISA SOTO
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs BEDDING ACQUISITION LLC
Date Of Injury: 1/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/20	INITL CHIRO	& PHYS TX W/DR CHRISTINE HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/10/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/12/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/17/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/19/20	FOLLOW UP	PHYS TX & CHIRO TX W/DR HA & CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/24/20	INITIAL ACUP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/26/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/02/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/09/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

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 77798

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1405-WC-20-0000042

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: RISA SOTO
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs BEDDING ACQUISITION LLC
Date Of Injury: 1/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/08/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/08/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/29/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/05/20	F/U PHYSIO	& CHIRO TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/12/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/26/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/09/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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#
04/28/21 77798

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1405-WC-20-0000042

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: RISA SOTO
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs BEDDING ACQUISITION LLC
Date Of Injury: 1/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BABROSA # 500267	0.00
10/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
10/21/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/11/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/02/21	PMT BY CHECK	DOS 12/1/20* # 4302	-180.00
12/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/29/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/19/21	PMT BY CHECK	DOS 12/15/20* # 4561	-180.00
02/23/21	PMT BY CHECK	DOS 12/22/20* =# 4635	-180.00

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 77798

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1405-WC-20-0000042

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: RISA SOTO
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs BEDDING ACQUISITION LLC
Date Of Injury: 1/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/15/21	PMT BY CHECK	DOS 1/12/21* =# 4869	-180.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/23/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/02/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/02/21	PMT BY CHECK	DOS 2/2/21* # 5016	-180.00
03/09/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/14/21	PMT BY CHECK	DOS 2/9/21* # 5098	-180.00
04/15/21	PMT BY CHECK	DOS 2/16/21* =# 5108	-180.00
04/22/21	PMT BY CHECK	DOS 2/23/21* # 5148	-180.00
03/16/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/23/21	PMT BY CHECK	DOS 3/2/21* # 5158	-180.00
		BALANCE	6480.00

* 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.
BEDDING ACQUISITION LLC
PO BOX 22369
PORTLAND, OR 97269-2369

AS ADMINISTRATOR OF:
Safety National Casualty Corporation
Claim#: 1405-WC-20-0000042

CORVEL

Bank Code= BALSN
11-24
1210(8)

CHECK NUMBER	CHECK DATE
5016	04/02/21

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0000050 16⑈ ⑆121000248⑆ 4941 513046⑈

ETACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: Bedding Acquisition-Compton

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 6/15082723 - 1
Reprice: CA, 92781
Billed Date: 03/17/2021
Business Rcvd: 03/24/2021
MBR Rcvd: 03/24/2021
MBR Date: 04/01/2021
Date Approved: 04/01/2021
DOS From - To: 02/02/2021 - 02/02/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Soto, Riza
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 77798
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 1405-WC-20-0000042
Processor Initials: JF
DOI: 01/30/2020
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/02/21	T1013 507, G4 , G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		1	$0.00	$180.00
	Billed: T1013; Units: 1								
Sub-Totals for Bill: 15082723					$180.00			$0.00	$180.00
Totals for Bill:15082723									$180.00

Line Item Reason Codes and Descriptions
507 Priced According to Contract Agreement

Line Item Reason Codes and Descriptions
G4 This charge was adjusted to comply with the rate and rules of the contract indicated
G67 Payment based on individual pre-negotiated agreement for this specific service

CORVEL ENTERPRISE COMP, INC.
BEDDING ACQUISITION LLC
PO BOX 22369
PORTLAND, OR 97269-2369

AS ADMINISTRATOR OF:
Safety National Casualty Corporation

Claim#: 1405-WC-20-0000042

CORVEL

Bank Code= BALSN
11-24
1210(8)

CHECK NUMBER	CHECK DATE
5098	04/14/21

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

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

⑈0000005098⑈ ⑆121000248⑆ 4941 513046⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: Bedding Acquisition-Compton
601-615 W Walnut Street
Compton, CA 90220

Employer
Patient:

Patient DOB: XXX-XX-

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	6/15108398 - 1
Reprice:	CA, 92781
Billed Date:	03/31/2021
Business Rcvd:	04/06/2021
MBR Rcvd:	04/06/2021
MBR Date:	04/13/2021
Date Approved:	04/13/2021
DOS From - To:	02/09/2021 - 02/09/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Soto, Riza
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 77798
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 1405-WC-20-0000042
Processor Initials: RS
DOI: 01/30/2020
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/09/21	T1013 G67, MVO, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 8	11	$180.00		1	$0.00	$180.00
	Billed: T1013; Units: 1								
Sub-Totals for Bill: 15108398					**$180.00**			**$0.00**	**$180.00**
Totals for Bill:15108398									**$180.00**

Line Item Reason Codes and Descriptions
MVO 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

CORVEL ENTERPRISE COMP, INC.
BEDDING ACQUISITION LLC
PO BOX 22369
PORTLAND, OR 97269-2369

AS ADMINISTRATOR OF:
Safety National Casualty Corporation

Claim#: 1405-WC-20-0000042

CORVEL

Bank Code= BALSN
11-24
1210(8)

CHECK NUMBER	CHECK DATE
5108	04/15/21

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

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

⑈0000005108⑈ ⑆121000248⑆ 4941 513046⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: Bedding Acquisition-Compton
601-615 W Walnut Street
Compton, CA 90220

Employer
Patient:

Patient DOB: XXX-XX

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 6/15111414 - 1
Reprice: CA, 92781
Billed Date: 04/01/2021
Business Rcvd: 04/07/2021
MBR Rcvd: 04/07/2021
MBR Date: 04/14/2021
Date Approved: 04/14/2021
DOS From - To: 02/16/2021 - 02/16/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Soto, Riza

Treating Provider:
Referring Physician:
Patient Control #: 77798
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 1405-WC-20-0000042
Processor Initials: RS
DOI: 01/30/2020
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/16/21	T1013 507, G67, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		1	$0.00	$180.00
	Billed: 99199; Units: 1								
Sub-Totals for Bill: 15111414					**$180.00**			**$0.00**	**$180.00**
Totals for Bill:15111414									**$180.00**

Line Item Reason Codes and Descriptions
507 Priced According to Contract Agreement
RZZ Payer/ Provider agreement in place

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

CORVEL ENTERPRISE COMP, INC.
BEDDING ACQUISITION LLC
PO BOX 22369
PORTLAND, OR 97269-2369

AS ADMINISTRATOR OF:
Safety National Casualty Corporation
Claim#: 1405-WC-20-0000042

CORVEL

Bank Code: BALSN
11-24
1210(8)

CHECK NUMBER	CHECK DATE
5148	04/22/21

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0000005148⑈ ⑆121000248⑆ 4941 513046⑈

TACH HERE

CORVEL

DETACH HERE

Explanation of Review

Business Unit: Bedding Acquisition-Compton

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 6/15124728 - 1
Reprice: CA, 92781
Billed Date: 04/07/2021
Business Rcvd: 04/14/2021
MBR Rcvd: 04/14/2021
MBR Date: 04/21/2021
Date Approved: 04/21/2021
DOS From - To: 02/23/2021 - 02/23/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Soto, Riza

Treating Provider:
Referring Physician: ✓
Patient Control #: 77798
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 1405-WC-20-0000042
Processor Initials: RS
DOI: 01/30/2020
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/23/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		1	$0.00	$180.00
	Billed: T1013; Units: 1								
Sub-Totals for Bill: 15124728					$180.00			$0.00	$180.00
Totals for Bill:15124728									$180.00

Line Item Reason Codes and Descriptions
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

CORVEL ENTERPRISE COMP, INC.
BEDDING ACQUISITION LLC
PO BOX 22369
PORTLAND, OR 97269-2369

AS ADMINISTRATOR OF:
Safety National Casualty Corporation
Claim#: 1405-WC-20-0000042

CORVEL

Bank Code= BALSN
11-24
1210(8)

CHECK NUMBER	CHECK DATE
5158	04/23/21

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

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

⑈0000005158⑈ ⑆121000248⑆ 4941 513046⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: Bedding Acquisition-Compton
601-615 W Walnut Street
Compton, CA 90220

Employer
Patient:

Patient DOB: XXX-XX

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 6/15131381 - 1
Reprice: CA, 92781
Billed Date: 04/12/2021
Business Rcvd: 04/16/2021
MBR Rcvd: 04/16/2021
MBR Date: 04/22/2021
Date Approved: 04/22/2021
DOS From - To: 03/02/2021 - 03/02/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Soto, Riza
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 77798
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 1405-WC-20-0000042
Processor Initials: RS
DOI: 01/30/2020
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
03/02/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		1	$0.00	$180.00
	Billed: t1013; Units: 1								
Sub-Totals for Bill: 15131381					**$180.00**			**$0.00**	**$180.00**
Totals for Bill:15131381									**$180.00**

Line Item Reason Codes and Descriptions
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#
04/05/21 78465

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1282-WC190000036

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

Case: vs PELICAN ROPE WORKS
Date Of Injury: CT 10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/08/20	INITIAL EXAM	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/13/20	INIT PHYSIO	THERAPY DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/14/20	INITIAL ACUP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
07/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/16/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/21/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/23/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
07/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/28/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/30/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/04/20	INITIAL PSYC	EVAL W/DR ANTHONY FRANCISCO @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/19/20	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
08/25/20	INITL CHIRO	TREATMENT W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	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#
04/05/21 78465

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1282-WC190000036

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

Case: vs PELICAN ROPE WORKS
Date Of Injury: CT 10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/26/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/31/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/02/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/08/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/10/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/30/20	PR2/REEVAL	DR RUSSMAN/AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/05/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/07/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/12/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/13/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/14/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/20/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
10/19/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	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#
04/05/21 78465

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1282-WC190000036

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

Case: vs PELICAN ROPE WORKS
Date Of Injury: CT 10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/21/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	ANTONI N. SALAZAR # 101316	0.00
10/26/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/28/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/23/20	PMT BY CHECK	DOS 9/30/20* # 31012	-90.00
11/02/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/03/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/06/20	FOLLOW-UP	W/ ACUPUNCT SUNGSOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
11/11/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
11/13/20	FOLLOW-UP	W/ ACUPUNCT SUNGSOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/18/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/19/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/20/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/02/20	PR2/REEVAL	DR MAHRAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/07/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	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#
04/05/21 78465

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1282-WC190000036

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

Case: vs PELICAN ROPE WORKS
Date Of Injury: CT 10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/09/20	FOLLOW-UP	W/ ACUPUNCT COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/22/21	PMT BY CHECK	DOS 11/3/20* # 38890 CORVEL 1	-180.00
12/14/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/16/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
12/21/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/22/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/23/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/06/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/13/21	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/19/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/15/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
02/16/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/18/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/05/21 78465

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1282-WC190000036

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

Case: vs PELICAN ROPE WORKS
Date Of Injury: CT 10/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/17/21	FOLLOW-UP	W/ ACUPUNCT K LEE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/22/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/23/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/25/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/01/21	PMT BY CHECK	DOS 9/30/20* # 51345 corvel	-90.00

BALANCE 10980.00

* 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

AS ADMINISTRATOR OF:
Sirius America Insurance Company

Claim#: 1282-WC-19-0000036

PAY EXACTLY: *Ninety and 00/100 Dollars*

CORVEL

Bank Code= PIE
11-24
1210(8)

CHECK NUMBER	CHECK DATE
31012	11/23/20

********$90.00

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

⑈000031012⑈ ⑆121000248⑆ 4332 938588⑈

DETACH HERE

CORVEL

DETACH HERE

Business Unit: US Rigging Supply & Pelican Rope W

Explanation of Review

Employer
Patient:

Patient DOB:

RECEIVED NOV 30 2020

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	11/2810076 - 1
Reprice:	CA, 92781
Billed Date:	10/30/2020
Business Rcvd:	11/16/2020
MBR Rcvd:	11/16/2020
MBR Date:	11/20/2020
Date Approved:	11/20/2020
DOS From - To:	09/30/2020 - 09/30/2020

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Maag, Rob

Vendor #:
PIN:

Treating Provider:
Referring Physician: RUSSMAN
Patient Control #: 78465
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 1282-WC-19-0000036
Processor Initials: JF
DOI: 04/17/2019
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
09/30/20	T1013 G1 , RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		1	$90.00	$90.00
	Billed: T1013; Units: 1								
Sub-Totals for Bill: 2810076					$180.00			$90.00	$90.00
Totals for Bill:2810076									$90.00

Line Item Reason Codes and Descriptions
RZZ Payer/ Provider agreement in place

Line Item Reason Codes and Descriptions
G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

PAID DEC 01 2020

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

AS ADMINISTRATOR OF:
Sirius America Insurance Company

Claim#: 1282-WC-19-0000036

CORVEL

Bank Code= PIE
11-24
1210(8)

CHECK NUMBER	CHECK DATE
51345	04/01/21

********$90.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY EXACTLY: *Ninety and 00/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0000051345⑈ ⑆121000248⑆ 4332 938588⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: US Rigging Supply & Pelican Rope W

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 11/2874368 - 1
Reprice: CA, 92781
Billed Date: 11/30/2020
Business Rcvd: 03/11/2021
MBR Rcvd: 03/11/2021
MBR Date: 03/31/2021
Date Approved: 03/31/2021
DOS From - To: 09/30/2020 - 09/30/2020

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Maag, Rob

Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 78465
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 1282-WC-19-0000036
Processor Initials: JF
DOI: 04/17/2019
RX Number:
Claim Rep Ext.:

Bill Comments
- Inv#:78465

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
09/30/20	T1013 506, G1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$180.00		1	$90.00	$90.00
	Previously reviewed under bill#2810076 with a recommendation of $90								
	Billed: T1013; Units: 1								
Sub-Totals for Bill: 2874368					**$180.00**			**$90.00**	**$90.00**
Totals for Bill:2874368									**$90.00**

Line Item Reason Codes and Descriptions
506 Re-evaluated bill, payment adjusted

Line Item Reason Codes and Descriptions

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

*** INVOICE ***

Date	NO#
04/22/21	76592

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2019381362

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

Case: vs WISE INVESTMENTS LLC
Date Of Injury: 2/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/19	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
09/11/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
09/25/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/16/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/13/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/11/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/08/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/13/20	PMT BY CHECK	DOS 8/14/19-12/11/19* =# 24363745	-540.00
02/19/20	PMT BY CHECK	DOS 1/8/20* =# 24465735	-90.00
02/03/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
03/18/20	PMT BY CHECK	DOS 2/3/20* =# 25079878	-90.00
02/24/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
04/29/20	PMT BY CHECK	DOS 2/24/20* =# 25867199	-90.00
03/16/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
05/22/20	PMT BY CHECK	DOS 3/16/20* =# 26238293	-180.00
04/13/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
05/04/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	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#
04/22/21 76592

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2019381362

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

Case: vs WISE INVESTMENTS LLC
Date Of Injury: 2/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/20	PMT BY CHECK	DOS 2/24/20-4/13/20* =# 26613850	-270.00
05/29/20	PR2/REEVAL	DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
07/06/20	PMT BY CHECK	DOS 5/4/20* =# 26973892	-180.00
06/22/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
07/10/20	PMT BY CHECK	DOS 5/29/20* =# 27103366	-90.00
07/23/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
07/23/20	RMB IBR FEE	DOS 9/11/19-12/11/19 # 27359760	-180.00
07/23/20	PMT BY CHECK	DOS 9/11/19-12/11/19 # 27359760	-450.00
07/28/20	PMT BY CHECK	DOS 6/22/20* =# 27437697	-180.00
07/13/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
08/14/20	PMT BY CHECK	DOS 7/13/20* =# 27823620	-180.00
08/03/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
09/08/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
09/08/20	RMB IBR FEE	DOS 2/3/20 # 241287261	-180.00
09/08/20	PMT BY CHECK	DOS 2/3/20 # 241287261	-90.00
09/10/20	PMT BY CHECK	DOS 8/3/20* =# 28343500	-90.00
08/31/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
10/07/20	PMT BY CHECK	DOS 8/31/20* =# 28934868	-180.00
10/05/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
11/12/20	PMT BY CHECK	DOS 10/5/20* =# 29688312	-180.00
11/02/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	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#
04/22/21 76592

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2019381362

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

Case: vs WISE INVESTMENTS LLC
Date Of Injury: 2/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/08/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS FOR DOS 8/14/19	180.00
12/11/20	PMT BY CHECK	DOS 8/3/20* =# 30352430	-90.00
12/21/20	PMT BY CHECK	DOS 11/2/20* =# 30518331	-180.00
01/04/21	P AND S	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/26/21	PMT BY CHECK	DOS 1/4/21* =# 31931999	-180.00
04/15/21	COSTS	IBR RELATED STLMT DOS 8/14/19	1780.00
04/15/21	PMT BY CHECK	DOS 8/14/19 # 33106736	-1780.00
04/15/21	RMB IBR FEE	DOS 8/14/19 # 33106736	-180.00
04/15/21	PMT BY CHECK	DOS 8/14/19 # 33106736	-140.00

BALANCE 180.00

* 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.

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

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

76592

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:	2019381362
Client Reference ID:	241209611
VP Trans ID:	740096529
	EIG0001001
Date:	02/13/2020
Amount:	$540.00
Check Number:	24363745

PAID
FEB 19 2020

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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

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

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

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

24363745

02/13/2020

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$540.00**

FIVE HUNDRED FORTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

740096529

⑈24363745⑈ ⑆273970116⑆ 170001299⑈

Employers Preferred Insurance Company 505

Process Date: 02/12/2020
Control Number: 306151468
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 241209611 **Payment Date: 02/13/2020**

Claim Number: 2019281282
Claimant:
Provider Tax ID: 330956713
Provider Ref: 76592
Provider License: CA99999

Vendor: 9941672#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 02/22/2019
Claims Received Date: 02/04/2020

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	RPO/Red	Other/Red	Allowance Reasons
08/14/19	11	T1013		SIGN LANGUAGE/I	120.000	230.00	140.00	0.00	0.00	90.00 863,6541,G1
		99919 Changed to T1013 Better Defining Services Performed								
09/11/19	11	T1013		SIGN LANGUAGE/I	120.000	180.00	90.00	0.00	0.00	90.00 863,6541,G1
		99919 Changed to T1013 Better Defining Services Performed								
09/25/19	11	T1013		SIGN LANGUAGE/I	120.000	180.00	90.00	0.00	0.00	90.00 863,6541,G1
		99919 Changed to T1013 Better Defining Services Performed								
10/16/19	11	T1013		SIGN LANGUAGE/I	120.000	180.00	90.00	0.00	0.00	90.00 863,6541,G1
		99919 Changed to T1013 Better Defining Services Performed								
11/13/19	11	T1013		SIGN LANGUAGE/I	120.000	180.00	90.00	0.00	0.00	90.00 863,6541,G1
		99919 Changed to T1013 Better Defining Services Performed								
12/11/19	11	T1013		SIGN LANGUAGE/I	120.000	180.00	90.00	0.00	0.00	90.00 863,6541,G1
		99919 Changed to T1013 Better Defining Services Performed								
		TOTALS:				1,130.00	590.00	0.00	0.00	540.00
		TOTAL RECOMMENDED ALLOWANCE:								540.00

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

DWC CODE DESCRIPTION

G1 -THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

CARRIER EXPLANATION REASON CODE

863 -REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.
6541 -MEDICAL

47484618

2111-H-1078779-0

7400965529

0000051-0000303

m

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®
America's small business insurance specialist®

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

76592

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:	2019381362
Client Reference ID:	241370884
VP Trans ID:	1014680089
	EIG0001001
Date:	04/15/2021
Amount:	$2,100.00
Check Number:	33106736

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Email
support@vpayusa.com
today to find out how.

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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

33106736

04/15/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$2,100.00**

TWO THOUSAND ONE HUNDRED DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1014680089

⑈33106736⑈ ⑆273970116⑆ 17000129 91⑈

1014680089

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 Preferred Insurance Company
Payee/Provider:	JOYCE ALTMAN INTERPRETERS INC
Client Reference ID:	241370884
Amount:	$2100.0

Injured Employee	Claim Number	Payment Id	Invoice Number	Account Number	Payment From	Payment Through	Billed Amount	Allowed Amount	Comment
	2019381362	241370884			04/14/2019	08/14/2019	2,100.00	2,100.00	

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

*** INVOICE ***
Date NO#
03/25/21 77702

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019411914

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

Case: vs SANTA FE COLLISION CENTER
Date Of Injury: 12/17/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/20	INITIAL EXAM	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/01/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GABRIELLA DAVIS # 100541	0.00
02/08/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/15/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/18/20	INITIAL PSYC	EVAL ANTHONY FRANCISCO, PH.D. @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/22/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/29/20	FOLLOW-UP	W/ ACUPUNCT KIM JI SUN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/07/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/21/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
04/04/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/11/20	FOLLOW-UP	W/ ACUPUNCT VI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/18/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/25/20	INIT PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/02/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00

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

*** INVOICE ***
Date NO#
03/25/21 77702

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019411914

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

Case: vs SANTA FE COLLISION CENTER
Date Of Injury: 12/17/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
05/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
05/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
05/30/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/13/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
06/20/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/21/20	PMT BY CHECK	DOS 6/6/20* =# 27306252	-90.00
07/18/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/02/20	PMT BY CHECK	DOS 4/11/20* =# 28202925	-180.00
08/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANA MORALES # 004052	0.00
08/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/05/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/26/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/17/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	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#
03/25/21 77702

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019411914

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

Case: vs SANTA FE COLLISION CENTER
Date Of Injury: 12/17/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/20	INITIAL EXAM	DR GABRIEL RUBANENKO @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
11/14/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
12/10/20	EMG TESTING	& NCV BY DR BHARATWAL @ FMR* U/E	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/12/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/09/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/23/21	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/04/21	INITIAL EXAM	DR JUSTIN PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/06/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/18/21	PMT BY CHECK	DOS 6/6/20* =# 32380580	-90.00

BALANCE 6120.00

* 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 ****

M

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000212-0001021 D0106 001 986356 EIG

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

77702

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:	Multiple Claims
Client Reference ID:	241373609
VP Trans ID:	1017869229
	EIG0001001
Date:	04/20/2021
Amount:	$6,120.00
Check Number:	33186557

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Email support@vpayusa.com today to find out how.

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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

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

VPay
1-855-523-9634

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

33186557

04/20/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$6,120.00

SIX THOUSAND ONE HUNDRED TWENTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1017869229

⑈33186557⑈ ⑆273970116⑆ 17000129916⑈

ENDORSEMENT AREA: Know your endorser. Require identification. By endorsement of this check, the payee, under penalty of fine and/or imprisonment, certifies entitlement to this payment for benefits or services and that 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.

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
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Security Screen	Absence of "Original Document" message on back of checks
Flocked Background	Single color or uneven color gradient in the check background

Employers Preferred Insurance Company 505

Process Date: 04/15/2021
Control Number: 306801209
EOR Page 1 of 4
Rev/Aud: SS/AB*

Payment Number: 241373609 **Payment Date: 04/20/2021**

Claim Number: 2019411914
Claimant:
Provider Tax ID: 330956713
Provider Ref: 77702
Provider License: CA99999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX-
Date Of Injury: 12/17/2019
Claims Received Date: 04/08/2021

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
01/29/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
02/01/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
02/08/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
02/15/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
02/18/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
02/22/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
02/29/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
03/07/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
03/21/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
04/04/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
04/11/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	180.00	0.00	0.00	0.00	1014,M2
		99919 Changed to T1013 Better Defining Services Performed									
04/18/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
04/25/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
05/02/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									

49352957

2111-H-1233720-0

10176869229

Employers Preferred Insurance Company 505

Process Date: 04/15/2021
Control Number: 306801209
EOR Page 2 of 4
Rev/Aud: SS/AB*

Payment Number: 241373609 **Payment Date: 04/20/2021**

Claim Number: 2019411914
Claimant:
Provider Tax ID: 330956713 Vendor: 5628181#5628181
Provider Ref: 77702 Geo Zip: 90001
Provider License: CA99999

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 12/17/2019
Claims Received Date: 04/08/2021

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
05/09/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
05/16/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
05/30/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
06/06/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	180.00	0.00	0.00	0.00	1014,M2, 6541
				99919 Changed to T1013 Better Defining Services Performed							
06/13/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
06/20/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
07/18/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
08/15/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
08/29/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
09/05/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
09/12/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
09/19/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
09/26/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
				99919 Changed to T1013 Better Defining Services Performed							

49352957

2111-H-1233720-0

1017869229

Payment Number: 241373609 **Payment Date: 04/20/2021**

Claim Number:	2019411014		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	77702	Geo Zip: 90001	Date Of Injury:	12/17/2019	
Provider License:	CA99999		Claims Received Date:	04/08/2021	

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
10/17/20	11	T1013		SIGN LANGUAGE/I	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
10/19/20	11	T1013		SIGN LANGUAGE/I	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
11/14/20	11	T1013		SIGN LANGUAGE/I	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
12/10/20	11	T1013		SIGN LANGUAGE/I	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
12/12/20	11	T1013		SIGN LANGUAGE/I	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
01/09/21	11	T1013		SIGN LANGUAGE/I	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
01/23/21	11	T1013		SIGN LANGUAGE/I	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
02/04/21	11	T1013		SIGN LANGUAGE/I	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
02/06/21	11	T1013		SIGN LANGUAGE/I	120.000	180.00	0.00	0.00	0.00	180.00	1001,G1, 6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
		TOTALS:				**6,480.00**	**360.00**	**0.00**	**0.00**	**6,120.00**	
		TOTAL RECOMMENDED ALLOWANCE:								**6,120.00**	

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

DWC CODE DESCRIPTION

G1	-THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
M2	-NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION/REQUEST FOR SECOND REVIEW.

CARRIER EXPLANATION REASON CODE

1001	-BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY

49352957

2111-H-1233720-0

1017869229

Employers Preferred Insurance Company 505

Process Date: 04/15/2021
Control Number: 306801209
EOR Page 4 of 4
Rev/Aud: SS/AB*

Payment Number: 241373609 **Payment Date: 04/20/2021**

Claim Number:	2019411914			PPO/OSR ID:	
Claimant:				NPI Number:	
Provider Tax ID:	330956713	Vendor:	5628181#5628181	Claimant SSN:	XXX-XX
Provider Ref:	77702	Geo Zip:	90001	Date Of Injury:	12/17/2019
Provider License:	CA99999			Claims Received Date:	04/08/2021

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

	THE PROVIDER, WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.
1014	-THE ATTACHED BILLING HAS BEEN RE-EVALUATED AT THE REQUEST OF THE PROVIDER. BASED ON THIS RE-EVALUATION, WE FIND OUR ORIGINAL REVIEW TO BE CORRECT. THEREFORE, NO ADDITIONAL ALLOWANCE APPEARS TO BE WARRANTED.
5076	-BYPASS NETWORK
6541	-MEDICAL

Carrier/Insurer: EMPLOYERS PREFERRED INSURANCE COMPANY

Employer Name: SANTA FE COLLISION CENTER INC (EIG 290022300), Employer ID: EIG 290022300, Employer Address: 13659 PUMICE ST, SANTA FE SPRINGS, CA 90670

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

Claimant Address: 3253 MARINE AVE APT 5 GARDENA, CA 902493451, Claimant D.O.B.: 04/23/1969

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.

*** Workers Compensation ***

49352957

2111-H-1233720-0

10178692229

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

*** INVOICE ***
Date NO#
04/20/21 77929

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019410176, 2020423115

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JOSEPH FURR/MARIA ECKLES
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs THE BOILING CRAB
Date Of Injury: 9/7/19, 1/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/20	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/05/20	INITIAL ACUP	W/ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/12/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/19/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/14/20	INIT PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/13/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/16/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/17/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/20/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/21/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/27/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/29/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	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#
04/20/21 77929

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019410176, 2020423115

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JOSEPH FURR/MARIA ECKLES
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs THE BOILING CRAB
Date Of Injury: 9/7/19, 1/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/01/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/10/20	PR2/REEVAL	DR RUSSMAN/HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/21/20	PR2/REEVAL	DR HASSANIN @ FMR (2H 35M)	247.50
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/26/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/29/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/02/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/05/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/08/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/15/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/19/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/30/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/02/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/01/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/07/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/08/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00

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

*** INVOICE ***

Date	NO#
04/20/21	77929

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019410176, 2020423115

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JOSEPH FURR/MARIA ECKLES
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs THE BOILING CRAB
Date Of Injury: 9/7/19, 1/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/21/20	PMT BY CHECK	DOS 6/8/200* =# 27306114	-180.00
07/24/20	PMT BY CHECK	DOS 6/15/20* =# 27381885	-90.00
07/10/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/14/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/16/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/15/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
07/17/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/04/20	PMT BY CHECK	DOS 6/19/20* =# 27588177	-180.00
08/07/20	PMT BY CHECK	DOS 6/30/20* =# 27676751	-90.00
08/06/20	PMT BY CHECK	DOS 7/2/20* =# 27634138	-90.00
07/24/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/12/20	PMT BY CHECK	DOS 7/8/20* =# 27751065	-180.00
07/28/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/05/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/06/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
08/08/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RAMESHNI/RUSSMAN* #1	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/12/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	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#
04/20/21 77929

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019410176, 2020423115

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JOSEPH FURR/MARIA ECKLES
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs THE BOILING CRAB
Date Of Injury: 9/7/19, 1/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/07/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/13/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/14/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/18/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/19/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/27/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/09/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/08/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/10/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/15/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/17/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/18/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00

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

*** INVOICE ***
Date NO#
04/20/21 77929

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019410176, 2020423115

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JOSEPH FURR/MARIA ECKLES
P.O. BOX 32036
LAKELAND, FL 33802

Case: [redacted] vs THE BOILING CRAB
Date Of Injury: 9/7/19, 1/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
09/22/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/24/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/25/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/30/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/02/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
10/05/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/07/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/09/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
10/12/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/14/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	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#
04/20/21 77929

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019410176, 2020423115

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JOSEPH FURR/MARIA ECKLES
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs THE BOILING CRAB
Date Of Injury: 9/7/19, 1/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 0551585	0.00
10/29/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/05/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/13/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SCHULZ # 102100	0.00
11/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
11/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
11/20/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/23/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/12/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/03/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/05/21	LIEN FIL FEE	LIEN FILING FEE	150.00
03/09/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
03/09/21	RMB IBR FEE	DOS 6/30/20 & 7/2/20* =# 32169374	-180.00
03/09/21	PMT BY CHECK	DOS 6/30/20 & 7/2/20*	-180.00
04/16/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
04/16/21	RMB IBR FEE	DOS 6/15/20 =# 33124942	-180.00
04/16/21	PMT BY CHECK	DOS 6/15/20 =# 33124942	-90.00

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

*** INVOICE ***

Date	NO#
04/20/21	77929

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019410176, 2020423115

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JOSEPH FURR/MARIA ECKLES
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs THE BOILING CRAB
Date Of Injury: 9/7/19, 1/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 14257.50

* 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.

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000156-0000867 D0106 001 906987 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.

77929

Claim ID:	Multiple Claims
Client Reference ID:	250990398
VP Trans ID:	835238057
	EIG0001002
Date:	07/24/2020
Amount:	$90.00
Check Number:	27381885

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JUL 29 2020

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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

[redacted]

Employers Assurance Company 506

Process Date: 07/23/2020
Control Number: 306410072
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 250990398 **Payment Date: 07/24/2020**

Claim Number: 2020423115
Claimant:
Provider Tax ID: 330956713 Vendor: 9941672#5828181
Provider Ref: 77929 Geo Zip: 90001
Provider License: 99999999

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 01/28/2020
Claims Received Date: 07/17/2020

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
06/15/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	90.00	0.00	0.00	90.00	601,6541,G1
				99919 Changed to T1013 Better Defining Services Performed							
				TOTALS:		180.00	90.00	0.00	0.00	90.00	
				TOTAL RECOMMENDED ALLOWANCE:						90.00	

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

DWC CODE DESCRIPTION

G1 -THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

CARRIER EXPLANATION REASON CODE

601 -CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES
6541 -MEDICAL

2111-H-1131812-0 48202353

8352380S7

0000156-0000871

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000012-0000211 D0716 001 985434 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:	Multiple Claims
Client Reference ID:	251072389
VP Trans ID:	1015561510
	EIG0001002
Date:	04/16/2021
Amount:	$270.00
Check Number:	33124942

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VCard or ACH

Email
support@vpayusa.com
today to find out how.

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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

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 Assurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

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

33124942

04/16/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$270.00**

TWO HUNDRED SEVENTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1015561510

⑈33124942⑈ ⑆273970116⑆ 17000129916⑈

Employers Assurance Company 506

Process Date: 04/15/2021
Control Number: 306806755
EOR Page 1 of 2
Rev/Aud: SS/CW*

Payment Number: 251072389 **Payment Date: 04/16/2021**

Claim Number: 2020423115
Claimant:
Provider Tax ID: 202998068
Provider Ref:
Provider License: 9

Vendor: 5628181#5628181
Geo Zip: 95813

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 01/28/2020
Claims Received Date: 04/13/2021

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 63

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
06/15/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	90.00	0.00	0.00	90.00	1001,G1
		99919 Changed to T1013 Better Defining Services Performed									
06/15/20	11	99199		UNLISTED SPECIA	1.000	180.00	0.00	0.00	0.00	180.00	197,G67
		MAXIMUS REVI Changed to 99199 Better Defining Services Performed									
		TOTALS:				**360.00**	**90.00**	**0.00**	**0.00**	**270.00**	
		TOTAL RECOMMENDED ALLOWANCE:								**270.00**	

Rendering Provider Name: MAXIMUS FEDERAL SERVICES INC.
Rendering Provider NPI:

DWC CODE DESCRIPTION

G1	-THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G67	-PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197	-RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
1001	-BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY THE PROVIDER, WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.

49368488

2444-H-838567-0

1015561510

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 78006

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019419305

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

Case: vs HAWA CORPORATION
Date Of Injury: 11/27/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/09/20	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	180.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA	180.00
/ /	-	@ SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/05/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/12/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/19/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/26/20	INITIAL ACUP	W/ ACUPUN MIN CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
07/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/31/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/07/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/14/20	PMT BY CHECK	DOS 3/9/20-7/31/20* =# 28432750	-1440.00
09/16/20	PMT BY CHECK	DOS 8/7/20* =# 28470122	-180.00
08/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

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

*** INVOICE ***
Date NO#
04/27/21 78006

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EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019419305

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

Case: vs HAWA CORPORATION
Date Of Injury: 11/27/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/28/20	PMT BY CHECK	DOS 8/14/20* # 28726048	-180.00
09/18/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
10/09/20	PMT BY CHECK	DOS 8/28/20-9/4/20* =# 28989411	-360.00
09/25/20	FOLLOW UP	PHYSICAL THERAPY W/DR HA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/23/20	PMT BY CHECK	DOS 9/11/20* =# 29282298	-180.00
10/30/20	PMT BY CHECK	DOS 9/18/20* =# 29435115	-180.00
10/09/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/04/20	PMT BY CHECK	DOS 9/25/20* =# 29530741	-180.00
10/23/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/17/20	PMT BY CHECK	DOS 10/2/20* =# 29798179	-180.00
11/19/20	PMT BY CHECK	DOS 10/9/20* =# 29849155	-180.00
10/30/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00

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

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EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019419305

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

Case: vs HAWA CORPORATION
Date Of Injury: 11/27/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/14/20	PMT BY CHECK	DOS 10/23/20* =# 30374915	-180.00
12/17/20	PMT BY CHECK	DOS 10/30/20* =# 30467046	-180.00
12/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/18/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/08/21	PMT BY CHECK	DOS 12/11/20* =# 31490225	-180.00
01/08/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/08/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/15/21	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/26/21	PMT BY CHECK	DOS 12/18/20* =# 31931825	-180.00
01/22/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/29/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/21	PMT BY CHECK	DOS 01/15/21* =# 32132504	-180.00
02/05/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
03/18/21	PMT BY CHECK	DOS 1/22/21* =# 32380659	-180.00
02/19/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
04/27/21 78006

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019419305

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

Case: vs HAWA CORPORATION
Date Of Injury: 11/27/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/26/21	PMT BY CHECK	DOS 1/29/21* =# 32611248	-180.00
03/30/21	PMT BY CHECK	DOS 2/5/21* =# 32662475	-180.00
03/05/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/15/21	PMT BY CHECK	DOS 2/19/21* =# 33106252	-180.00
04/23/21	PMT BY CHECK	DOS 3/5/21* =# 33308200	-180.00

BALANCE 720.00

* 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

0000017-0000335 D0716 001 979994 EIG

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

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Claim ID:	Multiple Claims
Client Reference ID:	251067053
VP Trans ID:	1001436499
	EIG0001002
Date:	03/30/2021
Amount:	$180.00
Check Number:	32662475

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Form #: CL_VEN_0033_US Rev. 3/2017

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Lakeland FL, 33802-2036

VPay
1-855-523-9634

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

32662475

03/30/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$180.00**

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1001436499

⑈32662475⑈ ⑆273970116⑆ 17000129916⑈

ENDORSEMENT AREA. Know your endorser. Require identification.
By endorsement of this check, the payee (under penalty of fine and/or imprisonment) certifies entitlement to this payment for benefits or services and states all facts 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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Employers Assurance Company 506

Process Date: 03/29/2021
Control Number: 306781655
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 251067053 **Payment Date: 03/30/2021**

Claim Number: 2019419305
Claimant:
Provider Tax ID: 330956713
Provider Ref: 78006
Provider License: 99999999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-x
Date Of Injury: 11/27/2019
Claims Received Date: 03/25/2021

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
02/05/21	11	T1013		SIGN LANGUAGE/(	1.000	180.00	0.00	0.00	0.00	180.00	6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
				TOTALS:		**180.00**	**0.00**	**0.00**	**0.00**	**180.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**180.00**	

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

CARRIER EXPLANATION REASON CODE

5076 -BYPASS NETWORK
6541 -MEDICAL

2111-H-1228565-0 49295043

1001436499

Employers Assurance Company 506

Process Date: 03/29/2021
Control Number: 306781655
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 251067053 **Payment Date: 03/30/2021**

Claim Number: 2019419305
Claimant:
Provider Tax ID: 330956713
Provider Ref: 78006
Provider License: 99999999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 11/27/2019
Claims Received Date: 03/25/2021

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 ASSURANCE COMPANY

Employer Name: HAWA CORP (EIG 268218601), Employer ID: EIG 268218601, Employer Address: 125 E LAUREL ST, COLTON, CA 92324

Payer Name: EMPLOYERS ASSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 610477370

Claimant Address: 1332 HOLLY AVE COLTON, CA 923242525, Claimant D.O.B.: 09/29/1968

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.

49295043

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.

2111-H-1228565-0

*** Workers Compensation ***

1001436499

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000108-0000581 D0106 001 985355 EIG

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

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Claim ID:	2019419305
Client Reference ID:	251071250
VP Trans ID:	1014669561
	EIG0001002
Date:	04/15/2021
Amount:	$180.00
Check Number:	33106252

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support@vpayusa.com
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Form #: CL_VEN_0033_US Rev. 3/2017

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PO BOX 32036
Lakeland FL, 33802-2036

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1-855-523-9634

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

33106252

04/15/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$180.00**

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1014669561

⑈33106252⑈ ⑆273970116⑆ 17000129916⑈

Employers Assurance Company 506

Process Date: 04/12/2021
Control Number: 306798375
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 251071250 **Payment Date: 04/13/2021**

Claim Number:	2019419305			PPO/OSR ID:	
Claimant:				NPI Number:	
Provider Tax ID:	330956713	Vendor:	5628181#5628181	Claimant SSN:	XXX->
Provider Ref:	78006	Geo Zip:	90001	Date Of Injury:	11/27/2019
Provider License:	99999999			Claims Received Date:	04/05/2021

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
02/19/21	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
				TOTALS:		**180.00**	**0.00**	**0.00**	**0.00**	**180.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**180.00**	

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

CARRIER EXPLANATION REASON CODE

5076	-BYPASS NETWORK
6541	-MEDICAL

49346111

2111-H-1231950-0

1014669561

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000145-0000759 D0106 001 987518 EIG

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

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Claim ID:	Multiple Claims
Client Reference ID:	251074531
VP Trans ID:	1021045861
	EIG0001002
Date:	04/23/2021
Amount:	$180.00
Check Number:	33308200

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EMPLOYERS
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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

33308200

04/23/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$180.00**

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1021045861

⑈33308200⑈ ⑆273970116⑆ 17000129941⑈

Employers Assurance Company 506

Process Date: 04/22/2021
Control Number: 306816852
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 251074531 **Payment Date: 04/23/2021**

Claim Number:	2019419305		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 9941672#5628181	Claimant SSN:		
Provider Ref:	78006	Geo Zip: 90001	Date Of Injury:	11/27/2019	
Provider License:	99999999		Claims Received Date:	04/19/2021	

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
03/05/21	11	T1013		SIGN LANGUAGE/	120.000	180.00	0.00	0.00	0.00	180.00	6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
		TOTALS:				**180.00**	**0.00**	**0.00**	**0.00**	**180.00**	
		TOTAL RECOMMENDED ALLOWANCE:								**180.00**	

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

CARRIER EXPLANATION REASON CODE

5076	-BYPASS NETWORK
6541	-MEDICAL

2111-H-1237704-0 4940906

1021045861

Employers Assurance Company 506

Process Date: 04/22/2021
Control Number: 306816852
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 251074531 **Payment Date: 04/23/2021**

Claim Number:	2019419305		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 9941672#5628181	Claimant SSN:		
Provider Ref:	78006	Geo Zip: 90001	Date Of Injury:	11/27/2019	
Provider License:	99999999		Claims Received Date:	04/19/2021	

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 ASSURANCE COMPANY

Employer Name: HAWA CORP (EIG 268218601), Employer ID: EIG 268218601, Employer Address: 125 E LAUREL ST, COLTON, CA 92324

Payer Name: EMPLOYERS ASSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 610477370

Claimant Address: 1332 HOLLY AVE COLTON, CA 923242525, Claimant D.O.B.: 09/29/1968

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.

49404906

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.

2111-H-1237704-0

*** Workers Compensation ***

1021045861

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

*** INVOICE ***

Date	NO#
05/24/21	78041

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020417941

BILL TO:
EMPLOYERS INS (FL - 32045)
W. C. DEPARTMENT
ATTN: PHILIP AQUINO
P.O. BOX 32045
LAKELAND, FL 33802

Case: vs BODY VISION LOS ANGELES
Date Of Injury: CT 2/6/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/20	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/06/20	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/10/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/13/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/17/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/20/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/24/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/07/20	PR2/REEVAL	DR HASSININ/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/13/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/12/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/14/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/19/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/20/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/21/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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#
05/24/21 78041

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020417941

BILL TO:
EMPLOYERS INS (FL - 32045)
W. C. DEPARTMENT
ATTN: PHILIP AQUINO
P.O. BOX 32045
LAKELAND, FL 33802

Case: FLORES vs BODY VISION LOS ANGELES
Date Of Injury: CT 2/6/20

DOS	SERVICE	DESCRIPTION	AMOUNT
05/26/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/27/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/28/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/11/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/15/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/16/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/18/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/22/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/23/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
06/25/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/30/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/02/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/13/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00

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

*** INVOICE ***
Date NO#
05/24/21 78041

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020417941

BILL TO:
EMPLOYERS INS (FL - 32045)
W. C. DEPARTMENT
ATTN: PHILIP AQUINO
P.O. BOX 32045
LAKELAND, FL 33802

Case: vs BODY VISION LOS ANGELES
Date Of Injury: CT 2/6/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/21/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/27/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/29/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/30/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/03/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/05/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/06/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
08/12/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/13/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/17/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/09/20	PMT BY CHECK	DOS 7/29/20-7/30/20* =# 28311543	-360.00
08/19/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00

Joyce Altman Interpreters, Inc.
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TAX ID# 33-0956713

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SS # : XXX-XX-
DOB :
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BILL TO:
EMPLOYERS INS (FL - 32045)
W. C. DEPARTMENT
ATTN: PHILIP AQUINO
P.O. BOX 32045
LAKELAND, FL 33802

Case: vs BODY VISION LOS ANGELES
Date Of Injury: CT 2/6/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/20	PMT BY CHECK	DOS 8/5/20* =# 28432298	-180.00
08/24/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/25/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/28/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/22/20	PMT BY CHECK	DOS 8/11/20* =# 28594950	-180.00
09/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/31/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/02/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/09/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/14/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/02/20	PMT BY CHECK	DOS 8/25/20* =# 28838435	-180.00
09/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/16/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

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05/24/21 78041

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EAMS#(s):

SS # : XXX-XX-
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Terms: 60 days
Claim #(s):
2020417941

BILL TO:
EMPLOYERS INS (FL - 32045)
W. C. DEPARTMENT
ATTN: PHILIP AQUINO
P.O. BOX 32045
LAKELAND, FL 33802

Case: vs BODY VISION LOS ANGELES
Date Of Injury: CT 2/6/20

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/20	PMT BY CHECK	DOS 9/2/20* =# 28941213	-180.00
09/22/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/24/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/28/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/30/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/28/20	PMT BY CHECK	DOS 9/9/20* =# 29373435	-180.00
11/09/20	PMT BY CHECK	DOS 9/28/20* =# 29613037	-180.00
10/19/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
10/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/21/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/26/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/27/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/02/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00

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

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DOB :
Terms: 60 days
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2020417941

BILL TO:
EMPLOYERS INS (FL - 32045)
W. C. DEPARTMENT
ATTN: PHILIP AQUINO
P.O. BOX 32045
LAKELAND, FL 33802

Case: vs BODY VISION LOS ANGELES
Date Of Injury: CT 2/6/20

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/04/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/16/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/23/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/30/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/04/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/03/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/07/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/14/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/02/21	PMT BY CHECK	DOS 12/4/20* =# 31380696	-180.00
12/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/01/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO BILLAGOMEZ # 500341	0.00

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

*** INVOICE ***
Date NO#
05/24/21 78041

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020417941

BILL TO:
EMPLOYERS INS (FL - 32045)
W. C. DEPARTMENT
ATTN: PHILIP AQUINO
P.O. BOX 32045
LAKELAND, FL 33802

Case: vs BODY VISION LOS ANGELES
Date Of Injury: CT 2/6/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/08/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/09/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/15/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SILVANA CORIA # 010641	0.00
02/18/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/17/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/24/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/25/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
04/02/21	PMT BY CHECK	DOS 2/8/21* =# 32783816	-180.00
03/16/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/01/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
04/06/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	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#
05/24/21 78041

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020417941

BILL TO:
EMPLOYERS INS (FL - 32045)
W. C. DEPARTMENT
ATTN: PHILIP AQUINO
P.O. BOX 32045
LAKELAND, FL 33802

Case: vs BODY VISION LOS ANGELES
Date Of Injury: CT 2/6/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 15480.00

* 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.

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

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

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78041

Claim ID:	Multiple Claims
Client Reference ID:	241366886
VP Trans ID:	1005002445
	EIG0001001
Date:	04/02/2021
Amount:	$1,720.00
Check Number:	32783816

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support@vpayusa.com
today to find out how

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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.CT

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

EMPLOYERS

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

32783816

04/02/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$1,720.00**

ONE THOUSAND SEVEN HUNDRED TWENTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1005002445

⑈32783816⑈ ⑆273970116⑆ 17000129941⑈

Employers Preferred Insurance Company 505

Process Date: 03/31/2021
Control Number: 306785149
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 241366886 **Payment Date: 04/02/2021**

Claim Number:	2020417041		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX-	
Provider Ref:	78041	Geo Zip: 90001	Date Of Injury:	02/06/2020	
Provider License:	99999999		Claims Received Date:	03/26/2021	

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
02/08/21	11	T1013		SIGN LANGUAGE/	1.000	180.00	0.00	0.00	0.00	180.00	6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
				TOTALS:		180.00	0.00	0.00	0.00	180.00	
				TOTAL RECOMMENDED ALLOWANCE:						180.00	

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

CARRIER EXPLANATION REASON CODE

5076	-BYPASS NETWORK
6541	-MEDICAL

2111-H-1229245-0 49304538

1005002445

Employers Preferred Insurance Company 505

Process Date: 04/01/2021
Control Number: 306787644
EOR Page 1 of 2
Rev/Aud: SS/CG

Payment Number: 241366886 **Payment Date: 04/02/2021**

Claim Number: 2019405304
Claimant:
Provider Tax ID: 330956713
Provider Ref: VELOZ
Provider License: CA99999

Vendor: 5628181#5628181
Geo Zip: 92781

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX-
Date Of Injury: 08/02/2019
Claims Received Date: 03/31/2021

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
11/18/19	11	MDS10		LUM SUM/MUL BIL	1.000	770.00	0.00	0.00	0.00	770.00	197,G67, 6483,G67
10/31/20	11	MDS10		LUM SUM/MUL BIL	1.000	770.00	0.00	0.00	0.00	770.00	197,G67, 6483,G67
		TOTALS:				**1,540.00**	**0.00**	**0.00**	**0.00**	**1,540.00**	
		TOTAL RECOMMENDED ALLOWANCE:								1,540.00	

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

DWC CODE DESCRIPTION

G67 -PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197 -RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
6483 -FULL AND FINAL SETTLEMENT

2444-H-837827-0 49311134

1005002445

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 78667

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020422128

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

Case: vs TAWA CORP
Date Of Injury: 4/27/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/12/20	INITL CHIRO	& PHYS TX W/DR CHRISTINE HA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/17/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/24/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/31/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/21/20	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/30/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/19/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/26/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
11/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/20	PMT BY CHECK	DOS 8/12/20-11/2/20* =# 30405658	-1620.00
12/15/20	PMT BY CHECK	DOS 11/16/20* =# 30405658	-90.00
01/04/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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#
04/30/21 78667

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020422128

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

Case: vs TAWA CORP
Date Of Injury: 4/27/20

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/25/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/01/21	PMT BY CHECK	DOS 1/4/21* =#31963677	-180.00
02/15/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/19/21	PMT BY CHECK	DOS 1/25/21* =# 32431215	-180.00
03/26/21	PMT BY CHECK	DOS 11/16/20* =# 32611248	-90.00
04/05/21	PMT BY CHECK	DOS 1/11/21* =# 32808325	-180.00
04/09/21	PMT BY CHECK	DOS 2/15/21* =# 32944357	-180.00
03/08/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/28/21	PMT BY CHECK	DOS 3/8/21* =# 33382960	-180.00

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

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PO BOX 32036
Lakeland FL, 33802-2036

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

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28667

Claim ID:	Multiple Claims
Client Reference ID:	251068719
VP Trans ID:	1006062083
	EIG0001002
Date:	04/05/2021
Amount:	$180.00
Check Number:	32808325

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Form #: CL_VEN_0033_US Rev. 3/2017

EIG.RM.STD.OT

Employers Assurance Company 506

Process Date: 04/02/2021
Control Number: 306785785
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 251068719 **Payment Date: 04/05/2021**

Claim Number:	2020422128			PPO/OSR ID:	
Claimant:				NPI Number:	
Provider Tax ID:	330956713	Vendor:	5628181#5628181	Claimant SSN:	XXX-XX
Provider Ref:	78667 ✓	Geo Zip:	90001	Date Of Injury:	04/27/2020
Provider License:	99999999			Claims Received Date:	03/29/2021

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
01/11/21	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	6541
				99919 Changed to T1013 Better Defining Services Performed							
				TOTALS:		**180.00**	**0.00**	**0.00**	**0.00**	**180.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**180.00**	

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

CARRIER EXPLANATION REASON CODE

6541 -MEDICAL

2111-H-1229351-0 49305933

1006062083

m

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000009-0000155 D0716 001 983262 EIG

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

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78667

Claim ID:	Multiple Claims
Client Reference ID:	251070414
VP Trans ID:	1010304301
	EIG0001002
Date:	04/09/2021
Amount:	$180.00
Check Number:	32944357

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Form #: CL_VEN_0033_US Rev. 3/2017

EIG.RM.STD.OT

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Lakeland FL, 33802-2036

VPay
1-855-523-9634

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

32944357

04/09/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$180.00**

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1010304301

⑈32944357⑈ ⑆273970116⑆ 17000129916⑈

Employers Assurance Company 506

Process Date: 04/08/2021
Control Number: 306794312
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 251070414 **Payment Date: 04/09/2021**

Claim Number: 2020422128
Claimant:
Provider Tax ID: 330956713
Provider Ref: 78667
Provider License: 99999999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 04/27/2020
Claims Received Date: 04/02/2021

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
02/15/21	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
				TOTALS:		180.00	0.00	0.00	0.00	180.00	
				TOTAL RECOMMENDED ALLOWANCE:						180.00	

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

CARRIER EXPLANATION REASON CODE

5076 -BYPASS NETWORK
6541 -MEDICAL

2111-H-1230552-0 49336979

1010304301

Employers Assurance Company 506

Process Date: 04/08/2021
Control Number: 306794312
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 251070414 **Payment Date: 04/09/2021**

Claim Number:	2020422128		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX-	
Provider Ref:	78667	Geo Zip: 90001	Date Of Injury:	04/27/2020	
Provider License:	99999999		Claims Received Date:	04/02/2021	

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 ASSURANCE COMPANY

Employer Name: HAWA CORP (EIG 268218601), Employer ID: EIG 268218601, Employer Address: 125 E LAUREL ST, COLTON, CA 92324

Payer Name: EMPLOYERS ASSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 610477370

Claimant Address: 9033 DATE ST APT F FONTANA, CA 923354548, Claimant D.O.B.: 10/07/1988

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.

49336979

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.

2111-H-1230552-0

*** Workers Compensation ***

1010304301

m

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

0000073-0000405 D0106 001 988830 EIG

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

70667

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:	2020422128
Client Reference ID:	251075749
VP Trans ID:	1024039414
	EIG0001002
Date:	04/28/2021
Amount:	$180.00
Check Number:	33382960

Get Paid Faster

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VCard or ACH

Email
support@vpayusa.com
today to find out how.

Notice: This document, including any attachment(s) is confidential, proprietary and intended solely for the above-named individual(s). If you are the intended recipient, your use of any confidential, proprietary or personal information may be restricted by federal and state privacy or other laws. Any unauthorized use of this communication by others is strictly prohibited and may be unlawful. If you have received this document in error, please (1) notify VPay immediately at (877) 399-5917 and provide the VP Trans ID shown (2) destroy this communication and all attached information.

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 Assurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

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

33382960

04/28/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$180.00**

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1024039414

⑈33382960⑈ ⑆273970116⑆ 17000129916⑈

Employers Assurance Company 506

Process Date: 04/27/2021
Control Number: 306821957
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 251075749 **Payment Date: 04/28/2021**

Claim Number: 2020422128
Claimant:
Provider Tax ID: 330956713
Provider Ref: 78667
Provider License: 99999999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 04/27/2020
Claims Received Date: 04/20/2021

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
01/11/21	11	T1013		SIGN LANGUAGE/I	120.000	180.00	180.00	0.00	0.00	0.00	247,G56, 4207,G1, 6541,D1
		99919 Changed to T1013 Better Defining Services Performed									
03/08/21	11	T1013		SIGN LANGUAGE/I	120.000	180.00	0.00	0.00	0.00	180.00	5076
		99919 Changed to T1013 Better Defining Services Performed									
		TOTALS:				**360.00**	**180.00**	**0.00**	**0.00**	**180.00**	
		TOTAL RECOMMENDED ALLOWANCE:								**180.00**	

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

DWC CODE DESCRIPTION

G1	-THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G56	-THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL" CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE

CARRIER EXPLANATION REASON CODE

247	-A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.
4207	-THE 90-DAY PERIOD TO SUBMIT A REQUEST FOR SECOND REVIEW BEGAN WITH THE DATE OF THE FIRST REVIEW OF THIS SERVICE.
5076	-BYPASS NETWORK
6541	-MEDICAL

D1: Duplicate Control Number 306785785

49411299

2111-H-1238774-0

1024039414

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 78780

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2020415009

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

Case: vs HMR3 7141 LLC
Date Of Injury: 1/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/20	INITIAL EXAM	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/24/20	INITIAL ACUP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/26/20	INIT PHYSIO	THERAPY DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/05/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/04/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/08/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/14/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/21/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
09/02/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/02/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
10/06/20	F/U PHYSIO	THERAPY W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARENO # 101080	0.00
10/13/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	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#
04/08/21 78780

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020415009

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

Case: vs HMR3 7141 LLC
Date Of Injury: 1/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/20	FOLLOW-UP	W/ ACUPUNCT SUNGSOO @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/20/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
10/22/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/24/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/27/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/29/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/03/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/14/20	EMG TESTING	& NCV BY DR BIPIN BHARATWAL U/E @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/13/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/16/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
11/23/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/30/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/18/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/07/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/11/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	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#
04/08/21 78780

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020415009

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

Case: vs HMR3 7141 LLC
Date Of Injury: 1/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/26/21	LIEN FIL FEE	LIEN FILING FEE	150.00
01/18/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/08/21	PMT BY CHECK	DOS 01/07/21* =# 32132504	-180.00
04/02/21	PMT BY CHECK	DOS 8/19/20-10/24/20* =# 32783634	-3420.00

BALANCE 2130.00

* 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.

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000005-0000157 D1760 001 981100 EIG 1.800 21

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:	Multiple Claims
Client Reference ID:	251068151
VP Trans ID:	1005000329
	EIG0001002
Date:	04/02/2021
Amount:	$3,420.00
Check Number:	32783634

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VCard or ACH

Email
support@vpayusa.com
today to find out how.

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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 01

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EMPLOYERS
America's small business insurance specialist

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

VPay
1-855-523-9634

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

32783634

04/02/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$3,420.00**

THREE THOUSAND FOUR HUNDRED TWENTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

1005000329

⑈32783634⑈ ⑆273970116⑆ 17000129916⑈

Employers Assurance Company 506

RE-EVALUATION
Process Date: 03/31/2021
Re-Evaluation Control Number: 800341080
Original Control Number: 306641026
EOR Page 1 of 5
Rev/Aud: SS/RB

Payment Number: 251068151 **Payment Date: 04/02/2021**

Claim Number:	2020415009		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX-	
Provider Ref:	78780	Geo Zip: 90001	Date Of Injury:	01/30/2020	
Provider License:	CA99999		Claims Received Date:	03/19/2021	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Attn:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
08/19/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1.6541, 5045,5076
			99919 Changed to T1013 Better Defining Services Performed Original Charge/Allowance: $180.00/$0.00								
08/24/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1.6541, 5076
			99919 Changed to T1013 Better Defining Services Performed Original Charge/Allowance: $180.00/$0.00								
08/26/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1.6541, 5076
			99919 Changed to T1013 Better Defining Services Performed Original Charge/Allowance: $180.00/$0.00								
08/29/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1.6541, 5076
			99919 Changed to T1013 Better Defining Services Performed Original Charge/Allowance: $180.00/$0.00								
09/02/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1.6541, 5076
			99919 Changed to T1013 Better Defining Services Performed Original Charge/Allowance: $180.00/$0.00								
09/04/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1.6541, 5076
			99919 Changed to T1013 Better Defining Services Performed Original Charge/Allowance: $180.00/$0.00								
09/05/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1.6541, 5076
			99919 Changed to T1013 Better Defining Services Performed Original Charge/Allowance: $180.00/$0.00								

2111-H-1192821-1 49274704

Employers Assurance Company 506

RE-EVALUATION
Process Date: 03/31/2021
Re-Evaluation Control Number: 800341080
Original Control Number: 306641026

Rev/Aud: SS/RB

Payment Number: 251068151 **Payment Date: 04/02/2021**

Claim Number: 2020415009
Claimant:
Provider Tax ID: [illegible] Vendor: 5628181#5628181
Provider Ref: 78780 Geo Zip: 90001
Provider License: CA99999

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-X;
Date Of Injury: 01/30/2020
Claims Received Date: 03/19/2021

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18
Attn:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
09/08/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1,6541, 5076
				99919 Changed to T1013 Better Defining Services Performed Original Charge/Allowance: $180.00/$0.00							
09/09/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1,6541, 5076
				99919 Changed to T1013 Better Defining Services Performed Original Charge/Allowance: $180.00/$0.00							
09/12/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1,6541, 5076
				99919 Changed to T1013 Better Defining Services Performed Original Charge/Allowance: $180.00/$0.00							
09/14/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1,6541, 5076
				99919 Changed to T1013 Better Defining Services Performed Original Charge/Allowance: $180.00/$0.00							
09/21/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1,6541, 5076
				99919 Changed to T1013 Better Defining Services Performed Original Charge/Allowance: $180.00/$0.00							
10/02/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1,6541, 5076
				99919 Changed to T1013 Better Defining Services Performed Original Charge/Allowance: $180.00/$0.00							
10/06/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1,6541, 5076
				99919 Changed to T1013 Better Defining Services Performed Original Charge/Allowance: $180.00/$0.00							

49274704

2111-H-1192821-1

Employers Assurance Company 506

RE-EVALUATION
Process Date: 03/31/2021
Re-Evaluation Control Number: 800341080
Original Control Number: 306641026
EOR Page 3 of 5
Rev/Aud: SS/RB

Payment Number: 251068151 **Payment Date: 04/02/2021**

Claim Number:	2020415009		PPO/OSR ID:		
Claimant:	-		NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-.	
Provider Ref:	78780	Geo Zip: 90001	Date Of Injury:	01/30/2020	
Provider License:	CA99999		Claims Received Date:	03/19/2021	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Attn:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
10/13/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1,6541, 5076
			99919 Changed to T1013 Better Defining Services Performed								
			Original Charge/Allowance: $180.00/$0.00								
10/16/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1,6541, 5076
			99919 Changed to T1013 Better Defining Services Performed								
			Original Charge/Allowance: $180.00/$0.00								
10/20/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1,6541, 5076
			99919 Changed to T1013 Better Defining Services Performed								
			Original Charge/Allowance: $180.00/$0.00								
10/22/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1,6541, 5076
			99919 Changed to T1013 Better Defining Services Performed								
			Original Charge/Allowance: $180.00/$0.00								
10/24/20	11	T1013		SIGN LANGUAGE/(	1.000	0.00	-180.00	0.00	0.00	180.00	1001,1014, G1,6541, 5076
			99919 Changed to T1013 Better Defining Services Performed								
			Origina Charge/Allowance: $180.00/$0.00								
			TOTALS:			0.00	-3,420.00	0.00	0.00	3,420.00	
			TOTAL RECOMMENDED ALLOWANCE:							3,420.00	

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

DWC CODE DESCRIPTION

G1 -THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

CARRIER EXPLANATION REASON CODE

1001 -BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY

49274704

2111-H-1192821-1

1005000329

Employers Assurance Company 506

RE-EVALUATION
Process Date: 03/31/2021
Re-Evaluation Control Number: 800341080
Original Control Number: 306641026
EOR Page 4 of 5
Rev/Aud: SS/RB

Payment Number: 251068151 **Payment Date: 04/02/2021**

Claim Number:	2020415000		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX	
Provider Ref:	78780	Geo Zip: 90001	Date Of Injury:	01/30/2020	
Provider License:	CA99999		Claims Received Date:	03/19/2021	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Attn:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

	THE PROVIDER. WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.
1014	-THE ATTACHED BILLING HAS BEEN RE-EVALUATED AT THE REQUEST OF THE PROVIDER. BASED ON THIS RE-EVALUATION, WE FIND OUR ORIGINAL REVIEW TO BE CORRECT. THEREFORE, NO ADDITIONAL ALLOWANCE APPEARS TO BE WARRANTED.
5045	-SECOND BILL REVIEW (SBR) SUBMISSION
5076	-BYPASS NETWORK
6541	-MEDICAL

Thank you, Provider Relations

2111-H-1192821-1 49274704

1000000329

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 78632

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7001582462-1,7001582119-1

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: JENNIFER HOOVER
P.O. BOX 108843
OKLAHOMA CITY, OK 73101

Case: vs LUBE N TUNE
Date Of Injury: 10/21/20, 7/14/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/20	INITL CHIRO	& PHYS TX W/DR CHRISTINE HA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/10/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/17/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/31/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/11/21	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARVBOSA # 500267	0.00
01/25/21	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/04/21	PMT BY CHECK	DOS 1/11/21* =# 8817628910	-90.00
03/04/21	PMT BY CHECK	DOS 1/11/21* =# 8817628912	-90.00
02/01/21	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/08/21	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/15/21	INITIAL ACUP	W/ ACUPUN MIN CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/22/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/30/21	PMT BY CHECK	DOS 1/25/21* =# 8817639530	-90.00
03/30/21	PMT BY CHECK	DOS 1/25/21* =# 8817639533	-90.00
03/01/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/31/21	PMT BY CHECK	DOS 2/1/21* =# 8817640334	-90.00

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 78632

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

EAMS#(s):
ADJ13425486
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7001582462-1,7001582119-1

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: JENNIFER HOOVER
P.O. BOX 108843
OKLAHOMA CITY, OK 73101

Case: vs LUBE N TUNE
Date Of Injury: 10/21/20, 7/14/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/21	PMT BY CHECK	DOS 2/1/21* =# 8817640333	-90.00

BALANCE 1440.00

* 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.

Farmers Claims

Check Number: 8817639530
Date: 03/30/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

To the order of
Joyce Altman Interpreters
PO Box 4165
Tustin, CA, 92781-4165

Claimant/Patient:	
Insured:	Medrano, Telesforo (dba) Best Lube N Tune
Date of Loss:	07/14/2020
Claim Number:	7001582119-1-1
Invoice Number:	FRM-FWCA-189641
Check Number:	8817639530
Payment Under Insured's:	N/A
Correspondence Reference:	L2WMA7KWW
Print Date	03/30/2021 03:45 PM
Requested By	Mike Dellacort

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

FARMERS INSURANCE

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
7001582119-1

Check No. 8817639530
Date: 03/30/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

To the order of
Joyce Altman Interpreters
PO Box 4165
Tustin, CA, 92781-4165

Thomas S. Tosh

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

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

⑈8817639530⑈ ⑆031100209⑆ 3872438⑈

FARMERS INSURANCE

Explanation of Review

Client

FARMERS
Farmers
PO Box 108843
Oklahoma City, OK 73101-8843

Bill: FRM-FWCA-189641

Provider

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

Claimant

NPI: **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 78632
Invoice Date: 03-09-2021
Patient Account: 78632

Region: 26 **Payment Status Code:** 1

Claim Number: 7001582119-1
DOI/DOL: 07-14-2020
CR Date / BR Date: 03-15-2021 / 03-29-2021
External Claim Number: 7001582119-1
Social Security Number: XXX-X2
Policy Number: A0959966600
Employer/Insured: (DBA) BEST LUBE N TUNE, MEDRANO, TELESFORO

Policy Admin Information: A0959966600

Bill Details

Dates of Service: 01-25-2021
Post Date: 03-30-2021

Reviewer: MT/HI
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CCB0D63F780000CF15A5C56DA5F032
Adjuster: MIKE.DELLACORT

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	01-25-2021	11	Q00014	A	180.00	120 90.00	INTERPRETER OTHER 15				877, G1, 790, G57, U00	90.00

Totals

Total Charges:	180.00	
Bill Review Reductions:		90.00
Recommended Allowance:		90.00

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

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DCN Number: 20210329_CCP_176208678_00001292

Explanation of Review

FARMERS INSURANCE

Client

FARMERS
Farmers
PO Box 108843
Oklahoma City, OK 73101-8843

Bill: FRM-FWCA-189641

Provider

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

Claimant

NPI: **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 78632
Invoice Date: 03-09-2021
Patient Account: 78632

Region: 26 **Payment Status Code:** 1

Claim Number: 7001582119-1
DOI/DOL: 07-14-2020
CR Date / BR Date: 03-15-2021 / 03-29-2021
External Claim Number: 7001582119-1
Social Security Number: XXX-XX
Policy Number: A0959966600
Employer/Insured: (DBA) BEST LUBE N TUNE, MEDRANO, TELESFORO

Policy Admin Information: A0959966600

Bill Details

Dates of Service: 01-25-2021
Post Date: 03-30-2021

Reviewer: MT/H1
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CCB0D63F780000CF15A5C56DA5F032
Adjuster: MIKE.DELLACORT

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

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
Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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.
Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee 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.

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FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

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DCN Number: 20210329_CCP_176208678_00001292

Farmers Claims

Check Number: 8817639533
Date: 03/30/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

To the order of
Joyce Altman Interpreters
PO Box 4165
Tustin, CA, 92781-4165

Claimant/Patient:	
Insured:	Medrano, Telesforo (dba) Best Lube N Tune
Date of Loss:	10/21/2019
Claim Number:	7001582462-1-1
Invoice Number:	FRM-FWCA-189646
Check Number:	8817639533
Payment Under Insured's:	N/A
Correspondence Reference:	P1XMTWLRW
Print Date	03/30/2021 03:50 PM
Requested By	Mike Dellacort

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

FARMERS INSURANCE

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
7001582462-1

Check No. 8817639533
Date: 03/30/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

To the order of
Joyce Altman Interpreters
PO Box 4165
Tustin, CA, 92781-4165

Thomas S. Toh

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

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

⑈8817639533⑈ ⑆031100209⑆ 38724389⑈

Explanation of Review

FARMERS INSURANCE

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-189646

Provider

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

Claimant

NPI: **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 78632
Invoice Date: 03-09-2021
Patient Account: 78632

Region: 26 **Payment Status Code:** 1

Claim Number: 7001582462-1
DOI/DOL: 10-21-2019
CR Date / BR Date: 03-15-2021 / 03-29-2021
External Claim Number: 7001582462-1
Social Security Number: XXX-XX-
Policy Number: A0959966600
Employer/Insured: (DBA) BEST LUBE N TUNE, MEDRANO, TELESFORO

Policy Admin Information: A0959966600

Bill Details

Dates of Service: 01-25-2021
Post Date: 03-30-2021

Reviewer: MT/H1
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CCB0D63F780000CF15A5C56DA5F032
Adjuster: MIKE.DELLACORT

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	01-25-2021	11	Q00014	A	180.00	120 90.00	INTERPRETER OTHER 15				877, G1, 790, G57, U00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Recommended Allowance:	90.00

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
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FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

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DCN Number: 20210329_CCP_176208679_00001293

FARMERS INSURANCE

Explanation of Review

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-189646

Provider

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

Claimant

NPI: **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 78632
Invoice Date: 03-09-2021
Patient Account: 78632

Claim Number: 7001582462-1
DOI/DOL: 10-21-2019
CR Date / BR Date: 03-15-2021 / 03-29-2021
External Claim Number: 7001582462-1
Social Security Number: XXX-X
Policy Number: A0959966600
Employer/Insured: (DBA) BEST LUBE N TUNE, MEDRANO, TELESFORO

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0959966600

Bill Details

Dates of Service: 01-25-2021
Post Date: 03-30-2021

Reviewer: MT/H1
Pay Auth: I
Client Type of Bill: 370 **CR Seq:** CCB0D63F780000CF15A5C56DA5F032
Adjuster: MIKE.DELLACORT

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

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FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

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DCN Number: 20210329_CCP_176208679_00001293

Farmers Claims

Check Number: 8817640333
Date: 03/31/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

To the order of
Joyce Altman Interpreters
PO Box 4165
Tustin, CA, 92781-4165

Claimant/Patient:	
Insured:	Medrano, Telesforo (dba) Best Lube N Tune
Date of Loss:	10/21/2019
Claim Number:	7001582462-1-1
Invoice Number:	FRM-FWCA-191054
Check Number:	8817640333
Payment Under Insured's:	N/A
Correspondence Reference:	F2WM3KGZW
Print Date	03/31/2021 04:46 PM
Requested By	Mike Dellacort

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

FARMERS INSURANCE

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62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
7001582462-1

Check No. 8817640333
Date: 03/31/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

To the order of
Joyce Altman Interpreters
PO Box 4165
Tustin, CA, 92781-4165

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

FARMERS INSURANCE

Thomas S. Toh

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⑈8817640333⑈ ⑆031100209⑆ 3872438 9⑈

FARMERS INSURANCE

Explanation of Review

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-191054

Provider

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

Claimant

NPI: **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 78632
Invoice Date: 03-16-2021
Patient Account: 78632

Claim Number: 7001582462-1
DOI/DOL: 10-21-2019
CR Date / BR Date: 03-22-2021 / 03-30-2021
External Claim Number: 7001582462-1
Social Security Number: XXX-XX
Policy Number: A0959966600
Employer/Insured: (DBA) BEST LUBE N TUNE, MEDRANO, TELESFORO

Region: 26 **Payment Status Code:** 1

Policy Admin Information: A0959966600

Bill Details

Dates of Service: 02-01-2021
Post Date: 03-31-2021

Reviewer: NP/H1
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC90EB5A780000C832891DF4F57B18
Adjuster: MIKE,DELLACORT

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
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Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Recommended Allowance:	90.00

Messages

790	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877	SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G57	THIS SERVICE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
U00	THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

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DCN Number: 20210330_CCP_176857719_00001563

FARMERS INSURANCE

Explanation of Review

Carrier

FARMERS
Carrier No:
Carrier: Mid-Century Insurance Company
PO Box 108843
Oklahoma City, OK 73101

Bill: FRM-FWCA-191054

Provider

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

Claimant

NPI: **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 78632
Invoice Date: 03-16-2021
Patient Account: 78632

Region: 26 **Payment Status Code:** 1

Claim Number: 7001582462-1
DOI/DOL: 10-21-2019
CR Date / BR Date: 03-22-2021 / 03-30-2021
External Claim Number: 7001582462-1
Social Security Number: XXX-XX-
Policy Number: A0959966600
Employer/Insured: (DBA) BEST LUBE N TUNE, MEDRANO, TELESFORO

Policy Admin Information: A0959966600

Bill Details

Dates of Service: 02-01-2021
Post Date: 03-31-2021

Reviewer: NP/H1
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC90EB5A780000C832891DF4F57B18
Adjuster: MIKE.DELLACORT

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

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
Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers' Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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.
Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee 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.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC. AT (877) 401-1411 OR SEND YOUR BILL AND ANALYSIS TO:

FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

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DCN Number: 20210330_CCP_176857719_00001563

Farmers Claims

Check Number: 8817640334
Date: 03/31/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $90.00*******

To the order of
Joyce Altman Interpreters
PO Box 4165
Tustin, CA, 92781-4165

Claimant/Patient:	
Insured:	Medrano, Telesforo (dba) Best Lube N Tune
Date of Loss:	07/14/2020
Claim Number:	7001582119-1-1
Invoice Number:	FRM-FWCA-191052
Check Number:	8817640334
Payment Under Insured's:	N/A
Correspondence Reference:	KHZW1WHDW
Print Date	03/31/2021 04:46 PM
Requested By	Mike Dellacort

RECEIVED
APR 06 2021
BY: .....

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

FARMERS INSURANCE

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

MID-CENTURY INSURANCE COMPANY
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
7001582119-1

Check No. 8817640334
Date: 03/31/2021

PAY Ninety Dollars And No Cents $90.00*******

NOT GOOD AFTER SIX MONTHS

To the order of
Joyce Altman Interpreters
PO Box 4165
Tustin, CA, 92781-4165

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

FARMERS INSURANCE

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

⑈8817640334⑈ ⑆031100209⑆ 38724389⑈

FARMERS INSURANCE

Explanation of Review

Client

FARMERS
Farmers
PO Box 108843
Oklahoma City, OK 73101-8843

Bill: FRM-FWCA-191052

Provider

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

Claimant

NPI: **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 78632
Invoice Date: 03-16-2021
Patient Account: 78632

Region: 26 **Payment Status Code:** 1

Claim Number: 7001582119-1
DOI/DOL: 07-14-2020
CR Date / BR Date: 03-22-2021 / 03-30-2021
External Claim Number: 7001582119-1
Social Security Number: XXX-XX
Policy Number: A0959966600
Employer/Insured: (DBA) BEST LUBE N TUNE, MEDRANO, TELESFORO

Policy Admin Information: A0959966600

Bill Details

Dates of Service: 02-01-2021
Post Date: 03-31-2021

Reviewer: NP/H1
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC90EB5A780000C832891DF4F57B18
Adjuster: MIKE.DELLACORT

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL ENCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BRV	Description CBR	PPO	ONR	OTH	Explanation Code(s) ADJ	Allow.
1	02-01-2021	11	Q00014	A	180.00	120	90.00	INTERPRETER OTHER 15				877, G1, 790, G57, U00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Recommended Allowance:	90.00

Messages

790 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9
877 SERVICES PAID BASED ON THE 2 HOUR MINIMUM. IF SERVICES WENT BEYOND THE 2 HOURS, PLEASE RESUBMIT WITH DOCUMENTATION SUPPORTING TIME SPENT.
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DCN Number: 20210330_CCP_176857722_00001562

FARMERS INSURANCE

Explanation of Review

Client

FARMERS
Farmers
PO Box 108843
Oklahoma City, OK 73101-8843

Bill: FRM-FWCA-191052

Provider

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

Claimant

NPI: **Rendering NPI:** 1477186625
Tax ID: 330956713 **Type:** OT **Specialty (1):** AO
License: 99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Invoice No: 78632
Invoice Date: 03-16-2021
Patient Account: 78632

Region: 26 **Payment Status Code:** 1

Claim Number: 7001582119-1
DOI/DOL: 07-14-2020
CR Date / BR Date: 03-22-2021 / 03-30-2021
External Claim Number: 7001582119-1
Social Security Number: XXX-XX
Policy Number: A0959966600
Employer/Insured: (DBA) BEST LUBE N TUNE, MEDRANO, TELESFORO

Policy Admin Information: A0959966600

Bill Details

Dates of Service: 02-01-2021
Post Date: 03-31-2021

Reviewer: NP/H1
Pay Auth: 1
Client Type of Bill: 370 **CR Seq:** CC90EB5A780000C832891DF4F57B18
Adjuster: MIKE.DELLACORT

Bill ICD Version: 10
Dx A: T14.90XA INJURY, UNSPECIFIED, INITIAL E NCOUNTER

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FARMERS, PO BOX 108843, OKLAHOMA CITY, OK 73101-8843

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DCN Number: 20210330_CCP_176857722_00001562

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 63303

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004711000101-WC-01

BILL TO:
GALLAGHER BASSETT (OR-14260)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs TILLYS
Date Of Injury: 3/10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/14	INITIAL EXAM	DR ROSARIO @ COAST PAIN MGMT* (CPM) AMENDED	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/11/14	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/11/14	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/14/14	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/14/14	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/20/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
04/24/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	ORELIA STEINHARDT # 500214	0.00
12/16/14	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/08/15	EPIDURAL	PAIN MGMT W/DR BERNSTEIN @ NEWPORT SRGY CTR*	150.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
01/19/15	INJECTION	TRIGGER POINT W/DR BERNSTEIN @ CPM*	150.00
/ /	INTERPRETER:	ORELIA STEINHARDT # 500214	0.00
02/20/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
06/01/15	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
06/30/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/21/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	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#
04/27/21 63303

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004711000101-WC-01

BILL TO:
GALLAGHER BASSETT (OR-14260)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs TILLYS
Date Of Injury: 3/10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/15	PR2/REEVAL	DR BERNSTEIN/ D. RAPHAEL, PA @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/25/15	PR2/REEVAL	DR ROSARIO/RAPHAEL, PA @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/27/15	PR2/REEVAL	DR ROSARIO/RAPHAEL, PA @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/24/15	PR2/REEVAL	DR ROSARIO/RAPHAEL, PA @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/29/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/29/16	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/25/16	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/18/17	LIEN FIL FEE	LIEN FILING FEE	150.00
04/22/21	PMT BY CHECK	DOS 7/1/14-9/18/17* # 0170510287	-3920.00

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

0101905 01 RE 0.447 **AUTO T4 0 1578 92781-416565 -P01906 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 STARR INDEMNIT

CLAIM NO. 004711 000101 WC 01 BRANCH NO. 243 CHECK NO. 0170510287

CLAIMANT: ACC. DATE 10-Mar-2014 VN. 0000020565

DESCRIPTION: INV#-63303 DATE: 22-Apr-2021

DATE OF SERVICE: 01-Jul-2014 TO 18-Sep-2017 PAYMENT AMOUNT: $3,920.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0170510287 ATTACHED BELOW

GALLAGHER BASSETT SERVICES INC FOR STARR INDEMNITY & LIAB CO

CHECK NO. 0170510287
VN. 0000020565
DATE: 04/22/2021

CLAIM NO. 004711 000101 WC 01 (0001) BRANCH NO.: 243

Three Thousand Nine Hundred Twenty and 00/100 Dollars

62-20
311

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

$$$$$$$$$$3,920.00

NOT VALID AFTER 90 DAYS

Donna M. Karte
AUTHORIZED SIGNATURE

Or Payable at
Citibank, FSB California

Citibank

⑈0170510287⑈ ⑆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#
04/14/21 75906

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260056084-WC-01

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

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 9/15-9/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/14/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/22/19	FOLLOW-UP	W/ ACUPUNCT TAE GON KIM @ FMR*	180.00
/ /	INTERPRETER:	RAQUEL ISUNZA # 500258	0.00
05/29/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	RAQUEL ISUNZA # 500258	0.00
06/05/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/11/19	FOLLOW-UP	W/ ACUPUNCT HUGH MORRISON @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/20/19	PR2/REEVAL	DR PEZESHKINAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/24/19	FOLLOW-UP	W/ ACUPUNCT MORISON @ FMR* WEST COVINA	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/26/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR* WEST COVINA	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/26/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN* DUARTE	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
06/24/19	INIT PHYSIO	THERAPY W/DR PEZECSHKIAN @ FMR* DUARTE	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/03/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	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#
04/14/21 75906

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260056084-WC-01

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

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 9/15-9/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/11/19	FOLLOW-UP	W/ ACUPUNCT KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/15/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/01/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/08/19	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/13/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/22/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/29/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/27/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/05/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/09/19	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/11/19	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
09/19/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/18/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/27/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
09/25/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00

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

*** INVOICE ***
Date NO#
04/14/21 75906

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260056084-WC-01

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

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 9/15-9/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIO RODRIGUEZ # 500279	0.00
10/30/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
12/06/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/09/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/21/20	FOLLOW-UP	W/ ACUPUNCT BO CHO @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/24/20	PR2/REEVAL	W/DR HASSNIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/16/20	PMT BY CHECK	DOS 1/9/20* # 0161150111	-180.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/29/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
03/04/20	PMT BY CHECK	DOS 1/24/20* # 0161588409	-180.00
02/07/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
03/06/20	PMT BY CHECK	DOS 1/27/20* # 0161655228	-180.00
03/06/20	PMT BY CHECK	DOS 1/27/20* # 0161655229	-180.00
02/10/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/12/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
02/13/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/14/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	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#
04/14/21 75906

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260056084-WC-01

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

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 9/15-9/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/26/20	PMT BY CHECK	DOS 2/13/20* # 0162097172	-180.00
03/31/20	PMT BY CHECK	DOS 2/10/20* # 0162192960	-180.00
03/31/20	PMT BY CHECK	DOS 2/12/20* # 0162192958	-180.00
04/03/20	PMT BY CHECK	DOS 2/14/20* # 0162289926	-180.00
04/19/20	PMT BY CHECK	DOS 2/19/20* # 0162648948	-180.00
03/16/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/19/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/23/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/31/20	SHOCK WAVE	THERAPY DR LEON TCHAKALIAN @ FMR* # 1	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/30/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/03/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
05/26/20	PMT BY CHECK	DOS 3/19/20* # 0163381431	-180.00
05/26/20	PMT BY CHECK	DOS 3/16/20* # 0163381436	-180.00
04/27/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/28/20	PMT BY CHECK	DOS 3/20/20* # 0163427875	-180.00
05/30/20	PMT BY CHECK	DOS 3/23/20* # 0163484524	-180.00
05/02/20	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/04/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00

Joyce Altman Interpreters, Inc.
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04/14/21 75906

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260056084-WC-01

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

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 9/15-9/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/05/20	PMT BY CHECK	DOS 3/30/20* # 0163593327	-180.00
05/08/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/04/20	PMT BY CHECK	DOS 3/31/20* # 0163569819	-180.00
06/08/20	PMT BY CHECK	DOS 4/3/20* # 0163614327	-180.00
05/12/20	FOLLOW-UP	W/ ACUPUNCT SNGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/19/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/19/20	PMT BY CHECK	DOS 4/27/20* # 0163814393	-180.00
06/01/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/05/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/06/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 30172	0.00
06/09/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/20/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/30/20	PMT BY CHECK	DOS 5/2/20* # 0164071710	-180.00
06/30/20	PMT BY CHECK	DOS 5/4/20* # 0164071707	-180.00
06/30/20	PMT BY CHECK	DOS 5/8/20* # 0164071706	-180.00
07/01/20	PMT BY CHECK	DOS 5/12/20* # 0164089239	-180.00
07/06/20	PMT BY CHECK	DOS 5/19/20* # 0164180311	-180.00
06/18/20	F/U CHIRO TX	CHIRO TX DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
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Date NO#
04/14/21 75906

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260056084-WC-01

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

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 9/15-9/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/20	PMT BY CHECK	DOS 6/1/20* # 0164474241	-180.00
07/22/20	PMT BY CHECK	DOS 6/5/20* # 0164532098	-180.00
07/22/20	PMT BY CHECK	DOS 6/6/20* # 0164532099	-180.00
07/22/20	PMT BY CHECK	DOS 6/9/20* # 0164532101	-180.00
07/13/20	F/U CHIRO TX	CHIRO TX DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/14/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/28/20	PMT BY CHECK	DOS 6/16/20* # 0164654539	-180.00
07/07/20	PMT BY CHECK	DOS 6/20/20* # 0164621760	-180.00
07/17/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/18/20	PR2/REEVAL	DR MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/16/20	PMT BY CHECK	DOS 7/13/20* # 0165062508	-180.00
08/16/20	PMT BY CHECK	DOS 7/14/10* # 0165062509	-180.00
08/26/20	PMT BY CHECK	DOS 7/17/20* # 0165268872	-180.00
08/26/20	PMT BY CHECK	DOS 7/18/20* # 0165268871	-180.00
10/23/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/04/21	PMT BY CHECK	DOS 10/23/20* # 0168058500	-180.00
01/05/21	PMT BY CHECK	DOS 10/23/20* # 0168065670	-180.00
12/18/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/22/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/05/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/22/21	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/11/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00

Joyce Altman Interpreters, Inc.
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PH: 714 838-0950
TAX ID# 33-0956713

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Date NO#
04/14/21 75906

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EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260056084-WC-01

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

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 9/15-9/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	SILVANA CORIA # 010641	0.00
04/07/21	PMT BY CHECK	DOS 12/18/20* # 0170152056	-180.00
04/07/21	PMT BY CHECK	DOS 12/22/20* # 0170152055	-180.00
04/07/21	PMT BY CHECK	DOS 01/15/20* # 0170152059	-180.00
04/07/21	PMT BY CHECK	DOS 01/21/20* # 0170152058	-180.00
04/07/21	PMT BY CHECK	DOS 01/22/21* # 0170152054	-180.00
04/07/21	PMT BY CHECK	DOS 02/20/21* # 0170152057	-180.00

BALANCE 5130.00

* 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.

PO BOX 2934
CLINTON IA 52733-2934

011260 PAGE 1 OF 1 001505

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

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

CLAIM NO.: 011260 056084 WC 01 (4020150-08)
CLAIMANT:
DESCRIPTION: INV#-75906

BRANCH NO.: 094
ACC DATE: 26Aug16

NO.: 0170152056
VN: 0002688534
DATE: 07Apr21

DATES OF SERVICE: 18Dec20 **THRU** 18Dec20
BENEFIT PERIOD: **THRU**

AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000021 000370 004 007

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0170152056 001505
VN. 0002688534
DATE: 07Apr21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 011260 056084 WC 01 (4020150-08) **BRANCH NO.:** 094
PAY ONE HUNDRED EIGHTY 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

⑈0170152056⑈ ⑆031100209⑆ 4007490⑈

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

011260 PAGE 1 OF 1 001506

M

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

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

CLAIM NO.: 011260 056084 WC 01 (4020150-08)
CLAIMANT:
DESCRIPTION: INV#-75906

BRANCH NO.: 094
ACC DATE: 26Aug16

NO.: 0170152055
VN: 0002688535
DATE: 07Apr21

DATES OF SERVICE: 22Dec20 **THRU** 22Dec20
BENEFIT PERIOD: **THRU**

AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000021 000371 005 007

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39602

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0170152055 001506
VN. 0002688535
DATE: 07Apr21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 011260 056084 WC 01 (4020150-08) **BRANCH NO.:** 094
PAY ONE HUNDRED EIGHTY 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

⑈0170152055⑈ ⑆031100209⑆ 4007490⑈

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

011260 PAGE 1 OF 1 001502

0000021

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

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

CLAIM NO.: 011260 056084 WC 01 (4020150-08)
CLAIMANT:
DESCRIPTION: INV#-75906 ✓
DATES OF SERVICE: 15Jan20 **THRU** 15Jan20
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 26Aug16

NO.: 0170152059
VN: 0002688531
DATE: 07Apr21
AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000021 000367 001 007

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39602

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0170152059 001502
VN. 0002688531
DATE: 07Apr21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 011260 056084 WC 01 (4020150-08) **BRANCH NO.:** 094
PAY ONE HUNDRED EIGHTY 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

⑈0170152059⑈ ⑆031100209⑆ 4007490⑈

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PO BOX 2934
CLINTON IA 52733-2934

011260 PAGE 1 OF 1 001503

M

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

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

CLAIM NO.: 011260 056084 WC 01 (4020150-08)
CLAIMANT:
DESCRIPTION: INV#-75906

BRANCH NO.: 094
ACC DATE: 26Aug16

NO.: 0170152058
VN: 0002688532
DATE: 07Apr21

DATES OF SERVICE: 21Jan20 **THRU** 21Jan20
BENEFIT PERIOD: **THRU**

AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000021 000368 002 007

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GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0170152058 001503
VN. 0002688532
DATE: 07Apr21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 011260 056084 WC 01 (4020150-08) **BRANCH NO.:** 094
PAY ONE HUNDRED EIGHTY 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

⑈0170152058⑈ ⑆031100209⑆ 4007490⑈

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PO BOX 2934
CLINTON IA 52733-2934

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

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

CLAIM NO.: 011260 056084 WC 01 (4020150-08) **BRANCH NO.:** 094 **NO.:** 0170152054
CLAIMANT: **ACC DATE:** 26Aug16 **VN:** 0002688536
DESCRIPTION: INV#-75906 **DATE:** 07Apr21
DATES OF SERVICE: 22Jan21 **THRU** 22Jan21 **AMOUNT:** 180.00
BENEFIT PERIOD: **THRU**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000021 000372 006 007

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39602

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0170152054 001507
VN. 0002688536
DATE: 07Apr21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 011260 056084 WC 01 (4020150-08) **BRANCH NO.:** 094
PAY ONE HUNDRED EIGHTY 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

⑈0170152054⑈ ⑆031100209⑆ 4007490⑈

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PO BOX 2934
CLINTON IA 52733-2934

M

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

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

CLAIM NO.: 011260 056084 WC 01 (4020150-08)
CLAIMANT:
DESCRIPTION: INV#-75906

BRANCH NO.: 094
ACC DATE: 26Aug16

NO.: 0170152057
VN: 0002688533
DATE: 07Apr21

DATES OF SERVICE: 07Feb20 **THRU** 07Feb20
BENEFIT PERIOD: **THRU**

AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000021 000369 003 007

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0170152057 001504
VN. 0002688533
DATE: 07Apr21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 011260 056084 WC 01 (4020150-08) **BRANCH NO.:** 094
PAY ONE HUNDRED EIGHTY 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

⑈0170152057⑈ ⑆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 76042

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
00300-399729/426320-WC-01

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

Case: vs WASTE MANAGEMENT
Date Of Injury: 9/17/18; 3/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/19	INITL CHIRO	& PHYSICAL THERAPY W/ DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/31/19	F/U CHIRO TX	& PHYS TX W/ DR CHRISTINE HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/28/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/03/19	F/U CHIRO TX	CHIRO TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

Joyce Altman Interpreters, Inc.
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PH: 714 838-0950
TAX ID# 33-0956713

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Date NO#
04/13/21 76042

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EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
00300-399729/426320-WC-01

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

Case: vs WASTE MANAGEMENT
Date Of Injury: 9/17/18; 3/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/09/19	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/23/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

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PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/13/21 76042

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
00300-399729/426320-WC-01

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

Case: vs WASTE MANAGEMENT
Date Of Injury: 9/17/18; 3/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/28/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI @V SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/02/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/09/19	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/06/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
04/13/21 76042

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

EAMS#(s):
ADJ12062794
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
00300-399729/426320-WC-01

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

Case: vs WASTE MANAGEMENT
Date Of Injury: 9/17/18; 3/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/13/20	PMT BY CHECK	DOS 2/14/20* # 0162499476	-180.00
03/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BAROBSA # 500267	0.00
04/04/21	PMT BY CHECK	DOS 2/24/20* # 0170082845	-180.00

BALANCE 6750.00

* 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

003000 PAGE 1 OF 1 000934

MDG2009 00000227 1 SP .510

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

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

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

CLAIM NO.: 003000 399729 WC 01 (1082)
CLAIMANT:
DESCRIPTION: INV #: 76042

BRANCH NO.: 094
ACC DATE: 17Sep18

NO.: 0170082845
VN: 0004112306
DATE: 04Apr21

DATES OF SERVICE: 24Feb20 **THRU** 24Feb20
BENEFIT PERIOD: **THRU**

AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000227 000304 001 001

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396602

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

CHECK NO. 0170082845 000934
VN. 0004112306
DATE: 04Apr21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 003000 399729 WC 01 (1082) **BRANCH NO.:** 094
PAY ONE HUNDRED EIGHTY 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

⑈0170082845⑈ ⑆031100209⑆ 40074901⑈

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 77574

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
007087076783-WC-01

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

Case: vs BURLINGTON MERCHANDISING CORP
Date Of Injury: 12/07/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/20	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	180.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/13/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/17/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/20/20	INITIAL ACUP	W/ACUPUNCT MIN CHOI,F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/31/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/03/20	FOLLOW UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/07/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/12/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00

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

*** INVOICE ***
Date NO#
04/27/21 77574

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
007087076783-WC-01

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

Case: vs BURLINGTON MERCHANDISING CORP
Date Of Injury: 12/07/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 50267	0.00
02/21/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/25/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/06/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/09/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BAROSA # 500267	0.00
03/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/08/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

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Date NO#
04/27/21 77574

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SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
007087076783-WC-01

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

Case: vs BURLINGTON MERCHANDISING CORP
Date Of Injury: 12/07/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PHYS TX W/DR HA* MARIA BARBOSA # 500267	0.00
06/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/29/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/06/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
07/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/26/21	LIEN FIL FEE	LIEN FILING FEE	150.00
04/19/21	PMT BY CHECK	DOS 2/21/20-2/26/21* # 0170403384	-5010.00

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-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

MDG2009 00003082 1 MB .450

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

GALLAGHER BASSETT SERVICES INC
FOR BURLINGTON STORES INC

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 007087 076783 WC 01 (00512)
CLAIMANT:
DESCRIPTION: PAYMENT OF OUTSTANDING BILLS

BRANCH NO.: 011
ACC DATE: 07Dec19

NO.: 0170403384
VN: 0001015786
DATE: 19Apr21

DATES OF SERVICE: 21Feb20 **THRU** 26Feb21
BENEFIT PERIOD: **THRU**

AMOUNT: 5010.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003082 003345 001 001

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GALLAGHER BASSETT SERVICES INC
FOR BURLINGTON STORES INC

CHECK NO. 0170403384 003629
VN. 0001015786
DATE: 19Apr21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **5010.00

CLAIM NO.: 007087 076783 WC 01 (00512) **BRANCH NO.:** 011
PAY FIVE THOUSAND TEN 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

⑈0170403384⑈ ⑆031100209⑆ 007087⑈

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

*** INVOICE ***
Date NO#
04/19/21 77706

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001627-156870-WC-01

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

Case: vs FOR DECTON LI
Date Of Injury: 10/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/20	INITIAL EXAM	W/DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/03/20	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/07/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/14/20	FOLLOW-UP	W/ ACUPUNCT DA HAE RA @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/21/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/07/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/14/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/13/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/18/20	INIT PHYSIO	THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/21/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/24/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/27/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00

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 77706

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
001627-156870-WC-01

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

Case: vs FOR DECTON LI
Date Of Injury: 10/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/28/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/02/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/22/20	PMT BY CHECK	DOS 3/13/20* # 0163331512	-180.00
05/19/20	PMT BY CHECK	DOS 1/25/20-3/7/20* # 0163243974	-1260.00
04/18/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
05/27/20	PMT BY CHECK	DOS 3/14/20* # 0163398806	-180.00
04/25/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/24/20	FOLLOW-UP	W/ ACUPUNCT DRONH LIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/28/20	PMT BY CHECK	DOS 3/20/21* # 0163423417	-180.00
05/02/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/01/20	PMT BY CHECK	DOS 3/17/20* # 0163493244	-180.00
06/01/20	PMT BY CHECK	DOS 3/24/20* # 0163493304	-180.00
06/02/20	PMT BY CHECK	DOS 3/27/20* # 0163516793	-180.00
06/02/20	PMT BY CHECK	DOS 3/28/20* # 0163516792	-180.00
06/05/20	PMT BY CHECK	DOS 4/2/20* # 0163585994	-180.00
05/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
05/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
06/19/20	PMT BY CHECK	DOS 4/25/20* # 0163807676	-180.00
06/19/20	PMT BY CHECK	DOS 4/24/20* # 0163807681	-180.00
06/16/20	PMT BY CHECK	DOS 4/18/20* # 0163728270	-180.00
04/22/20	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	180.00

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 77706

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001627-156870-WC-01

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

Case: vs FOR DECTON LI
Date Of Injury: 10/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/26/20	PMT BY CHECK	DOS 5/9/20* # 0163983212	-180.00
06/29/20	PMT BY CHECK	DOS 5/2/20* # 0164041124	-180.00
06/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/13/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
06/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 005511585	0.00
06/20/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/06/20	PMT BY CHECK	DOS 5/19/20* # 0164176682	-180.00
06/27/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
06/29/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/02/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
07/10/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
07/27/20	PMT BY CHECK	DOS 6/12/20* # 0164617389	-180.00
07/28/20	PMT BY CHECK	DOS 6/13/20* # 0164649941	-180.00
07/27/20	PMT BY CHECK	DOS 6/19/20* # 0164617383	-180.00
07/15/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
07/29/20	PMT BY CHECK	DOS 6/20/20* # 0164679415	-180.00
07/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/18/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/04/20	PMT BY CHECK	DOS 6/29/20* # 0164802165	-180.00

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 77706

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001627-156870-WC-01

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

Case: vs FOR DECTON LI
Date Of Injury: 10/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/20	PMT BY CHECK	DOS 7/2/20* # 0164828798	-180.00
07/25/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA MARIA MORALES # 004052	0.00
08/17/20	PMT BY CHECK	DOS 7/10/20* # 0165069073	-180.00
08/26/20	PMT BY CHECK	DOS 7/15/20* # 0165264845	-180.00
08/26/20	PMT BY CHECK	DOS 7/18/20* # 0165264846	-180.00
09/02/20	PMT BY CHECK	DOS 7/25/20* # 0165417093	-180.00
12/08/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/14/20	INITIAL EXAM	DR GABRIEL RUBANENKO @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/09/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/11/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/15/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/18/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/19/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/26/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/27/21	FOLLOW-UP	W/ ACUPUNCT LEE KYUNGMI @FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL @ 05511585	0.00
01/29/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/06/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/01/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	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#
04/19/21 77706

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
001627-156870-WC-01

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

Case: vs FOR DECTON LI
Date Of Injury: 10/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/08/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/08/21	PMT BY CHECK	DOS 12/8/20-1/11/21* # 0170175914	-720.00

BALANCE 2700.00

* 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

001627 PAGE 1 OF 1 004343

MDG2009 00003134 1 MB .450

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

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

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

CLAIM NO.: 001627 156870 WC 01 (0055-DECAR) **BRANCH NO.:** 174 **NO.:** 0170175914

CLAIMANT: **ACC DATE:** 30Oct19 **VN:** 0003202852

DESCRIPTION: INV#-77706 ✓ **DATE:** 08Apr21

DATES OF SERVICE: 08Dec20 **THRU** 11Jan21 **AMOUNT:** 720.00

BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003134 003384 001 001

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

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

CHECK NO. 0170175914 004343
VN. 0003202852
DATE: 08Apr21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **720.00

CLAIM NO.: 001627 156870 WC 01 (0055-DECAR) **BRANCH NO.:** 174

PAY SEVEN HUNDRED TWENTY 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

⑈0170175914⑈ ⑆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#
04/06/21 78565

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
009193001453WC01

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

Case: vs ALPHA STAFFING SERVICE
Date Of Injury: 10/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/20	INITIAL EXAM	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
08/01/20	F/U PHYSIO	TX W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANA MORALES # 004052	0.00
08/03/20	INITIAL ACUP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/05/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/08/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
08/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/20/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
08/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANA M. MORALES # 004052	0.00
01/27/21	LIEN FIL FEE	LIEN FILING FEE	150.00
03/30/21	PMT BY CHECK	DOS 7/29/20-1/27/21* # 0169954798	-1590.00

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.

PO BOX 2934
CLINTON IA 52733-2934

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

GALLAGHER BASSETT SERVICES INC
FOR XL INSURANCE AMERICA, INC.

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 009193 001453 WC 01 (7403-006)
CLAIMANT:
DESCRIPTION: INV#-78565 ✓

BRANCH NO.: 170
ACC DATE: 24Oct18

NO.: 0169954798
VN: 0000189655
DATE: 30Mar21

DATES OF SERVICE: 29Jul20 **THRU** 27Jan21
BENEFIT PERIOD: **THRU**

AMOUNT: 1590.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003202 003425 002 003

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 78588

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006316001253-W-C01

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

Case:
Date Of Injury: 3/13/20

TOWN COUNTRY EVENT RENTALS

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/20	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIROPRATIC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/23/20	INITL CHIRO	TREATMENT W/DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/24/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/28/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/31/20	F/U CHIRO TX	CHIRO TX DR KRAVCHENKO @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO 3 101080	0.00
08/04/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/06/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/18/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
08/20/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/25/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/27/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHNKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/01/20	PR2/REEVAL	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/03/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/08/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00

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 78588

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006316001253-W-C01

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

Case: vs TOWN COUNTRY EVENT RENTALS
Date Of Injury: 3/13/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
09/10/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/15/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/17/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/22/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/24/20	F/U CHIRO TX	CHIRO TX W/DR KRAVENCHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/01/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/29/20	PMT BY CHECK	DOS 9/15/20* # 0166632807	-180.00
10/19/20	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/21/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/26/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
11/19/20	PMT BY CHECK	DOS 9/10/20* #0167118951	-180.00
11/24/20	PMT BY CHECK	DOS 9/17/20* # 0167222422	-180.00
11/02/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
11/03/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
11/30/20	PMT BY CHECK	DOS 9/22/20* # 0167294335	-180.00
11/30/20	PMT BY CHECK	DOS 9/24/20* # 0167294333	-180.00

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 78588

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006316001253-W-C01

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

Case: vs TOWN COUNTRY EVENT RENTALS
Date Of Injury: 3/13/20

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/09/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/11/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/16/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/18/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/08/20	PMT BY CHECK	DOS 10/1/20* # 0167498084	-180.00
12/28/20	PMT BY CHECK	DOS 10/21/20* # 0167915505	-180.00
12/23/20	PMT BY CHECK	DOS 10/19/20* # 0167854167	-180.00
11/30/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/02/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/04/21	PMT BY CHECK	DOS 10/26/20* # 0168050834	-180.00
01/06/21	PMT BY CHECK	DOS 11/2/20* # 0168099676	-180.00
01/13/21	PMT BY CHECK	DOS 11/11/20* # 0168255938	-180.00
01/13/21	PMT BY CHECK	DOS 11/16/20* # 0168236790	-180.00
01/11/21	PMT BY CHECK	DOS 11/18/20* # 0168194424	-180.00
12/09/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/14/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/16/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
12/15/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/27/21	PMT BY CHECK	DOS 11/3/20* # 0168538503	-180.00

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 78588

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006316001253-W-C01

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

Case: vs TOWN COUNTRY EVENT RENTALS
Date Of Injury: 3/13/20

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
12/23/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/30/20	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/04/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/06/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/11/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/13/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/18/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/20/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/25/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/27/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/25/21	PMT BY CHECK	DOS 12/9/20* # 0169200834	-180.00
01/26/21	PR2/REEVAL	& F/U CHIRO TX W/DR MAYYA KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/02/21	PMT BY CHECK	DOS 12/2/20* # 0169306811	-180.00
03/11/21	PMT BY CHECK	DOS 12/14/20* # 0169517448	-180.00
03/17/21	PMT BY CHECK	DOS 7/21/20-6/6/21* # 0169650430	-5040.00
03/23/21	PMT BY CHECK	DOS 12/16/20* # 0169780088	-180.00

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 78588

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006316001253-W-C01

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

Case: _____ vs TOWN COUNTRY EVENT RENTALS
Date Of Injury: 3/13/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/21	PMT BY CHECK	DOS 12/23/20-12/30/20* # 0169780089	-540.00
03/01/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/30/21	PMT BY CHECK	DOS 3/1/21 # 0169954261	-180.00

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.

PO BOX 2934
CLINTON IA 52733-2934

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

GALLAGHER BASSETT SERVICES INC
FOR STATE NATIONAL INS COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 006316 001253 WC 01 (2739449001)
CLAIMANT:
DESCRIPTION: INV# 78588 ✓

BRANCH NO.: 170
ACC DATE: 13Mar20

NO.: 0169954261
VN: 0000027923
DATE: 30Mar21

DATES OF SERVICE: 18Jan21 **THRU** 18Jan21
BENEFIT PERIOD: **THRU**

AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003202 003426 003 003

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 78995

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
00631600127WC-01

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

Case: vs TOWN COUNTRY EVENT RENTALS
Date Of Injury: 7/3/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/20	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/22/20	INITL CHIRO	TX W/DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/24/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/01/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/02/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
10/06/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/09/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
10/15/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
10/13/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/20/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/22/20	PR2/REEVAL	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/27/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/03/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
11/10/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	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#
04/02/21 78995

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
00631600127WC-01

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

Case: vs TOWN COUNTRY EVENT RENTALS
Date Of Injury: 7/3/20

DOS	SERVICE	DESCRIPTION	AMOUNT
12/22/20	PMT BY CHECK	DOS 9/17/20-10/20/20* # 0167799028	-1800.00
11/24/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/12/21	PMT BY CHECK	DOS 10/22/20* # 0168205356	-180.00
01/07/21	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/18/21	PMT BY CHECK	DOS 10/27/20-11/24/20* # 0169038884	-900.00
02/10/21	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/15/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/17/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/18/21	PR2/REEVAL	& F/U CHIRO W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/24/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/22/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/25/21	PMT BY CHECK	DOS 1/7/21* # 0169850877	-180.00

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

*** INVOICE ***
Date NO#
04/02/21 78995

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

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
00631600127WC-01

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

Case: vs TOWN COUNTRY EVENT RENTALS
Date Of Injury: 7/3/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 900.00

* 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 - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

006316 PAGE 1 OF 1 001989

m

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

GALLAGHER BASSETT SERVICES INC
FOR STATE NATIONAL INS COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 006316 001276 WC 01 (2739449001)
CLAIMANT:
DESCRIPTION: INV# 78995 ✓

BRANCH NO.: 170
ACC DATE: 03Jul20

NO.: 0169850877
VN: 0000027796
DATE: 25Mar21

DATES OF SERVICE: 07Jan21 **THRU** 07Jan21
BENEFIT PERIOD: **THRU**

AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003195 003438 002 002

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

GALLAGHER BASSETT SERVICES INC
FOR STATE NATIONAL INS COMPANY

CHECK NO. 0169850877 001989
VN. 0000027796
DATE: 25Mar21 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 006316 001276 WC 01 (2739449001) **BRANCH NO.:** 170
PAY ONE HUNDRED EIGHTY 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

⑈0169850877⑈ ⑆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#
04/16/21 79417

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ELWC974920-021

BILL TO:
BERKSHIRE HATHAWAY/GUARD -W.B.
W. C. DEPARTMENT
ATTN: MARIAH ESPARZA
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs SOUTH BAY GALLERIA
Date Of Injury: 3/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/19	INITIAL EXAM	DR MARINA RUSSMAN/NEGIN RAMESHNI @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/29/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/07/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/14/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/19/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JORGE SANDOVAL # 005511585	0.00
11/20/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/05/19	INIT PHYSIO	THERAPY W/D NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/06/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/26/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/02/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/03/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
12/05/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
12/09/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
12/10/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/12/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00

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 79417

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ELWC974920-021

BILL TO:
BERKSHIRE HATHAWAY/GUARD -W.B.
W. C. DEPARTMENT
ATTN: MARIAH ESPARZA
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs SOUTH BAY GALLERIA
Date Of Injury: 3/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOME # 500341	0.00
12/16/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/18/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/17/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/19/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/08/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/18/20	INITIAL EXAM	DR MASSISHI & F/U PHYSIO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA 301721 & CARLOS TORRES 301694	0.00
01/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/30/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/01/20	F/U PHYSIO	TX W/DR NAJIB & PR2/REEVAL W/ DR MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328/GLADYS REYNA # 301721	0.00
02/06/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
02/21/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	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#
04/16/21 79417

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
ELWC974920-021

BILL TO:
BERKSHIRE HATHAWAY/GUARD -W.B.
W. C. DEPARTMENT
ATTN: MARIAH ESPARZA
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs SOUTH BAY GALLERIA
Date Of Injury: 3/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/24/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/02/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/05/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/06/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/07/20	PR2/REEVAL	DR MASSIHI & F/U PHYSIO TX W/ DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
03/09/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/20/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/27/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/02/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/01/20	FOLLOW-UP	W/ ACUPUNCT KWANG @ FMR*	180.00

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WILKES BARRE, PA 18703

Case: vs SOUTH BAY GALLERIA
Date Of Injury: 3/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
04/03/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/06/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
04/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
04/13/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
04/17/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/18/20	F/U PHYSIO	TX W/DR NAJIB & PR2/REEVAL W/ DR MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/08/20	PR2/REEVAL	DR AZIMZADEH/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/23/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
05/30/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
06/03/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00

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P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs SOUTH BAY GALLERIA
Date Of Injury: 3/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/08/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/15/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/19/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH/RUSSMAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/18/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/22/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
06/23/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/24/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
06/25/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/29/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/30/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
07/01/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/02/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
07/06/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
07/08/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00

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Case: vs SOUTH BAY GALLERIA
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DOS	SERVICE	DESCRIPTION	AMOUNT
07/07/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/11/20	PR2/REEVAL	DR MASSIHI & F/U ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	ANA MARIA MORALES # 004052	0.00
07/31/20	PR2/REEVAL	DR MAHNAZ AZIMZDEH @ FMR*	180.00
/ /	INTERPRETER:	ANA M. MORALES # 004052	0.00
08/03/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/05/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/10/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/12/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/19/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/24/20	INITIAL EXAM	DR GABRIEL RUBANENKO @ FMR*	180.00

Joyce Altman Interpreters, Inc.
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P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs SOUTH BAY GALLERIA
Date Of Injury: 3/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/11/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/16/20	F/U CHIRO TX	CHIRO TX W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO NAVARRO # 101316	0.00
09/19/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/23/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/30/20	F/U CHIRO TX	CHIRO TX W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/05/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/28/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
10/23/20	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
10/27/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/03/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/10/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/25/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/02/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/10/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00

Joyce Altman Interpreters, Inc.
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DOS	SERVICE	DESCRIPTION	AMOUNT
12/09/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/08/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
12/14/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/16/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/06/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/09/21	PR2/REEVAL	DR MASSIHI & F/U PHYSIO W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/11/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/15/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/24/21	PMT BY CHECK	DOS 12/10/20* =# 009930718 BERKSHIRE/NORGUARD	-180.00
01/21/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/25/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/02/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/04/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/11/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00

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DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/16/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/18/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/19/21	PR2/REEVAL	DR AZIMZADEH/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/25/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/04/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/12/21	PMT BY CHECK	DOS 1/6/21* =# 009950765 NORGUARD INS	-180.00

BALANCE 20440.00

* 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.

009950765

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

GDN24055A05A0AA.001303.01.02.000000

Please see attached documentation.

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

009950765

DATE 04/12/2021

AMOUNT ********$180.00

NOT VALID AFTER 180 DAYS

⇨⇨⇨⇨⇨PAY ONLY $180.00
DOLLAR ONE EIGHT ZERO PERIOD ZERO ZERO

■ ONE HUNDRED EIGHTY DOLLARS AND 00 CENTS**********

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

VOID OVER $180.00

⑈009950765⑈ ⑆121000248⑆ 2000519409116⑈

Explanation of Review

BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES

Carrier

Carrier No:
Carrier: NORGUARD INSURANCE COMPANY
P.O. BOX A-H / 16 S. RIVER STREET
WILKES-BARRE, PA 18703-0020

Bill: GUA-GUCA-1133565

Provider

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

Claimant

NPI: **Rendering NPI:**
Tax ID: 33-0956713 **Type:** OT **Specialty (1):** AO **Claim Number:** ELWC974920-021
License: A9999999 **Specialty (2):** AO **DOI/DOL:** 03-14-2019
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386 **External Claim Number:** EL974920021
Invoice No: 79417
Invoice Date: 02-19-2021
Patient Account: 79417

Region: 26 **Payment Status Code:** 1

Bill Details

Dates of Service: 01-06-2021
Post Date: 04-09-2021
Reviewer: S2/
Pay Auth: 0
Client Type of Bill: LANG
Adjuster: MESPARZA

Bill ICD Version: 10
Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BR	Description	Network	ONR	Other	Explanation Code(s)	Allow.
1	01-06-2021	11	T1013	A	180.00	8		SIGN LANG/ORAL INTERPRET					180.00

Totals

Total Charges: 180.00
Recommended Allowance: **180.00**

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

GUARD INSURANCE GROUP, PO BOX 1368, WILKES-BARRE, PA 18703, (800) 673 - 2465

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DCN Number: 210319GUAGUCA71361

GDN24055A05A0AA.001303.02.02.000000

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 76030

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
Y67C98087

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

Case: vs GREAT AMERICAN PACKAGING INC
Date Of Injury: 3/15/18 - 3/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO *	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/10/19	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/09/19	PR2/REEVAL	DR CHRISTINE HA @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/12/19	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/19/19	PR2/REEVAL	DR FARAH AMERI @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/27/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/08/19	PMT BY CHECK	DOS 5/22/19-8/19/19* # 130771651 2	-1000.00
11/04/19	PMT BY CHECK	DOS 9/27/19* # 130877823 6	-180.00
11/08/19	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/03/20	P AND S	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/16/20	PMT BY CHECK	DOS 2/3/20* # 131358207 7	-180.00
03/16/20	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/18/20	F/U CHIRO TX	CHIRO TX W/DR MICHAEL TORRES @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/24/20	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/06/20	PMT BY CHECK	DOS 6/24/20* =# 131801263 5	-90.00
08/03/20	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00

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 76030

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
Y67C98087

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

Case: vs GREAT AMERICAN PACKAGING INC
Date Of Injury: 3/15/18 - 3/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/19/20	PR2/REEVAL	DR BAPTIE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/16/20	PMT BY CHECK	DOS 8/3/20* =# 131928718 2	-90.00
09/11/20	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/09/20	PMT BY CHECK	DOS 8/19/20* =# 132004447 6	-90.00
10/28/20	PMT BY CHECK	DOS 9/11/20* =# 132061686 0	-90.00
10/14/20	FOLLOW-UP	W/ ACUPUNCT BAPTIE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/16/20	P AND S	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/03/20	PMT BY CHECK	DOS 10/16/20* # 132173519 7	-180.00
02/04/21	PMT BY CHECK	DOS 6/24/20* =# 132356547 7	-90.00
03/08/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
03/08/21	RMB IBR FEE	DOS 6/24/20* # 132450052 2	-180.00
03/25/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
03/25/21	RMB IBR FEE	DOS 8/3/20 # 132509871 0	-180.00
03/25/21	PMT BY CHECK	DOS 8/3/20 =# 132509870 1	-90.00
04/09/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
04/09/21	RMB IBR FEE	DOS 8/19/20 # 132559411 3	-180.00
04/09/21	PMT BY CHECK	DOS 8/19/20 # 132559411 3	-90.00

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 76030

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C98087

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

Case: vs GREAT AMERICAN PACKAGING INC
Date Of Injury: 3/15/18 - 3/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 860.00

* 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

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303163

006084 1/3

SP 01 006084 71431 E 23 ASNGLP

JOYCE ALTMAN INTERPRETERS INC
PO BOX SUITE 4165
Tustin CA 92781

Attention: This remittance incorporates
0 claim payments

Special Handling 99

BY: .....

SEP 21 2020

PAID

SEP 22 2020

BY: .....

Please keep the above information for your records.

120820273

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

56-1544
441

Check Number: 131928718 2

Issue Date: 09/16/2020

$********90.00**

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
NINETY DOLLARS AND 00/100

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

The Hartford
Authorized Signature

120820273

⑈131928718 2⑈ ⑆044115443⑆ 63255973 8⑈

The Hartford Medical Bill Processing Center 39

Process Date: 09/16/2020
Control Number: 215594802
EOR Page 1 of 2
Rev/Aud: PB/SS

Claim Number:	Y67C98087		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956715	Vendor: 0013541032-2	Claimant SSN:	XXX-XX	
Provider Ref:	76030	Geo Zip: 90660	Date Of Injury:	12/01/2018	
Provider License:	999999999		Claims Received Date:	09/04/2020	
			Packet Control Number:	30016202009042002130	

006084 2/3

JOYCE ALTMAN INTERPRETERS INC
PO BOX SUITE 4165
Tustin, CA 92781

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
08/03/20	11	T1013		SIGN LANGUAGE/(	8.000	180.00	90.00	0.00	0.00	90.00	601,G1
			TOTALS:			180.00	90.00	0.00	0.00	90.00	
			TOTAL RECOMMENDED ALLOWANCE:							90.00	

Rendering Provider Name: AMERI CHIROPRACTIC
Rendering Provider NPI:

DWC CODE DESCRIPTION

G1 -THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

CARRIER EXPLANATION REASON CODE

601 -CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2303993

SP 01 006280 46819 D 23 ASNGLP

JOYCE ALTMAN INTERPRETERS INC
PO BOX SUITE 4165
Tustin CA 92781

Attention: This remittance incorporates 0 claim payments

Special Handling 99

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

121667799

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

56-1544
441

Check Number: 132509870 1

Issue Date: 03/25/2021

$********90.00**

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
NINETY DOLLARS AND 00/100

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX SUITE 4165
Tustin, CA 92781

The Hartford

Authorized Signature

⑈132509870⑈ ⑆044115443⑆ 63255973⑧⑈

121667799

Endorsement of this check by the payee is a certification of a valid claim for insurance benefits of services. Any false representation to obtain this payment may be fraud and result in civil and criminal penalties.

THIS IS WATERMARKED PAPER AND CONTAINS INVISIBLE FIBERS
DO NOT ACCEPT WITHOUT NOTING WATERMARK
HOLD TO LIGHT TO
VERIFY WATERMARK.

The Hartford Medical Bill Processing Center 39

RE-EVALUATION
Process Date: 03/24/2021
Re-Evaluation Control Number: 901547368
Original Control Number: 215594802
EOR Page 1 of 2
Rev/Aud: TL/TL*

Claim Number:	Y67C98087		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956715	Vendor: 0013541032-2	Claimant SSN:	XXX-XX-	
Provider Ref:	76030	Geo Zip: 90660	Date Of Injury:	12/01/2018	
Provider License:	999999999		Claims Received Date:	03/24/2021	
			Packet Control Number:	30016202009042002130	

006280 2/3

JOYCE ALTMAN INTERPRETERS INC
PO BOX SUITE 4165
Tustin, CA 92781

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Attn:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
08/03/20	11	T1013		SIGN LANGUAGE/(	8.000	0.00	-90.00	0.00	0.00	90.00	1001,G1
		Original Charge/Allowance: $180.00/$90.00									
		TOTALS:				**0.00**	**-90.00**	**0.00**	**0.00**	**90.00**	
		TOTAL RECOMMENDED ALLOWANCE:								**90.00**	

Rendering Provider Name: AMERI CHIROPRACTIC
Rendering Provider NPI:

DWC CODE DESCRIPTION

G1 -THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

CARRIER EXPLANATION REASON CODE

1001 -BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY THE PROVIDER, WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.

Thank you, Provider Relations

RE-EVALUATION
Process Date: 03/24/2021
Re-Evaluation Control Number: 901547368
Original Control Number: 215594802
EOR Page 2 of 2
Rev/Aud: TL/TL*

Claim Number:	Y67C98087	PPO/OSR ID:	
Claimant:		NPI Number:	
Provider Tax ID:	330956713 Vendor: 0013541032-2	Claimant SSN:	XXX-XX-
Provider Ref:	76030 Geo Zip: 90660	Date Of Injury:	12/01/2018
Provider License:	999999999	Claims Received Date:	03/24/2021
		Packet Control Number:	30016202009042002130

JOYCE ALTMAN INTERPRETERS INC *
PO BOX SUITE 4165
Tustin, CA 92781

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Attn:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

Employer Name: GREAT AMERICAN PACKAGING, Employer ID: 72WE AC1HCA, Employer Address: 4361 S Soto St, Vernon, CA 90058

Payer Name: Sentinel Insurance Company, LTD, Payer Address: One Hartford Plaza Hartford, CT 06115, Payer ID Number: 061552103

Claimant Address: 7135 Seville Ave Apt 305 Huntington Park, CA 90255, Claimant D.O.B.: 01/20/1976

Payment Information: Payment Status Code: , Payment Date: 03/24/2021

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.

Medical providers are encouraged to transmit bills electronically by having their bills sent to The Hartford's clearinghouse, P2P Link @ 866-450-3898, using the payer ID WCCA12101.

Submit reconsiderations for FL, NJ, CA & TX to:
The Hartford Medical Bill Processing Center
PO Box 14187
Lexington, KY 40512

Submit reconsiderations for all other states to:
The Hartford Medical Bill Processing Center
PO Box 14170
Lexington, KY 40512

For Reconsideration of this reimbursement determination, the following information must be submitted: Copy of this EOR, copy of the original bill and any supporting documentation to the address above. If you have any questions regarding this Explanation of Reimbursement (EOR) please call 800-662-5814 and reference the Control Number provided.

The Hartford is ready to support bills submitted with an ICD-10 diagnosis code for services rendered on or after 10/1/2015.

*** Workers Compensation ***

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303163

SP 01 005652 92918 E 20 ASNGLP

JOYCE ALTMAN INTERPRETERS INC
PO BOX SUITE 4165
Tustin CA 92781

Attention: This remittance incorporates
0 claim payments

Special Handling 99

RECEIVED
OCT 16 2020

PAID
OCT 20 2020
BY: .....

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

120932641

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

56-1544
441

Check Number: 132004447 6

Issue Date: 10/09/2020

$**********90.00

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
NINETY DOLLARS AND 00/100

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX SUITE 4165
Tustin, CA 92781

The Hartford
Authorized Signature

120932641

⑈132004476⑈ ⑆044115443⑆ 63255973B⑈

The Hartford Medical Bill Processing Center 39

Process Date: 10/09/2020
Control Number: 215684765
EOR Page 1 of 2
Rev/Aud: PB/LS

Claim Number: Y67C98087
Claimant:
Provider Tax ID: 330956713 Vendor: 0013541032-2
Provider Ref: 76030 Geo Zip: 91007
Provider License: 99999999

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 12/01/2018
Claims Received Date: 09/22/2020
Packet Control Number: 30016202009223002666

005652 2/3

JOYCE ALTMAN INTERPRETERS INC
PO BOX SUITE 4165
Tustin, CA 92781

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
08/19/20	11	T1013		SIGN LANGUAGE/(	8.000	180.00	90.00	0.00	0.00	90.00	601,G1
			TOTALS:			**180.00**	**90.00**	**0.00**	**0.00**	**90.00**	
			TOTAL RECOMMENDED ALLOWANCE:							**90.00**	

Rendering Provider Name: BRUCE T. BAPTIE
Rendering Provider NPI:

DWC CODE DESCRIPTION

G1 -THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

CARRIER EXPLANATION REASON CODE

601 -CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2303993

SP 01 005536 62753 E 22 ASNGLP

JOYCE ALTMAN INTERPRETERS INC
PO BOX SUITE 4165
Tustin CA 92781

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
12/01/2018	72WE AC1HCA Y67C 98087	GREAT AMERICAN PACKAGING INC		$270.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 08/19/2020 08/19/2020	$270.00

Claim Handler: LISA CUSIMANO
8664019222 x2303993
Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

Additional Comments:
payment per IBR

Issue Date	04/09/2021	Check Number	132559411 3	Total Check Amount	$270.00

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Centralized Workers Compensation Claim Center
PO Box 14267
Lexington, KY 40512-4267

56-1544
441

Check Number: 132559411 3

Issue Date: 04/09/2021

$**********270.00

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
TWO HUNDRED SEVENTY DOLLARS AND 00/100

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX SUITE 4165
Tustin, CA 92781

The Hartford

Authorized Signature

⑈132559411 3⑈ ⑆056115431⑆ 632559738⑈

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 77681

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMH94194C

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: RUBEN ROJAS
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs SPENCER N ENTERPRISES INC
Date Of Injury: 6/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/20	INITIAL EXAM	DR MOHAMED HASSANIN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/12/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/14/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/19/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 001036	0.00
02/26/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/03/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/10/20	INIT PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/12/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/19/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/23/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/24/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	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#
04/12/21 77681

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMH94194C

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: RUBEN ROJAS
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs SPENCER N ENTERPRISES INC
Date Of Injury: 6/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/30/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/01/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
04/10/20	INITIAL PSYC	EVAL W/DR ANTHONY FRANCISCO @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/14/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/21/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/22/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/24/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/29/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/30/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/01/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
05/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/07/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00

Joyce Altman Interpreters, Inc.
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ATTN: RUBEN ROJAS
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs SPENCER N ENTERPRISES INC
Date Of Injury: 6/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/09/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/16/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
06/19/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/23/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
06/26/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
06/29/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/30/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/06/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/08/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/07/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/10/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/20/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/22/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00

Joyce Altman Interpreters, Inc.
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LEXINGTON, KY 40512

Case: vs SPENCER N ENTERPRISES INC
Date Of Injury: 6/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/04/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/05/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/11/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/07/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/31/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/02/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/14/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/05/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/06/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/13/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/12/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00

Joyce Altman Interpreters, Inc.
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THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: RUBEN ROJAS
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs SPENCER N ENTERPRISES INC
Date Of Injury: 6/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
11/10/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/21/20	PMT BY CHECK	DOS 10/20/20* # 0083697225 LIBERTY	-90.00
11/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
11/25/20	F/U CHIRO TX	CHIRO TX DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/30/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/02/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/07/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/09/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/15/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/06/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/05/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/13/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/19/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
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BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: RUBEN ROJAS
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs SPENCER N ENTERPRISES INC
Date Of Injury: 6/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/26/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/08/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/10/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/17/21	PMT BY CHECK	DOS 1/5/21* # 0083742436 LIBERTY MUTUAL	-90.00
02/22/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/24/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/07/21	PMT BY CHECK	DOS 2/8/21* # 132548745 7 THE HARTFORD	-180.00

BALANCE 14220.00

* 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

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2306315

000908 1/1

MB 01 000908 59727 B 3 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
77681 12/01/2012	72WE ZY5506 YMHC 94194	SPENCER N ENTERPRISES, INC.		$180.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 02/08/2021 02/08/2021	$180.00

Claim Handler: AMBER CREEGER
8664019222 x2306315
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
Invoice # 77681 Pay disputes subject to LC 4603.3(a)(6), CCR 9792.5.4.

Issue Date	04/07/2021	Check Number	132548745 7	Total Check Amount	$180.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

122719075

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

56-1544
441

Check Number: 132548745 7

Issue Date: 04/07/2021

$********180.00**

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
ONE HUNDRED EIGHTY DOLLARS AND 00/100

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

The Hartford
Authorized Signature

122719075

⑈132548745 7⑈ ⑆044116443⑆ 632559738⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
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Date NO#
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2019016491

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: L NGUYEN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs SPECTRUM LABORATORY PRODUCTS
Date Of Injury: 8/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/19	INITIAL EXAM	DR NEGIN RAMESHNI @ FMR*	230.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/24/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/25/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/27/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/02/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/03/19	PR2/REEVAL	DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/07/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/09/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/11/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/10/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/30/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/05/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/04/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
11/07/19	F/U PHYSIO	THERAPY W/DR NAJIB # FMR*	90.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
11/06/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSENANI K. CALDERON #101897	0.00

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INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: L NGUYEN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs SPECTRUM LABORATORY PRODUCTS
Date Of Injury: 8/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO #500049	0.00
11/12/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/13/19	FOLLOW-UP	W/ ACUPUNCT BIRHIMER @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
11/14/19	PR2/REEVAL	DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/18/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/19/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/20/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/21/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/06/19	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/16/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/18/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/17/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/23/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/07/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/08/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00

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SAN DIEGO, CA 92150

Case: vs SPECTRUM LABORATORY PRODUCTS
Date Of Injury: 8/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/21/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/23/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/31/20	PR2/REEVAL	W/DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/11/20	F/U PHYSIO	TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
02/13/20	FOLLOW-UP	W/ ACUPUNCT DA HAE RA @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 50049	0.00
02/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/21/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/25/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/27/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/05/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/10/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/12/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	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#
04/20/21 76888

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019016491

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: L NGUYEN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs SPECTRUM LABORATORY PRODUCTS
Date Of Injury: 8/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/24/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/26/20	F/U PHYSIO	THERAPY W/DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
03/31/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/02/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/07/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/14/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/16/20	F/U PHYSIO	THERAPY DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/21/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/23/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/28/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/01/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/30/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/05/20	INITL CHIRO	TREATMENT W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00

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Case: vs SPECTRUM LABORATORY PRODUCTS
Date Of Injury: 8/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/06/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/07/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/12/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
05/13/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/14/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
05/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
05/20/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/27/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
05/21/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/03/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/05/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/12/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
06/18/20	INITIAL EXAM	DR JUSTIN PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

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Case: vs SPECTRUM LABORATORY PRODUCTS
Date Of Injury: 8/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* #1	0.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
06/23/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/26/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
06/30/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
07/02/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
07/07/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/25/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/31/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETESMANI CALDERON # 101897	0.00
08/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/06/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
08/08/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RAMESHNI/RUSSMAN*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00

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SAN DIEGO, CA 92150

Case: vs SPECTRUM LABORATORY PRODUCTS
Date Of Injury: 8/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/13/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCASE # 007328	0.00
08/17/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* #3	0.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
08/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/24/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* #4	0.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
08/25/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/27/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/03/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/04/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/14/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/15/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
09/16/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO NAVARRO # 101316	0.00
09/11/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 005511585	0.00
09/09/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/09/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00

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Case: vs SPECTRUM LABORATORY PRODUCTS
Date Of Injury: 8/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/15/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
10/22/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/27/20	FOLLOW-UP	W/ ACUPUNCT JI KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/29/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/03/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/05/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/10/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
11/12/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
11/19/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/18/20	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
12/01/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/03/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00

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12/08/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/10/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
12/17/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
12/21/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/23/20	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/05/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/07/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/14/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/19/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/21/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/27/21	PR2/REEVAL	DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/02/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
02/04/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/10/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/09/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00

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DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/11/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/10/21	PMT BY CHECK	DOS 12/1/20* =# 3513553	-180.00
03/10/21	PMT BY CHECK	DOS 12/17/20* =# 3513556	-180.00
03/10/21	PMT BY CHECK	DOS 12/21/20* =# 3513552	-180.00
03/10/21	PMT BY CHECK	DOS 12/23/20* =# 3513554	-180.00
03/15/21	PMT BY CHECK	DOS 1/5/21* =# 3521111	-180.00
02/16/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/17/21	PMT BY CHECK	DOS 1/7/21* =# 3525054	-180.00
03/22/21	PMT BY CHECK	DOS 1/12/21* =# 3531757	-180.00
03/22/21	PMT BY CHECK	DOS 1/14/21* =# 3531759	-180.00
02/23/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/30/21	PMT BY CHECK	DOS 1/19/21* =# 3543443	-180.00
03/03/21	P AND S	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/06/21	PMT BY CHECK	DOS 1/21/21* =# 3553803	-180.00
04/06/21	PMT BY CHECK	DOS 1/27/21* =# 3553798	-180.00
04/09/21	PMT BY CHECK	DOS 2/2/21* =# 3559985	-180.00

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Date NO#
04/20/21 76888

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019016491

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: L NGUYEN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs SPECTRUM LABORATORY PRODUCTS
Date Of Injury: 8/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 21740.00

* 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.

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

M

Check Date: 03/30/2021
Check Number: 3543443
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,X0ZRM7

X0ZRM7

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
19016491		08/15/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
30	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

X0ZRM7

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
03/30/2021	3543443
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

MEMO: Claim#: 2019016491

⑈3543443⑈ ⑆122000661⑆ 4595399⑈

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3543443
Check Date: 03/30/2021

Claim #: 2019016491 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 01/19/2021 **Through:** 01/19/2021 **Adjuster:** Pine, Nathan
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 08/15/2019
Reviewed By: 3Q **Date Received:** 03/17/2021 **Date Reviewed:** 03/17/2021 **Bill Review #:** FIC-IWCA-4043481
Patient Acct #: 76888 **Bill Control #:** FIC-IWCA-4043481 **PPO Subnet:**
Employer: SPECTRUM LABORATORY PRODUCTS INC

Diagnosis Codes: T14.90

ate of ervice	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
1/19/2021	001	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
			Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

mments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

l Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

	State	ANSI	BR Description
5	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
2	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

planation of State/ANSI Reduction Codes:

de	Description
	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

NSI Claim Adjustment Reason Codes:

de	Description
	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
2	Workers' compensation jurisdictional fee schedule adjustment.

ocedure Code Guide:

de	Description
013	Sign language or oral interpretive services, per 15 minutes

otices:

less 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 not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794.

ME LIMITS TO DISPUTE PAYMENT AMOUNT

quest for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the ount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must nform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et q. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

quest for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review 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, for dates of vice January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care ility, or billing agent/assignee 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 yment. 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, d the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

ou have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
N Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/06/2021
Check Number: 3553803
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,NG6VMS

NG6VMS

10/15/20 9:40 PM 3 0000569 20210407 RD2C6101 JOP-FEC 1 oz DOM RD2C610000* 161281 CK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019016491		08/15/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

NG6VMS

DATE	CHECK NO
04/06/2021	3553803
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

MEMO: Claim#: 2019016491

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

⑈3553803⑈ ⑆122000661⑆ 145953994⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3553803
Check Date: 04/06/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2019016491 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 01/21/2021 **Through:** 01/21/2021 **Adjuster:** Pine, Nathan
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 08/15/2019
Reviewed By: 3C **Date Received:** 03/24/2021 **Date Reviewed:** 03/24/2021 **Bill Review #:** FIC-IWCA-4050872
Patient Acct #: 76888 **Bill Control #:** FIC-IWCA-4050872 **State Claim #:** 201909171449041983945O
Employer: SPECTRUM LABORATORY PRODUCTS INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
01/21/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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.

Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee 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.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/06/2021
Check Number: 3553798
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,PG6VMV

PG6VMV

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019016491		08/15/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

PG6VMV

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
04/06/2021	3553798
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2019016491

⑈3553798⑈ ⑆122000661⑆ 145953994 3⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3553798
Check Date: 04/06/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2019016491
From: 01/27/2021 **Through:** 01/27/2021
Claimant:
SS#:
Bill Type: PROF **Jurisdiction:** CA **Payment Type:** MED
Adjuster: Pine, Nathan
Date of Birth:
Date of Injury: 08/15/2019
Reviewed By: 9D **Date Received:** 03/24/2021 **Date Reviewed:** 03/24/2021 **Bill Review #:** FIC-IWCA-4051194
Patient Acct #: 76888 **Bill Control #:** FIC-IWCA-4051194 **State Claim #:** 20190917144904198394 50
Employer: SPECTRUM LABORATORY PRODUCTS INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
01/27/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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.

Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee 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.

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ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/09/2021
Check Number: 3559985
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,SW4XM9

SW4XM9

10/15/20 9:40 PM 3 0000601 20210412 RD3UD101 JOP-FEC 1 oz DOM RD3UD10000* 161281 CK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019016491	Cazares,Salvador	08/15/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

SW4XM9

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
04/09/2021	3559985
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2019016491

⑈3559985⑈ ⑆122000661⑆ 145953994③⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3559985
Check Date: 04/09/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2019016491 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/02/2021 **Through:** 02/02/2021 **Adjuster:** Pine, Nathan
Claimant:
SS#: XXX-XX- **Date of Birth:** **Date of Injury:** 08/15/2019
Reviewed By: 2Q **Date Received:** 03/30/2021 **Date Reviewed:** 03/31/2021 **Bill Review #:** FIC-IWCA-4061183
Patient Acct #: 76888 **Bill Control #:** FIC-IWCA-4061183 **State Claim #:** 201909171449041983945O
Employer: SPECTRUM LABORATORY PRODUCTS INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
02/02/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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
Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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.
Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee 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.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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 77299

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019018787

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: DREW LUNDEN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/27/19	INITIAL EXAM	DR MOHAMMED HASSANIN @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/02/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/06/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/13/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
12/16/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/20/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/15/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/23/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/30/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/03/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/05/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	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#
04/23/21 77299

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019018787

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: DREW LUNDEN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/07/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
02/21/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/22/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/05/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/07/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/21/20	F/U PHYSIO	TX W/DR NAJIB & INITIAL EXAM DR MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/11/20	PR2/REEVAL	DR NAJIB/ RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/26/20	PMT BY CHECK	DOS 3/7/20* =# 3125352	-180.00
06/04/20	PMT BY CHECK	DOS 3/21/20* =# 3137789	-180.00
05/16/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/11/20	PMT BY CHECK	DOS 3/28/20* =# 3145918	-180.00
06/19/20	PMT BY CHECK	DOS 4/4/20* =# 3155702	-180.00
06/19/20	PMT BY CHECK	DOS 4/11/20* =# 3155705	-180.00
06/20/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00

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Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/20	PMT BY CHECK	DOS 5/16/20* =# 3187247	-180.00
08/06/20	PMT BY CHECK	DOS 06/20/20* =# 3215112	-180.00
08/21/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
08/22/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA MORALES # 004052	0.00
08/26/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/28/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/03/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/11/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/16/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/17/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/18/20	FOLLOW-UP	W/ ACUPUNCT SUNGSOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/13/20	PMT BY CHECK	DOS 8/21/20* =# 3306182	-180.00
09/26/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00

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Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/15/20	PMT BY CHECK	DOS 8/22/20* =# 3309888	-180.00
10/15/20	PMT BY CHECK	DOS 8/26/20* =# 3309890	-180.00
10/02/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/03/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/09/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/16/20	FOLLOW-UP	W/ ACUPUNCT SUNGSOO @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/02/20	PMT BY CHECK	DOS 9/11/20* =# 3336339	-180.00
10/15/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/10/20	PMT BY CHECK	DOS 9/18/20* =# 3349352	-180.00
11/10/20	PMT BY CHECK	DOS 9/19/20* =# 3349353	-180.00
10/22/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/21/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/28/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/29/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/20/20	PMT BY CHECK	DOS 9/26/20* =# 3367630	-180.00
12/03/20	PMT BY CHECK	DOS 10/9/20* =# 3383514	-180.00
12/11/20	PMT BY CHECK	DOS 10/15/20* =# 3395353	-180.00
11/18/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/20/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00

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Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/20	PMT BY CHECK	DOS 10/28/20* =# 3416895	-180.00
12/28/20	PMT BY CHECK	DOS 10/29/20* =# 3416896	-180.00
12/02/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/04/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/09/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/14/20	INITIAL EXAM	DR GABRIEL RUBANENKO @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/18/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/29/21	PMT BY CHECK	DOS 9/12/20* # 3459960	-175.00
01/04/21	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/07/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/08/21	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/08/21	PMT BY CHECK	DOS 11/20/20* =# 3470878	-180.00
02/08/21	PMT BY CHECK	DOS 12/2/20* =# 3470876	-180.00
02/10/21	PMT BY CHECK	DOS 12/4/20* =# 3475224	-180.00
01/13/21	FOLLOW-UP	W/ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/15/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/17/21	PMT BY CHECK	DOS 12/9/20* =# 3483710	-180.00
01/20/21	FOLLOW-UP	W/ ACUPUNCT K. LEE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 003728	0.00
01/21/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/21	FOLLOW-UP	W/ ACUPUNCT LEE KYUNGMI @FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/28/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/26/21	PMT BY CHECK	DOS 12/14/20* # 3497353	-180.00
03/05/21	PMT BY CHECK	DOS 12/18/20* =# 3507763	-180.00
02/05/21	F/U PHYSIO	THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/15/21	PMT BY CHECK	DOS 1/4/21* =# 3521110	-180.00
02/15/21	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/17/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/17/21	PMT BY CHECK	DOS 1/7/21* =# 3525053	-180.00
03/17/21	PMT BY CHECK	DOS 1/8/21* =# 3525056	-180.00
03/22/21	PMT BY CHECK	DOS 1/15/21* =# 3531755	-180.00
03/18/21	PMT BY CHECK	DOS 1/13/21* =# 3527304	-180.00
01/14/21	INITIAL EXAM	DR JUSTIN PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
03/26/21	PMT BY CHECK	DOS 1/20/21* =# 3539689	-180.00
04/06/21	PMT BY CHECK	DOS 1/21/21* =# 3553801	-180.00
04/06/21	PMT BY CHECK	DOS 1/27/21* =# 3553799	-180.00
04/06/21	PMT BY CHECK	DOS 1/28/21* =# 3553796	-180.00
03/12/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/14/21	PMT BY CHECK	DOS 2/5/21* =# 3565929	-180.00

Joyce Altman Interpreters, Inc.
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SAN DIEGO, CA 92150

Case: vs COAST TROPICALS/AQUACO INC.
Date Of Injury: 2/19/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 6585.00

* 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.

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 03/26/2021
Check Number: 3539689
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,24NPMV

24NPMV

10/15/20 9:40 PM 3 0000547 20210329 RC9TK101 JOP-FEC 1 oz DOM RC9TK10000* 161281 CK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019018787		02/19/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

24NPMV

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
03/26/2021	3539689
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

MEMO: Claim#: 2019018787

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3539689
Check Date: 03/26/2021

Claim #: 2019018787 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 01/20/2021 **Through:** 01/20/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 02/19/2019
Reviewed By: 3Q **Date Received:** 03/16/2021 **Date Reviewed:** 03/16/2021 **Bill Review #:** FIC-IWCA-4041782
Patient Acct #: 77299 **Bill Control #:** FIC-IWCA-4041782 **PPO Subnet:**
Employer: AQUACO INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
01/20/2021	001	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
			Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

omments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

ill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

R	State	ANSI	BR Description
75	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
02	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

xplanation of State/ANSI Reduction Codes:

ode	Description
2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

NSI Claim Adjustment Reason Codes:

ode	Description
1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
12	Workers' compensation jurisdictional fee schedule adjustment.

rocedure Code Guide:

ode	Description
1013	Sign language or oral interpretive services, per 15 minutes

otices:

nless 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 it not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794.

ME LIMITS TO DISPUTE PAYMENT AMOUNT

equest for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the nount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must nform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et eq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of e explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

equest for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review e 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, for dates of rvice January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care cility, or billing agent/assignee 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 ayment. 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, nd the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
W Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/06/2021
Check Number: 3553801
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,FG6VM6

FG6VM6

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019018787		02/19/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

FG6VM6

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
04/06/2021	3553801
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2019018787

⑈3553801⑈ ⑆122000661⑆ 1459539943⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3553801
Check Date: 04/06/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2019018787 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 01/21/2021 **Through:** 01/21/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 02/19/2019
Reviewed By: 3C **Date Received:** 03/24/2021 **Date Reviewed:** 03/24/2021 **Bill Review #:** FIC-IWCA-4050888
Patient Acct #: 77299 **Bill Control #:** FIC-IWCA-4050888 **State Claim #:** 201910171421047127566l
Employer: AQUACO INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
01/21/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

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Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/06/2021
Check Number: 3553799
Check Amount: $180.00

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HG6VMC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

97299

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019018787		02/19/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

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Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

HG6VMC

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
04/06/2021	3553799
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2019018787

⑈3553799⑈ ⑆122000661⑆ 14595399 43⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3553799
Check Date: 04/06/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2019018787
From: 01/27/2021 **Through:** 01/27/2021
Claimant:
SS#:
Reviewed By: 9D
Patient Acct #: 77299
Employer: AQUACO INC
Rendering: JOYCE ALTMAN
PPO:
PPO Subnet:

Bill Type: PROF **Jurisdiction:** CA **Payment Type:** MED
Adjuster: Lunden, Drew
Date of Birth:
Date Received: 03/24/2021 **Date Reviewed:** 03/24/2021
Bill Control #: FIC-IWCA-4051170
NPI:

Date of Injury: 02/19/2019
Bill Review #: FIC-IWCA-4051170
State Claim #: 201910171421047127566l
State Lic.#: 99999999
PPO Phone:
PPO/MPN ID:

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
01/27/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
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ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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TIME LIMITS TO DISPUTE PAYMENT AMOUNT

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ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/06/2021
Check Number: 3553796
Check Amount: $180.00

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KG6VMJ

10/15/20 9:40 PM 3 0000089 20210407 RD2C6202 JOP-FEC 2 oz DOM RD2C620000* 161281 CK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019018787	[redacted]	02/19/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

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Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

KG6VMJ

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
04/06/2021	3553796
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2019018787

⑈3553796⑈ ⑆122000661⑆ 145953994 3⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3553796
Check Date: 04/06/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2019018787 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 01/28/2021 **Through:** 01/28/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 02/19/2019
Reviewed By: 3C **Date Received:** 03/24/2021 **Date Reviewed:** 03/24/2021 **Bill Review #:** FIC-IWCA-4051158
Patient Acct #: 77299 **Bill Control #:** FIC-IWCA-4051158 **State Claim #:** 201910171421047127566l
Employer: AQUACO INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
01/28/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

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G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
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ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/14/2021
Check Number: 3565929
Check Amount: $180.00

M

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,RH2ZMR

RH2ZMR

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

77299

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019018787		02/19/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

77299

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Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

RH2ZMR

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
04/14/2021	3565929
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2019018787

⑈3565929⑈ ⑆122000661⑆ 14595399431⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3565929
Check Date: 04/14/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2019018787 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/05/2021 **Through:** 02/05/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 02/19/2019
Reviewed By: 2Q **Date Received:** 03/31/2021 **Date Reviewed:** 04/04/2021 **Bill Review #:** FIC-IWCA-4064831
Patient Acct #: 77299 **Bill Control #:** FIC-IWCA-4064831 **State Claim #:** 201910171421047127566 1
Employer: AQUACO INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
02/05/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

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BR	State	ANSI	BR Description
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Code	Description
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P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

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ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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 78148

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2020004074

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: DREW LUNDEN
P.O. BOX 509039
SAN DIEGO, CA 92150

Case: vs KRAMER METAL INC
Date Of Injury: CT 8/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/20	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
04/27/20	F/U CHIRO TX	CHIRO TREATMENT W/DR MAYYA KRAVCHENKO @ GOFNUNG	180.00
/ /	-	CHIRO*	0.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/01/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/04/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/08/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/15/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/18/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOGNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/22/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
05/29/20	PR2/REEVAL	DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
06/05/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
06/10/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
06/12/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
06/15/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
06/19/20	PR2/REEVAL	DR ERIC GOFNUNG @ GOFNUNG*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/27/21 78148

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2020004074

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: DREW LUNDEN
P.O. BOX 509039
SAN DIEGO, CA 92150

Case: vs KRAMER METAL INC
Date Of Injury: CT 8/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
06/26/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
07/10/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
07/17/20	PR2/REEVAL	DR ERIC GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
08/14/20	PR2/REEVAL	DR ERIC GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
09/25/20	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
11/06/20	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
12/18/20	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/05/21	INITIAL ACUP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
02/17/21	PMT BY CHECK	DOS 11/6/20* =# 3483707	-180.00
02/02/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
02/04/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
03/05/21	PMT BY CHECK	DOS 12/18/20 =# 3507762	-180.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
03/15/21	PMT BY CHECK	DOS 1/5/21* =# 3521108	-180.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
02/18/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
02/23/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/27/21 78148

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2020004074

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: DREW LUNDEN
P.O. BOX 509039
SAN DIEGO, CA 92150

Case: , vs KRAMER METAL INC
Date Of Injury: CT 8/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
02/25/21	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
04/09/21	PMT BY CHECK	DOS 2/2/21* =# 3559986	-180.00
04/14/21	PMT BY CHECK	DOS 2/4/21* =# 3565928	-180.00
04/19/21	PMT BY CHECK	DOS 2/9/21* =# 3571934	-180.00

BALANCE 4140.00

* 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.

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/09/2021
Check Number: 3559986
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,PW4XM3

PW4XM3

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2020004074		08/01/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

PW4XM3

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
04/09/2021	3559986
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

MEMO: Claim#: 2020004074

⑈3559986⑈ ⑆122000661⑆ 145953994③

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3559986
Check Date: 04/09/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2020004074 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/02/2021 **Through:** 02/02/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 08/01/2019
Reviewed By: 2Q **Date Received:** 03/30/2021 **Date Reviewed:** 03/31/2021 **Bill Review #:** FIC-IWCA-4061195
Patient Acct #: 78148 **Bill Control #:** FIC-IWCA-4061195 **State Claim #:** 202003131600261655 2789
Employer: KRAMER METALS INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
02/02/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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.

Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee 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.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/19/2021
Check Number: 3571934
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,6BV0ND

6BV0ND

10/15/20 9:40 PM 3 0000589 20210420 RD6PA101 JOP-FEC 1 nz DOM RD6PA10000* 161281 CK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2020004074		08/01/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
80	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT INCORPORATES SECURITY FEATURES - SEE BACK FOR DETAILS

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

6BV0ND

DATE	CHECK NO.
04/19/2021	3571934
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

MEMO: Claim#: 2020004074

⑈3571934⑈ ⑆122000661⑆ 14595399 43⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3571934
Check Date: 04/19/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2020004074 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/09/2021 **Through:** 02/09/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: XXX-XX- **Date of Birth:** **Date of Injury:** 08/01/2019
Reviewed By: 3Q **Date Received:** 04/06/2021 **Date Reviewed:** 04/07/2021 **Bill Review #:** FIC-IWCA-4069831
Patient Acct #: 78148 **Bill Control #:** FIC-IWCA-4069831 **State Claim #:** 2020031316002616552789
Employer: KRAMER METALS INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
02/09/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

CR	State	ANSI	BR Description
45	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
102	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/14/2021
Check Number: 3565928
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,PH2ZMM

PH2ZMM

10/15/20 9:40 PM 3 0000504 20210415 RD56Y101 JOP-FEC 1 oz DOM RD56Y10000* 161281 CK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2020004074	Cazares,Salvador	08/01/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

PH2ZMM

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO
04/14/2021	3565928
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

MEMO: Claim#: 2020004074

⑈3565928⑈ ⑆122000661⑆ 14595399 43⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3565928
Check Date: 04/14/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2020004074 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/04/2021 **Through:** 02/04/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 08/01/2019
Reviewed By: 9I **Date Received:** 03/31/2021 **Date Reviewed:** 04/04/2021 **Bill Review #:** FIC-IWCA-4064727
Patient Acct #: 78148 **Bill Control #:** FIC-IWCA-4064727 **State Claim #:** 202003131600261655 2789
Employer: KRAMER METALS INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
02/04/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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
Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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.
Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee 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.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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 78461

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020008549

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: MOISES CUBILLOX
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs LA TROPICALS
Date Of Injury: CT 3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
06/26/20	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/01/20	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/08/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/10/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/15/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIE E. BARBOSA # 500267	0.00
07/24/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/10/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/14/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/16/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/22/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/24/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/28/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00

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P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs LA TROPICALS
Date Of Injury: CT 3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/06/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/08/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
10/19/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
10/26/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/27/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/02/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/05/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/04/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/20	PR2/REEVAL	DR HASSNAIN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/16/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
11/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00

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INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: MOISES CUBILLOX
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs LA TROPICALS
Date Of Injury: CT 3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/28/20	PMT BY CHECK	DOS 10/27/20* =# 3416899	-180.00
11/30/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/22/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/02/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/03/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/09/20	EMG TESTING	& NCV BY DR BIPIN BHARATWAL: U/E @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/18/21	PMT BY CHECK	DOS 11/4/20* =# 3443563	-180.00
12/14/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/22/21	PMT BY CHECK	DOS 11/18/20* =# 3449776	-180.00
01/22/21	PMT BY CHECK	DOS 11/19/20* =# 3449779	-180.00
12/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
02/04/21	PMT BY CHECK	DOS 11/30/20* =# 3466969	-180.00

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Tustin, CA 92781-4165
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INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: MOISES CUBILLOX
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: [redacted] vs LA TROPICALS
Date Of Injury: CT 3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
12/16/20	INITL CHIRO	TREATMENT W/DR PEZESHKIAN & EMG/NCV U/E W/DR	180.00
/ /	-	BEZHA/RUSSMAN @ FMR*	0.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/05/21	PMT BY CHECK	DOS 12/2/20* =# 3469223	-180.00
01/08/21	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/11/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/14/21	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/17/21	PMT BY CHECK	DOS 10/20/20-10/29/20* =# 3483711	-540.00
02/16/21	PMT BY CHECK	DOS 12/3/20* =# 3481816	-180.00
02/17/21	PMT BY CHECK	DOS 12/9/20* =# 3483708	-180.00
02/17/21	PMT BY CHECK	DOS 12/14/20* =# 3483705	-180.00
01/19/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/20/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/18/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SHULZ # 102100	0.00
01/21/21	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/25/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/28/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs LA TROPICALS
Date Of Injury: CT 3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/01/21	PMT BY CHECK	DOS 12/16/20* =# 3499798	-180.00
02/02/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
03/03/21	PMT BY CHECK	DOS 12/15/20* =# 3504035	-180.00
02/03/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/04/21	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/15/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SILVANA CORIA # 010641	0.00
03/19/21	PMT BY CHECK	DOS 1/11/21* =# 3529909	-180.00
03/05/21	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/11/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/06/21	PMT BY CHECK	DOS 1/21/21* =# 3553800	-180.00
04/06/21	PMT BY CHECK	DOS 1/25/21* =# 3553797	-180.00
04/06/21	PMT BY CHECK	DOS 1/28/21* =# 3553802	-180.00
04/09/21	PMT BY CHECK	DOS 2/2/21* =# 3559987	-180.00

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P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs LA TROPICALS
Date Of Injury: CT 3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 7380.00

* 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.

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/06/2021
Check Number: 3553800
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,MG6VMN

MG6VMN

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2020008549		03/20/2020	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

MG6VMN

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
04/06/2021	3553800
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2020008549

⑈3553800⑈ ⑆122000661⑆ 145953994 3⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3553800
Check Date: 04/06/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2020008549 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 01/21/2021 **Through:** 01/21/2021 **Adjuster:** Cubillos, Moises
Claimant:
SS#: XXX-XX- **Date of Birth:** **Date of Injury:** 03/20/2020
Reviewed By: 3C **Date Received:** 03/24/2021 **Date Reviewed:** 03/24/2021 **Bill Review #:** FIC-IWCA-4050882
Patient Acct #: 78461 **Bill Control #:** FIC-IWCA-4050882 **State Claim #:** 202006161246415015360 7
Employer: A C S MARKETING INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
01/21/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
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Procedure Code Guide:

Code	Description
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Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/06/2021
Check Number: 3553797
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,JG6VMF

JG6VMF

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2020008549		03/20/2020	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

JG6VMF

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
04/06/2021	3553797
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

MEMO: Claim#: 2020008549

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

⑈3553797⑈ ⑆122000661⑆ 145953994 3⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3553797
Check Date: 04/06/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2020008549 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 01/25/2021 **Through:** 01/25/2021 **Adjuster:** Cubillos, Moises
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 03/20/2020
Reviewed By: 2L **Date Received:** 03/24/2021 **Date Reviewed:** 03/24/2021 **Bill Review #:** FIC-IWCA-4051850
Patient Acct #: 78461 **Bill Control #:** FIC-IWCA-4051850 **State Claim #:** 202006161246415015360 7
Employer: A C S MARKETING INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
01/25/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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.

Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee 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.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/06/2021
Check Number: 3553802
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,GG6VM9

GG6VM9

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2020008549		03/20/2020	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

GG6VM9

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
04/06/2021	3553802
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

MEMO: Claim#: 2020008549

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

⑈3553802⑈ ⑆122000661⑆ 145953994③

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3553802
Check Date: 04/06/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2020008549 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 01/28/2021 **Through:** 01/28/2021 **Adjuster:** Cubillos, Moises
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 03/20/2020
Reviewed By: 4H **Date Received:** 03/24/2021 **Date Reviewed:** 03/24/2021 **Bill Review #:** FIC-IWCA-4051325
Patient Acct #: 78461 **Bill Control #:** FIC-IWCA-4051325 **State Claim #:** 202006161246415015360 7
Employer: A C S MARKETING INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
01/28/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
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ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/09/2021
Check Number: 3559987
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,RW4XM6

RW4XM6

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2020008549		03/20/2020	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
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See attached page(s) for Explanations of Review

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Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

RW4XM6

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
04/09/2021	3559987
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2020008549

⑈3559987⑈ ⑆122000661⑆ 145953994③

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Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3559987
Check Date: 04/09/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2020008549 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/02/2021 **Through:** 02/02/2021 **Adjuster:** Cubillos, Moises
Claimant:
SS#: XXX-XX- **Date of Birth:** **Date of Injury:** 03/20/2020
Reviewed By: 2Q **Date Received:** 03/30/2021 **Date Reviewed:** 03/31/2021 **Bill Review #:** FIC-IWCA-4061201
Patient Acct #: 78461 **Bill Control #:** FIC-IWCA-4061201 **State Claim #:** 202006161246415015360 7
Employer: A C S MARKETING INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
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Code	Description
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ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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 78912

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017020280

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: DREW LUNDEN
P.O. BOX 509039
SAN DIEGO, CA 92150

Case: vs SUPREME STEEL TREATING
Date Of Injury: 10/13/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/20	INITIAL EXAM	DR MAGGIE PEZESHKIAN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/16/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/10/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/14/20	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500	0.00
09/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/22/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/24/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/01/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/30/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/08/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/07/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	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#
04/19/21 78912

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2017020280

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: DREW LUNDEN
P.O. BOX 509039
SAN DIEGO, CA 92150

Case: vs SUPREME STEEL TREATING
Date Of Injury: 10/13/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
10/16/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/22/20	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/19/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/29/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/28/20	PMT BY CHECK	DOS 9/3/20-10/22/20* =# 3416898	-3420.00
12/28/20	PMT BY CHECK	DOS 11/19/20* =# 3416900	-180.00
11/24/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/01/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/05/21	PMT BY CHECK	DOS 10/29/20* =# 3425832	-180.00
12/03/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/08/20	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/11/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/20/21	PMT BY CHECK	DOS 11/17/20* =# 3446493	-180.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	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#
04/19/21 78912

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2017020280

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: DREW LUNDEN
P.O. BOX 509039
SAN DIEGO, CA 92150

Case: vs SUPREME STEEL TREATING
Date Of Injury: 10/13/17

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/21	PMT BY CHECK	DOS 11/24/20* =# 3463062	-180.00
01/04/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/05/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/06/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/07/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/12/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/11/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SILVANA CORIA # 010641	0.00
01/13/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/11/21	PMT BY CHECK	DOS 12/3/20* =# 3477293	-180.00
01/14/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/15/21	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/17/21	PMT BY CHECK	DOS 12/8/20* =# 3483706	-180.00
02/17/21	PMT BY CHECK	DOS 12/11/20* =# 3483709	-180.00
01/20/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/19/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/26/21	PMT BY CHECK	DOS 12/15/20* # 3497352	-180.00
02/01/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/11/21	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	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#
04/19/21 78912

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2017020280

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: DREW LUNDEN
P.O. BOX 509039
SAN DIEGO, CA 92150

Case: vs SUPREME STEEL TREATING
Date Of Injury: 10/13/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/21	PMT BY CHECK	DOS 12/1/20* =#3513555	-180.00
02/15/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SILVANA CORIA # 010641	0.00
03/15/21	PMT BY CHECK	DOS 1/4/21* =# 3521107	-180.00
03/15/21	PMT BY CHECK	DOS 1/5/21* =# 3521105	-180.00
03/15/21	PMT BY CHECK	DOS 1/6/21* =# 3521106	-180.00
03/17/21	PMT BY CHECK	DOS 1/7/21* =# 3525057	-180.00
03/17/21	PMT BY CHECK	DOS 1/11/21* =# 3525055	-180.00
02/18/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/17/21	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/22/21	PMT BY CHECK	DOS 1/12/21* =# 3531756	-180.00
03/22/21	PMT BY CHECK	DOS 1/14/21* =# 3531758	-180.00
03/18/21	PMT BY CHECK	DOS 1/13/21* =# 3527305	-180.00
02/23/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/24/21	EMG TESTING	& NCV L/E BY DR BIPIN BHARATWAL @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/01/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/26/21	PMT BY CHECK	DOS 1/15/21* =# 3539691	-180.00
03/30/21	PMT BY CHECK	DOS 1/19/21* =# 3543442	-180.00
03/26/21	PMT BY CHECK	DOS 1/21/20* =# 3539692	-180.00
03/04/21	FOLLOW-UP	W/ ACUPUNCT K. LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/09/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	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#
04/19/21 78912

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2017020280

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: DREW LUNDEN
P.O. BOX 509039
SAN DIEGO, CA 92150

Case: vs SUPREME STEEL TREATING
Date Of Injury: 10/13/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/08/21	PMT BY CHECK	DOS 2/1/21* =# 3557514	-180.00

BALANCE 1980.00

* 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.

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 03/26/2021
Check Number: 3539691
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,44NPM1

44NPM1

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
17020280		10/13/2017	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
30	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

44NPM1

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
03/26/2021	3539691
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

MEMO: Claim#: 2017020280

⑈3539691⑈ ⑆122000661⑆ 145953994③

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3539691
Check Date: 03/26/2021

Claim #: 2017020280 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 01/15/2021 **Through:** 01/15/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 10/13/2017
Reviewed By: 9I **Date Received:** 03/15/2021 **Date Reviewed:** 03/16/2021 **Bill Review #:** FIC-IWCA-4041521
Patient Acct #: 78912 **Bill Control #:** FIC-IWCA-4041521 **PPO Subnet:**
Employer: SUPREME STEEL TREATING INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
01/15/2021	001	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
			Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

omments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

ill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

R	State	ANSI	BR Description
75	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
02	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

xplanation of State/ANSI Reduction Codes:

ode	Description
2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

NSI Claim Adjustment Reason Codes:

ode	Description
1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
12	Workers' compensation jurisdictional fee schedule adjustment.

rocedure Code Guide:

ode	Description
1013	Sign language or oral interpretive services, per 15 minutes

otices:

nless 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 it not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794.

ME LIMITS TO DISPUTE PAYMENT AMOUNT

equest for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the nount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must nform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et eq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of e explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

equest for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review e 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, for dates of ervice January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care cility, or billing agent/assignee 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 ayment. 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, nd the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
:W Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 03/26/2021
Check Number: 3539692
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,34NPMY

34NPMY

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

aim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
17020280		10/13/2017	$180.00	$0.00	$180.00

ategory	Stub Notes	Stub Amount
30	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

34NPMY

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
03/26/2021	3539692
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2017020280

⑈3539692⑈ ⑆122000661⑆ 4595399 43⑈

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3539692
Check Date: 03/26/2021

Claim #: 2017020280 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 01/20/2021 **Through:** 01/20/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 10/13/2017
Reviewed By: 3Q **Date Received:** 03/16/2021 **Date Reviewed:** 03/16/2021 **Bill Review #:** FIC-IWCA-4041789
Patient Acct #: 78912 **Bill Control #:** FIC-IWCA-4041789 **PPO Subnet:**
Employer: SUPREME STEEL TREATING INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
01/20/2021	001	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
			Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

omments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

ill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

R	State	ANSI	BR Description
75	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
)2	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

xplanation of State/ANSI Reduction Codes:

ode	Description
2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
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NSI Claim Adjustment Reason Codes:

ode	Description
1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
12	Workers' compensation jurisdictional fee schedule adjustment.

rocedure Code Guide:

ode	Description
1013	Sign language or oral interpretive services, per 15 minutes

otices:

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/ou have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
W Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 03/30/2021
Check Number: 3543442
Check Amount: $180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,Y0ZRMA

Y0ZRMA

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

ılm #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
17020280		10/13/2017	$180.00	$0.00	$180.00

ıtegory	Stub Notes	Stub Amount
0	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

Y0ZRMA

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
03/30/2021	3543442
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2017020280

⑈3543442⑈ ⑆122000661⑆ 145953994③

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3543442
Check Date: 03/30/2021

Claim #: 2017020280 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 01/19/2021 **Through:** 01/19/2021 **Adjuster:** Lunden, Drew
Claimant
SS#: XXX-xX- **Date of Birth:** **Date of Injury:** 10/13/2017
Reviewed By: 3Q **Date Received:** 03/17/2021 **Date Reviewed:** 03/17/2021 **Bill Review #:** FIC-IWCA-4043490
Patient Acct #: 78912 **Bill Control #:** FIC-IWCA-4043490 **PPO Subnet:**
Employer: SUPREME STEEL TREATING INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
01/19/2021	001	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
			Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

omments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

ill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

R	State	ANSI	BR Description
75	G5	P1	PLEASE SEE SPECIAL *NOTE:* BELOW.
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ode	Description
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ode	Description
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ME LIMITS TO DISPUTE PAYMENT AMOUNT
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Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/08/2021
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Check Amount: $180.00

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CEFWMR

10/15/20 9:40 PM 3 0000538 20210409 RD374101 JOP-FEC 1 oz DOM RD37410000* 161281 CK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2017020280		10/13/2017	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

CEFWMR

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
04/08/2021	3557514
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

PAY: ONE HUNDRED EIGHTY & 00 / 100 DOLLARS*****

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2017020280

⑈3557514⑈ ⑆122000661⑆ 145953994 3⑈

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3557514
Check Date: 04/08/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2017020280 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/01/2021 **Through:** 02/01/2021 **Adjuster:** Lunden, Drew
Claimant:
SS#: XXX-X **Date of Birth:** **Date of Injury:** 10/13/2017
Reviewed By: N3 **Date Received:** 03/27/2021 **Date Reviewed:** 03/29/2021 **Bill Review #:** FIC-IWCA-4057240
Patient Acct #: 78912 **Bill Control #:** FIC-IWCA-4057240 **State Claim #:** 201711021416187235 4546
Employer: SUPREME STEEL TREATING INC
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
02/01/2021	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

Bill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

BR	State	ANSI	BR Description
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Notices:

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

Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 et seq. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR 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.

Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, 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, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee 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.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:
ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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 79105

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2020014540

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: RAQUEL SCICORA
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs COMMERCIAL LUMBER & PALLET CO
Date Of Injury: 8/28/19-8/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/20	INITIAL EXAM	DR MOHAMED HASSANIN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/07/20	INITIAL ACUP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/27/20	FOLLOW-UP	W/ACUPUNCT KUYNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/22/20	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/15/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/19/21	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	RUTH COELLO # 010459	0.00
02/22/21	INIT PHYSIO	THERAPY DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/19/21	PMT BY CHECK	DOS 9/25/20-1/15/21* =# 3571935	-1080.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/27/21 79105

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2020014540

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: RAQUEL SCICORA
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs COMMERCIAL LUMBER & PALLET CO
Date Of Injury: 8/28/19-8/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 360.00

* 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.

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/19/2021
Check Number: 3571935
Check Amount: $1,080.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,5BV0NA

5BV0NA

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

aim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
)20014540		08/28/2020	$1,080.00	$0.00	$1,080.00

ategory	Stub Notes	Stub Amount
80	The charges have been paid per ICW s usual and cus	$0.00

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES. SEE BACK FOR DETAILS.

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

5BV0NA

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

DATE	CHECK NO.
04/19/2021	3571935
	CHECK AMOUNT
VOID AFTER 90 DAYS	$1,080.00

PAY: ONE THOUSAND EIGHTY & 00 / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

MEMO: Claim#: 2020014540

Explanation of Bill Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 3571935
Check Date: 04/19/2021

Carrier: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Carrier ID:

Claim #: 2020014540 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 09/25/2020 **Through:** 01/15/2021 **Adjuster:** Shicora, Raquel
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 08/28/2020
Reviewed By: 8E **Date Received:** 04/06/2021 **Date Reviewed:** 04/06/2021 **Bill Review #:** FIC-IWCA-4068191
Patient Acct #: 79105 **Bill Control #:** FIC-IWCA-4068191 **State Claim #:** 202009290015066318753 4
Employer: COMMERCIAL LUMBER & PALLET CO
Rendering: JOYCE ALTMAN **NPI:** **State Lic.#:** 99999999
PPO: **PPO Phone:**
PPO Subnet: **PPO/MPN ID:**

Diagnosis Codes: T14.90

Date of Service	Line	TOS	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
09/25/2020	001	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
10/07/2020	002	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
10/13/2020	003	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
10/27/2020	004	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
12/22/2020	005	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
01/15/2021	006	9	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
				Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
				Totals:		1,080.00	0.00	0.00	0.00	0.00	1,080.00	

omments:

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

ill Review Claim Adjustment Reason Codes with Cross Reference to State/ANSI Codes:

R	State	ANSI	BR Description
75	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
02	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

xplanation of State/ANSI Reduction Codes:

ode	Description
2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

NSI Claim Adjustment Reason Codes:

ode	Description
1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
12	Workers' compensation jurisdictional fee schedule adjustment.

rocedure Code Guide:

ode	Description
1013	Sign language or oral interpretive services, per 15 minutes

otices:

less 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 t not limited to 4600.4, 4603.2, 4620 - 4628, 5307.1, or 8 CCR 9790 - 9794.
ME LIMITS TO DISPUTE PAYMENT AMOUNT
quest for Second Review (SRR): After an EOB is received [illegible]

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 78623

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC604-A97574

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: AMANDA WANG
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs PREMIER FOOD CONCEPTS LLC
Date Of Injury: 6/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/20	INITL CHIRO	& PHYS TX W/DR CHRISTINA HA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/14/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/21/20	INITIAL ACUP	W/ACUPUNC MIN CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/25/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/09/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/16/20	FOLLOW-UP	W/ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/23/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	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#
04/26/21 78623

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC604-A97574

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: AMANDA WANG
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs PREMIER FOOD CONCEPTS LLC
Date Of Injury: 6/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/13/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIHDU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/18/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/15/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/22/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/05/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/19/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/26/21	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
03/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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#
04/26/21 78623

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC604-A97574

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: AMANDA WANG
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs PREMIER FOOD CONCEPTS LLC
Date Of Injury: 6/28/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/21/21	PMT BY CHECK	DOS 12/11/20* # 04975023	-360.00

BALANCE 3600.00

* 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.

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
503-239-5800

Liberty Mutual INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	04975023	04/21/21
	CHECK AMOUNT ****$360.00	BLOCK NUMBER 003489

CLAIM #: WC 604-A97574
CONTRACT #: WC7-Z91-469193-019

OSN: EE2701042105-000561
CONTROL #: 000001316 ID: CRCEC33
PROVIDER #: 33095671306057

PAYEE: JOYCE ALTMAN INTERPRETERS INC

DATE OF INJURY: 06/28/20
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: PREMIER FOOD CONCEPTS LLC/LUNA
DATES OF SERVICE 12/11/20-12/11/20
LOCATION CODE: LG26

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
12/11/20	12/11/20	MISC		180.00	180.00	
12/11/20	12/11/20	MISC		180.00	180.00	

NOTE: INV#78623/INV#78623

TOTAL CHARGES	360.00
TOTAL PAYABLE:	360.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	360.00

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.

BOT *000347*
503-239-5800
PO BOX 8016
WAUSAU, WI 54402

Liberty Mutual INSURANCE

BANK OF AMERICA
HARTFORD, CT

*PAY*THREE*HUNDRED*SIXTY*DOLLARS*NO*CENTS*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
604	189	CLAIM WC 604-A97574	04975023	04/21/21

PAY $ 360.00

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

⑈04975023⑈ ⑆011900445⑆000000005258⑈

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 78068

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7049865

BILL TO:
MATRIX (CLINTON - 2987)
W. C. DEPARTMENT
ATTN: THIA FRAZIER
P.O. BOX 2987
CLINTON, IA 52733

Case: vs TAWA SUPERMARKET INC
Date Of Injury: CT 1/4/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/20	INITIAL EXAM	DR MAGGIE PEZESHKIAN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/31/20	INITIAL ACUP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/30/20	INIT PHYSIO	THERAPY DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/06/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/07/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/13/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/14/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/21/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/27/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/04/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/05/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
05/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/12/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/06/21 78068

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7049865

BILL TO:
MATRIX (CLINTON - 2987)
W. C. DEPARTMENT
ATTN: THIA FRAZIER
P.O. BOX 2987
CLINTON, IA 52733

Case: vs TAWA SUPERMARKET INC
Date Of Injury: CT 1/4/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/18/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/08/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/11/20	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/15/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/29/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/01/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/17/20	INITIAL PSYC	EVAL W/DR ANTHONY FRANCISCO @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
07/21/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/04/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/06/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
08/11/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/07/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/13/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00

Joyce Altman Interpreters, Inc.
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MATRIX (CLINTON - 2987)
W. C. DEPARTMENT
ATTN: THIA FRAZIER
P.O. BOX 2987
CLINTON, IA 52733

Case: vs TAWA SUPERMARKET INC
Date Of Injury: CT 1/4/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/14/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/18/20	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
09/17/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/24/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/02/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/06/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/09/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
10/29/20	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00

Joyce Altman Interpreters, Inc.
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W. C. DEPARTMENT
ATTN: THIA FRAZIER
P.O. BOX 2987
CLINTON, IA 52733

Case: vs TAWA SUPERMARKET INC
Date Of Injury: CT 1/4/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/14/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/16/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/22/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/23/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/10/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/07/20	PMT BY CHECK	DOS 10/9/20* # 212691908	-180.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/19/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/25/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/24/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/01/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/05/21	PMT BY CHECK	DOS 11/10/20-11/11/20* # 214740723	-360.00
12/05/20	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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W. C. DEPARTMENT
ATTN: THIA FRAZIER
P.O. BOX 2987
CLINTON, IA 52733

Case: vs TAWA SUPERMARKET INC
Date Of Injury: CT 1/4/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/16/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/17/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/23/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/08/21	PMT BY CHECK	DOS 12/5/20* # 217153159	-180.00
01/09/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/14/21	FOLLOW-UP	W/ ACUPUNCT KYUNGMI LEE @FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/20/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/27/21	EMG TESTING	& NCV U/E BY DR RUSSMAN/ BHARATHWAY @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/29/21	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLLAGOMEZ # 500341	0.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/17/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/24/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/26/21	PMT BY CHECK	DOS 1/27/21* =# 220614907	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

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Date	NO#
04/06/21	78068

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MATRIX (CLINTON - 2987)
W. C. DEPARTMENT
ATTN: THIA FRAZIER
P.O. BOX 2987
CLINTON, IA 52733

Case: vs TAWA SUPERMARKET INC
Date Of Injury: CT 1/4/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 11520.00

* 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.

Electronic Payment Clearinghouse
Matrix Absence Management, Inc
2421 W. Peoria Avenue
Phoenix, AZ 85029-4940

L.A. Specialty Produce Co., Inc.
Payable on behalf of Safety National
Casualty Corporation

Wells Fargo Bank, N.A.

Electronic Payment Clearinghouse
Echo Health, Inc.

56-1512
441

DRAFT NO. 220614907
DRAFT DATE 03/26/2021

PAYABLE THROUGH DRAFT One Hundred Eighty& 00 / 100 DOLLARS

AMOUNT
**********$180.00

VOID AFTER 180 DAYS

TO THE ORDER OF

1/22/19 3:32 PM 3 .000008M 20210327 RC9EC101 ECHO 1 oz DOM RC9EC10000* 158568 MX

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Kristopher T. Kerr

⑈220614907⑈ ⑆041203824⑆ 9604000621⑈

M

Your name, Joyce Altman Interpreters Inc, and Tax ID have been verified by the IRS.

For Customer Service, Please Call 1-800-216-8411

Tax ID: 330956713 *EPC Draft #:* 220614907 *Payment Week:* 12 *Payment Date:* 03/26/2021

		Bill Charges	Network Reduction	Other Plan Payment	Bill Review Reductions	Allowance
Patient Name:						
Payable on behalf of	Safety National Casualty Corporation				**Record ID:**	102083054
Employer/Insured:	L.A. Specialty Produce Co., Inc.					
Claim Number:	7079962					
Group/Check No:	1090/102083054					
Jurisdiction State:	CA					
Invoice No:	00000039783819					
State Claim No:	2020062511281311291173					
Memo Line:	Service dates from 01/30/2021 To 01/30/2021					
01/30/2021 thru 01/30/2021	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN					
	Total:	180.00	0.00	0.00	180.00	0.00
Patient Name:	780168					
Payable on behalf of	Safety National Casualty Corporation				**Record ID:**	102082858
Employer/Insured:	Tawa Supermarket, Inc.					
Claim Number:	7049865					
Group/Check No:	1241/102082858					
Jurisdiction State:	CA					
Invoice No:	00000039763048					
State Claim No:	202002201607394061033 2					
Memo Line:	Service dates from 01/27/2021 To 01/27/2021					
01/27/2021 thru 01/27/2021	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN					
	Total:	180.00	0.00	0.00	0.00	180.00
	Statement Totals:	360.00	0.00	0.00	180.00	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
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Date NO#
04/09/21 78742

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WA224202, WA241724

BILL TO:
MITSUI SUMITOMO INS (NEWARK)
W. C. DEPARTMENT
ATTN: GABRIELA GUZMAN
P.O. BOX 818073
CLEVELAND, OH 44181

Case: vs LOS ALTOS FOOD PRODUCTS INC
Date Of Injury: 8/15/18, 7/13/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/20	INITIAL ACUP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/25/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/02/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/10/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/14/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/15/20	INIT PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/22/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/24/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/28/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/30/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/05/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00

Joyce Altman Interpreters, Inc.
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EAMS#(s):

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DOB :
Terms: 60 days
Claim #(s):
WA224202, WA241724

BILL TO:
MITSUI SUMITOMO INS (NEWARK)
W. C. DEPARTMENT
ATTN: GABRIELA GUZMAN
P.O. BOX 818073
CLEVELAND, OH 44181

Case: vs LOS ALTOS FOOD PRODUCTS INC
Date Of Injury: 8/15/18, 7/13/20

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
10/12/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/20/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/22/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/26/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/28/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/02/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/05/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/04/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/09/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/06/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBETO VILLAGOMEZ # 500341	0.00
11/12/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/13/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
11/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00

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P.O. BOX 818073
CLEVELAND, OH 44181

Case: vs LOS ALTOS FOOD PRODUCTS INC
Date Of Injury: 8/15/18, 7/13/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
11/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
11/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/20/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/25/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/30/20	EMG TESTING	& NCV BY DR BHARATWAL @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/31/20	PMT BY CHECK	DOS 10/28/20* # 520323	-180.00
11/24/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/02/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/03/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
12/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/25/21	PMT BY CHECK	DOS 11/11/20* # 525016	-180.00
12/16/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	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#
04/09/21 78742

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WA224202, WA241724

BILL TO:
MITSUI SUMITOMO INS (NEWARK)
W. C. DEPARTMENT
ATTN: GABRIELA GUZMAN
P.O. BOX 818073
CLEVELAND, OH 44181

Case: vs LOS ALTOS FOOD PRODUCTS INC
Date Of Injury: 8/15/18, 7/13/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/21	PMT BY CHECK	DOS 8/18/20-11/25/20* =# 527629	-2880.00
01/04/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/06/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/05/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/07/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/13/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/18/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/19/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/25/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	SILVANA CORIA # 010641	0.00
01/21/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/26/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/27/21	FOLLOW-UP	W/ ACUPUNCT YUN GONG @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/28/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/02/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/01/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/03/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/09/21 78742

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WA224202, WA241724

BILL TO:
MITSUI SUMITOMO INS (NEWARK)
W. C. DEPARTMENT
ATTN: GABRIELA GUZMAN
P.O. BOX 818073
CLEVELAND, OH 44181

Case: vs LOS ALTOS FOOD PRODUCTS INC
Date Of Injury: 8/15/18, 7/13/20

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/04/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/08/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/11/21	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/09/21	F/U PHYSIO	THERAPY W/DR PEZESKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/15/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SILVANA CORIA # 010641	0.00
02/18/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/25/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/01/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/02/21	FOLLOW-UP	W/ ACUPUNCT K. LEE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/04/21	FOLLOW-UP	W/ ACUPUNCT K. LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/02/21	PMT BY CHECK	DOS 1/27/21* # 540947	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/09/21 78742

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WA224202, WA241724

BILL TO:
MITSUI SUMITOMO INS (NEWARK)
W. C. DEPARTMENT
ATTN: GABRIELA GUZMAN
P.O. BOX 818073
CLEVELAND, OH 44181

Case: vs LOS ALTOS FOOD PRODUCTS INC
Date Of Injury: 8/15/18, 7/13/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 9360.00

* 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.

Bank Code= MSIG
11-24
1210(8)

CORVEL CORPORATION
MITSUI SUMITOMO INSURANCE GROUP
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

CHECK NUMBER	CHECK DATE
540947	04/02/21

Claim#: WA224202

*******$180.00

PAY EXACTLY: *One hundred eighty 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

⑈0000540947⑈ ⑆121000248⑆ 4129 655528⑈

m

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: LOS ALTOS FOOD PRODUCTS LLC-0
15 Independence Blvd
Warren, NJ 07059

Employer: LOS ALTOS FOOD PRODUCTS, LLC
Patient:

Patient DOB: XXX-XX

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6387405 - 1
Reprice: CA, 92781
Billed Date: 03/17/2021
Business Rcvd: 03/24/2021
MBR Rcvd: 03/24/2021
MBR Date: 03/31/2021
Date Approved: 04/01/2021
DOS From - To: 01/26/2021 - 01/27/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Guzman, Gabriela

Treating Provider:
Referring Physician: HASSANIN
Patient Control #: 78742
Provider Tax Id: 33-0956713
Claim Rep Phone #: 818-942-3948

Claim #: WA224202
Processor Initials: MH
DOI: 08/15/2018
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

Date	Code	Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/26/21	T1013 SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 G57	8	11	$180.00		1	$180.00	$0.00
	The service for which interpreting was performed is not authorized and/or denied. Please provide authorization for the service rendered.							
	Billed: T1013; Units: 1							
✓01/27/21	T1013 SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 507, G67, RZZ	8	11	$180.00		1	$0.00	$180.00
	Billed: T1013; Units: 1							
Sub-Totals for Bill: 6387405				**$360.00**			**$180.00**	**$180.00**
Totals for Bill:6387405								**$180.00**

Line Item Reason Codes and Descriptions
507 Priced According to Contract Agreement
RZZ Payer/ Provider agreement in place

Line Item Reason Codes and Descriptions
G57 This service requires prior authorization and none was identified.
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#
04/20/21 78634

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
798388-GK

BILL TO:
NATIONWIDE (182079 OH)
W. C. DEPARTMENT
ATTN: AMANDA GRIEME
P.O. BOX 182079
COLUMBUS, OH 43218

Case: vs THE HILLS TREATMENT CENTER LLC
Date Of Injury: 6/8/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/20	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/11/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
09/03/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/06/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/19/20	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
11/10/20	PR2/REEVAL	DR KRAVCHENKO @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/18/20	PMT BY CHECK	DOS 8/4/20-10/19/20* =# 16085074	-450.00
12/29/20	PMT BY CHECK	DOS 11/10/20* =# 798388-GK	-90.00
12/22/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/02/21	PMT BY CHECK	DOS 12/22/20* =# 16350020	-90.00
04/12/21	PMT BY CHECK	DOS 11/10/20* =# 16511270	-90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/20/21 78634

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
798388-GK

BILL TO:
NATIONWIDE (182079 OH)
W. C. DEPARTMENT
ATTN: AMANDA GRIEME
P.O. BOX 182079
COLUMBUS, OH 43218

Case: vs THE HILLS TREATMENT CENTER LLC
Date Of Injury: 6/8/20

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 540.00

* 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.

Nationwide®

Nationwide Insurance
PO Box 182066
Columbus, OH 43218-2066
1-800-421-3535

PAID
JAN 05 2021
BY: .....

Policy Holder: THE HILLS TREATMENT CENTER
Policy Number: WCC335104A
Contract Number:

Claim Key: 798388-GK
Check Number: 16113754
Check Issued: 12-29-2020 griemal

Below Check Covers Items Indicated

Company: NATIONAL CASUALTY COMPANY

Payment of $90.00 for Workers Compensation is being paid under the Workers' Comp Medical Payments coverage.
Bill ID Number: 00000000758811645030

Service/Wage Period Start: 11-10-2020 Service/Wage Period End: 11-10-2020
If you have questions about this check please contact Amanda Grieme 515-508-3127

Claimant Name:
Reference Number: 78634

RECEIVED
JAN 04 2021
BY: .....

1011700103701 4

Detach Stub Before Cashing And Keep For Your Record

G-2002-2D-0320-00

m

Nationwide®

Nationwide Insurance
PO Box 182066
Columbus, OH 43218-2066
1-800-421-3535

Policy Holder: THE HILLS TREATMENT CENTER
Policy Number: WCC335104A
Contract Number:

Claim Key: 798388-GK
Check Number: 16511270
Check Issued: 04-12-2021 griema1

1076001046016

Below Check Covers Items Indicated

Company: NATIONAL CASUALTY COMPANY

Payment of $90.00 for Workers Compensation is being paid under the Workers' Comp Medical Payments coverage.
Bill ID Number: 00000000798482136931

Service/Wage Period Start: 11-10-2020 Service/Wage Period End: 11-10-2020
If you have questions about this check please contact Amanda Grieme 515-508-3127

Claimant Name:
Reference Number: 78634

Detach Stub Before Cashing And Keep For Your Record

G-2002-2D-0320-00

THIS IS WATERMARKED PAPER - HOLD TO LIGHT TO VERIFY WATERMARK

Nationwide Insurance
PO Box 182066
Columbus, OH 43218-2066
1-800-421-3535

Nationwide®

Check No: 16511270
Date: 04-12-2021
Void If Not Cashed Within 180 Days
Ref: 798388-GK
16511270

56-1544
441

PAY EXACTLY **NINETY AND 00/100 DOLLARS**

Pay To The Order Of JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

$*90.00*

JPMorgan Chase Bank, N.A.
Columbus, OH

Authorized Signature

⑈16511270⑈ ⑆044115443⑆ 976485235⑈

Explanation of Review

genex

Carrier	NW AGRIBUSINESS CLAIMCTR CA WC Carrier No: Carrier: NATIONAL CASUALTY COMPANY 85258-2108

Original Bill ID: IC1-EZCA-36269 **Bill:** IC1-EZCA-39609 **Re-evaluation**

Provider	JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165

Claimant	

NPI: **Rendering NPI:**
Tax ID: 33-0956713 **Type:** AE **Specialty (1):** AO
License: 999999999
Rendering Provider: INTERPRETERS INC, JOYCE ALTMAN
External ID: 3239661
Invoice No: 78634
Invoice Date: 03-30-2021
Patient Account: 78634

Claim Number: 798388-GK
DOI/DOL: 06-08-2020
CR Date / BR Date: 04-02-2021 / 04-05-2021
External Claim Number: 17726219-16686344
Social Security Number: XXX-XX
Policy Number: WCC335104A
Employer/Insured: THE HILLS TREATMENT CENTER

Region: 26 **Pavment Status Code:** 1

Policy Admin Information: E04344

Branch ID: C96772

Bill Details

Dates of Service: 11-10-2020
Post Date: 04-10-2021

Reviewer: BG/4$
Pav Auth: N
Other: Y OT S NV HF C NV
CR Seq: 21095202170041

Adjuster: EZ_GRIEMA1

Bill ICD Version: 10
Dx A: T14.90XD INJURY, UNSPECIFIED, SUBSEQUEN T ENCOUNTER

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description				Explanation Code(s)
				Charges	BRV	SR	PPO	RSZ	NGD	ISR Allow.
1	11-10-2020	11	Q00014	A	120	INTERPRETER OTHER 15				G5, B12, B22
				180.00						180.00

Totals

Total Charges:	180.00
Recommended Allowance:	**180.00**
Previous Recommended Allowance:	90.00
Add'l Recommendation For This Review:	90.00

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
GENEX MAILROOM, 10 E.D. PREATE DRIVE, MOOSIC, PA 18507

(800) 240-0809

DCN Number: 21095202170041

1076000104602 3

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/12/21 61336

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB : 8/13/78
Terms: 60 days
Claim #(s):
30130969794

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: LINDA PERRY
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs COAST MAGNETIC
Date Of Injury: 8/21/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/14	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/16/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/21/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/24/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 301690	0.00
11/30/15	LIEN FIL FEE	LIEN FILING FEE	150.00
04/06/21	PMT BY CHECK	DOS 3/5/14-11/30/15* # 81787887 SEDGWICK	-920.00

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
P O Box 14442
Lexington, KY 40512-4442

DATE	CHECK AMOUNT	CHECK NUMBER
04/06/2021	920.00	81787887
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

0001942-0008163 0106 001 982107

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

61336
67894

Claimant Name			Loss Date	Claim Number
			08/21/2013	30130969794-0001
Amt Paid:	920.00	Description:		
Amt Billed:	0.00	Invoice:	61336	ICN:301309697940001
Dates:	03/05/2014 - 11/30/2015	Comment:		

SWK.RM.SDM.00.NP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

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 77095

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193594068-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: ALONDRA JELMME
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs XPO LOGISTICS
Date Of Injury: 9/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/04/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS THERAPY	230.00
/ /	-	ELISA L. MEDINA # 003693	0.00
11/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CIHRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/23/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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#
04/13/21 77095

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30193594068-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: ALONDRA JELMME
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs XPO LOGISTICS
Date Of Injury: 9/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	JOANTHAN GOMEZ # 102743	0.00
01/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BORBOSA # 500267	0.00
01/08/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/31/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/05/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/07/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/19/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/21/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/13/21 77095

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30193594068-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: ALONDRA JELMME
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs XPO LOGISTICS
Date Of Injury: 9/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/06/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
08/07/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/21/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/25/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/19/20	PMT BY CHECK	DOS 8/21/20-8/25/20* =# 142727	-180.00
10/27/20	PMT BY CHECK	DOS 9/1/20* =# 144126	-90.00
10/06/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
10/27/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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#
04/13/21 77095

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30193594068-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: ALONDRA JELMME
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs XPO LOGISTICS
Date Of Injury: 9/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/20	PMT BY CHECK	DOS 10/6/20* =# 147873	-90.00
11/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
12/01/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/08/20	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/21	PMT BY CHECK	DOS 12/1/20* # 158497	-180.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/05/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
01/12/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/16/21	PMT BY CHECK	DOS 12/15/20* =# 162668	-90.00
01/26/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/21	PMT BY CHECK	DOS 1/5/21* =# 166006	-90.00
02/02/21	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/09/21	PMT BY CHECK	DOS 1/12/21* # 166235	-90.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	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#
04/13/21 77095

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30193594068-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: ALONDRA JELMME
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs XPO LOGISTICS
Date Of Injury: 9/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/21	PMT BY CHECK	DOS 2/2/21* # 169118	-180.00
03/23/21	PMT BY CHECK	DOS 1/26/21* =# 168664	-90.00
03/02/21	FOLLOW-UP	W/ ACUPUNCT MIN CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/07/21	PMT BY CHECK	DOS 2/16/21* # 171391	-180.00

BALANCE 7790.00

* 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 14440
Lexington, KY 40512-4440

0005550-0020271 0106 001 982496 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
04/07/2021	180.00	171391

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
226 Sedgwick Claims Management Services, Inc	01 of 01

Claimant Name			Loss Date	Claim Number
			09/18/2019	30193594068-0001
Amt Paid:	180.00	Description:		
Amt Billed:	0.00	Invoice:	INV 77095	ICN:301935940680001
Dates:	02/16/2021 - 02/16/2021	Comment:	INV 77095	

SWK.RM.SDM.00.NP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK - SEE BACK FOR DETAILS

XPO Logistics, Inc.
ACE American Insurance Company

ORIGIN 2266897
J.P. Morgan New York, NY

VOID AFTER 60 DAYS

DATE: 04/07/2021

171391

1-2/210

******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

MEMO: MP

1008185768

⑈171391⑈ ⑆021000021⑆ 2811636 15⑈

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 77699

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30192854179-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: JOSE LOZANO
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs TWR ENTERPRISES
Date Of Injury: 9/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/03/20	INITIAL PHYS	THERAPY & CHIRO TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/10/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/14/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/19/20	INITIAL ACUP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/11/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/28/20	PMT BY CHECK	DOS 2/3/20-3/11/20* =# 113068889	-900.00
06/12/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
06/19/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/13/21 77699

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30192854179-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: JOSE LOZANO
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs TWR ENTERPRISES
Date Of Injury: 9/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/26/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/17/20	PMT BY CHECK	DOS 2/14/20* =# 114156630	-90.00
07/17/20	PMT BY CHECK	DOS 2/3/20-3/11/20* =# 114156629	-810.00
07/15/20	PMT BY CHECK	DOS 6/12/20* =# 114156606	-90.00
07/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
07/24/20	PMT BY CHECK	DOS 6/19/20* =# 114156656	-90.00
07/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/31/20	PMT BY CHECK	DOS 6/26/20* =# 114156686	-90.00
08/14/20	PMT BY CHECK	DOS 7/3/20-7/10/20* =# 115422564	-180.00
09/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/18/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
09/22/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/20	PMT BY CHECK	DOS 9/4/20* =# 117300734	-90.00
10/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/13/21 77699

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EAMS#(s):

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Claim #(s):
30192854179-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: JOSE LOZANO
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs TWR ENTERPRISES
Date Of Injury: 9/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		W/DR HA*	
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
10/16/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
11/05/20	PMT BY CHECK	DOS 9/22/20* =# 117300780	-90.00
10/23/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/18/20	PMT BY CHECK	DOS 10/2/20* =# 117300828	-90.00
12/16/20	PMT BY CHECK	DOS 10/16/20* =# 117300913	-90.00
01/27/21	PMT BY CHECK	DOS 10/23/20* =# 118055962	-180.00
03/17/21	PMT BY CHECK	DOS 7/3/20 # 118056097	-90.00
03/29/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
03/29/21	RMB IBR FEE	DOS 7/3/20 # 123211110	-180.00
04/07/21	PMT BY CHECK	DOS 10/16/20* =# 123211124	-90.00

BALANCE 990.00

* 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 14440
Lexington, KY 40512-4440

0004819-0013323 0106 001 948587 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
12/16/2020	90.00	117300913
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
528 Sedgwick Claims Management Services, Inc		01 of 01

77699

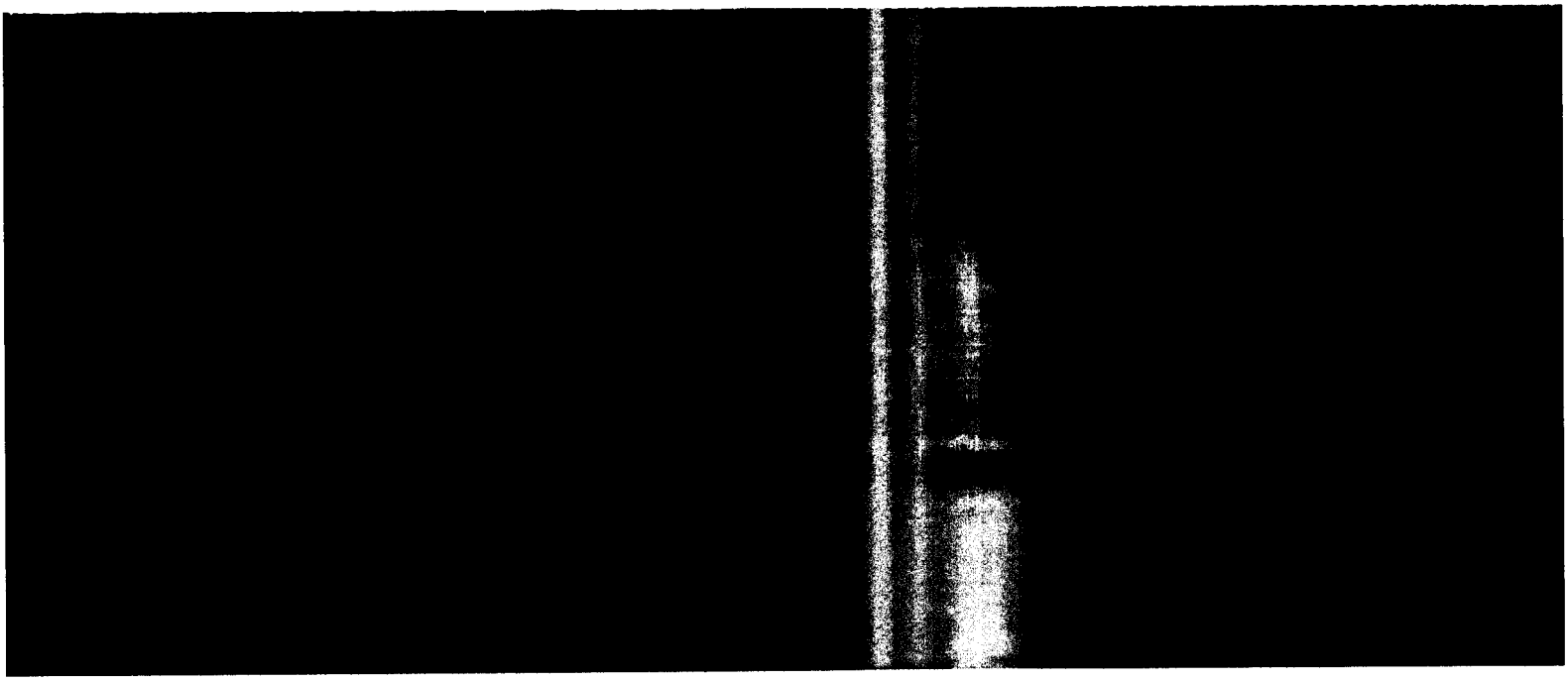
Claimant Name		Loss Date	Claim Number
		06/14/2019	30192854179-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5320201203032579	ICN:6361-19078
Dates: 10/16/2020 - 10/16/2020	Comment:		

PAID
DEC 2 [illegible] 2020
BY: .....

RECEIVED
DEC 2 0 [illegible]
BY: .....

SWK.RM.SDM.00.NP

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Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

0006061-0019271 0106 001 982174 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
04/07/2021	90.00	123211124
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
528 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name 77699		Loss Date	Claim Number
		06/14/2019	30192854179-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed: 0.00	Invoice:		ICN:6361-9910587
Dates: 10/16/2020 - 10/16/2020	Comment:		

SWK RM SCM 00 NP

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THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK - SEE BACK FOR DETAILS

Sedgwick as Agent for TWR
Starr Indemnity & Liability Co

ORIGIN 5286361 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/07/2021

123211124
62-22
311

PAY: ******NINETY AND 00/100 DOLLARS

$90.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

MEMO: MP

TWR Enterprises, Inc., Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship

1007459887

⑈123211124⑈ ⑆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 78306

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
30193769394-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: MARY WILSON
P.O. BOX 14442
LEXINGTON, KY 40512

Case: vs BRISTOL FARMS
Date Of Injury: 8/31/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/20	INITIAL EXAM	DR ZAREENA KHAN @ AMERICHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/11/20	INITL CHIRO	TREATMENT W/DR MICHAEL TORRES @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
08/17/20	INITIAL ACUP	W/ ACUPUNCT BRUCE BAPTIE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/19/20	PR2/REEVAL	DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/30/20	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100803	0.00
11/16/20	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/18/20	PMT BY CHECK	DOS 6/5/20-9/30/20* =# 122410074 SEDGWIC	-450.00
01/15/21	PMT BY CHECK	DOS 11/16/20* =# 122412620 SEDGWICK	-90.00
12/28/20	P AND S	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/10/21	PMT BY CHECK	DOS 12/28/20* =# 123453550 SEDGWICK	-90.00
04/06/21	PMT BY CHECK	DOS 6/5/20-6/11/20* =#123456334 SEDGWICK	-180.00

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	78306

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
30193769394-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: MARY WILSON
P.O. BOX 14442
LEXINGTON, KY 40512

Case: vs BRISTOL FARMS
Date Of Injury: 8/31/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 450.00

* 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 14442
Lexington, KY 40512-4442

0009712-0025893 0106 001 949360 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
12/18/2020	450.00	122410074
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

78306 79228

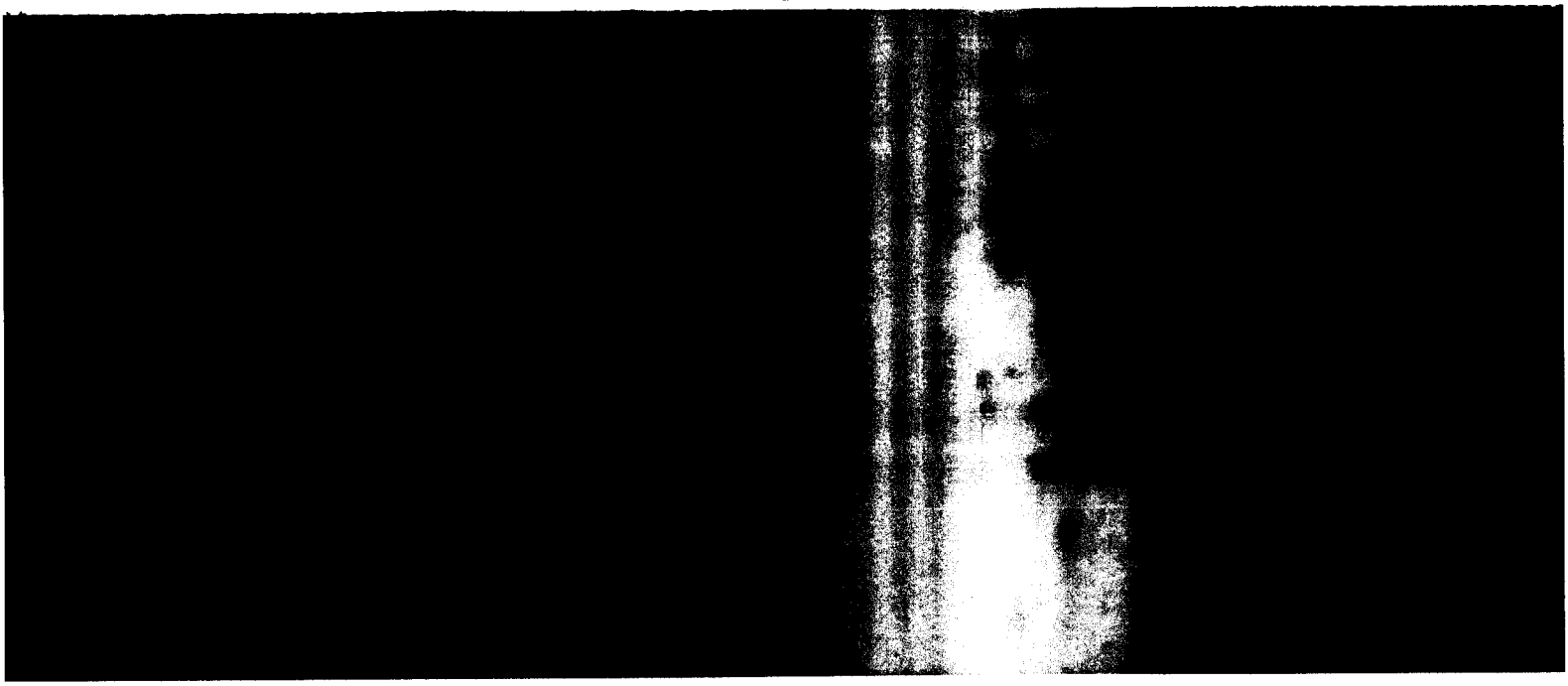
Claimant Name		Loss Date	Claim Number
		08/31/2019	30193769394-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5320201202034968	ICN:9187-13458
Dates: 06/05/2020 - 06/05/2020	Comment:		
		08/31/2019	30193769394-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5320201202034968	ICN:9187-13458
Dates: 06/11/2020 - 06/11/2020	Comment:		
		08/31/2019	30193769394-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5320201202034968	ICN:9187-13458
Dates: 08/17/2020 - 08/17/2020	Comment:		
		08/31/2019	30193769394-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5320201202034968	ICN:9187-13458
Dates: 08/19/2020 - 08/19/2020	Comment:		
		08/31/2019	30193769394-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed: 180.00	Invoice:	5320201202034968	ICN:9187-13458
Dates: 09/30/2020 - 09/30/2020	Comment:		

RECEIVED
DEC 28 2020

SWK.RM.SDM.00.NP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

BY: .....



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Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

DATE	CHECK AMOUNT	CHECK NUMBER
04/06/2021	180.00	123456334
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

0004119-0011015 0106 001 981779

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

18306

Claimant Name			Loss Date	Claim Number
			08/31/2019	30193769394-0001
Amt Paid:	90.00	Description:	Interpreter	
Amt Billed:	0.00	Invoice:	5320210323042496	ICN:9187-9910180
Dates:	06/05/2020 - 06/05/2020	Comment:		
			08/31/2019	30193769394-0001
Amt Paid:	90.00	Description:	Interpreter	
Amt Billed:	0.00	Invoice:	5320210323042496	ICN:9187-9910180
Dates:	06/11/2020 - 06/11/2020	Comment:		

19228

PAID
APR 12 2021

BY: .....

SWK.RM.SDM.00.NP

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK - SEE BACK FOR DETAILS

Sedgwick as Agent for Everest National
Risk Management
Everest National Insurance

ORIGIN 6009187
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/06/2021

123456334
62-22
311

PAY: ******ONE HUNDRED EIGHTY AND 00/100 DOLLARS

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO: MP

Everest National Ins Company, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1006533161

⑈123456334⑈ ⑆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#
04/27/21 79563

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188262599-001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: SHARLENE BRANSON
PO BOX 14153
LEXINGTON, KY 40512

Case: vs RIO HONDO SUBACUTE AND NURSING
Date Of Injury: 3/13/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/19	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/07/19	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/11/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/16/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/29/20	PR2/REEVAL	W/DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/11/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/22/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/03/20	PMT BY CHECK	DOS 3/11/20* =# 117267381	-90.00
05/11/20	INITIAL EXAM	DR GABRIEL RUBANENKO @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/03/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/25/20	PMT BY CHECK	DOS 4/22/20* =# 117270736	-90.00
07/17/20	PMT BY CHECK	DOS 5/11/20* =# 120976716	-90.00
07/22/20	PMT BY CHECK	DOS 6/3/20* =# 120977277	-90.00
07/15/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
07/20/20	PR2/REEVAL	DR GABRIEL RUBANENKO @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/31/20	PMT BY CHECK	DOS 7/15/20-7/20/20* =# 120982593	-180.00
10/22/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/18/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/27/21 79563

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188262599-001

BILL TO:
SEDGWICK/SRS (LX-14153)
W. C. DEPARTMENT
ATTN: SHARLENE BRANSON
PO BOX 14153
LEXINGTON, KY 40512

Case: vs RIO HONDO SUBACUTE AND NURSING
Date Of Injury: 3/13/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/19/21	PMT BY CHECK	DOS 11/18/20* =# 121704960	-90.00
01/06/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/01/21	PMT BY CHECK	DOS 10/22/20* =#122932266	-90.00
03/04/21	PMT BY CHECK	DOS 7/15 & 7/20/20* =#122932754	-180.00
03/04/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
03/04/21	RMB IBR FEE	DOS 7/15/20-7/20/20* # 122932854	-180.00
04/06/21	PEN & INT	DOS 10/22/20	15.65
04/06/21	PMT BY CHECK	DOS 10/22/20 # 123304977	-15.65
04/21/21	PMT BY CHECK	DOS 4/22/20-6/3/20* =# 122938469	-540.00

BALANCE 1080.00

* 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 14153
Lexington, KY 40512-4153

0007596-0023981 0106 001 986425 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
04/21/2021	540.00	122938469
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
660 Sedgwick Claims Management Services, Inc		01 of 01

79563

Claimant Name			Loss Date	Claim Number
			06/13/2018	188784816-001
Amt Paid:	180.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:		ICN:9288-72927
Dates:	06/03/2020 - 06/03/2020	Comment:		
			06/13/2018	188784816-001
Amt Paid:	180.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:		ICN:9288-72928
Dates:	04/22/2020 - 04/22/2020	Comment:		
			06/13/2018	188784816-001
Amt Paid:	180.00	Description:	Interpreter	
Amt Billed:	180.00	Invoice:		ICN:9288-72929
Dates:	05/11/2020 - 05/11/2020	Comment:		

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APR 26 2021
BY: .....

SWK:RM:SDM:00:NP

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Genesis Administrative Services LLC
American Home Assurance Company

ORIGIN 6609288
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/21/2021

122938469
62-22
311

PAY: ******FIVE HUNDRED FORTY AND 00/100 DOLLARS

$540.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Debra Davenport

MEMO: MP

Genesis Administrative Service, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1018259070

⑈122938469⑈ ⑆031100225⑆ 207995005970 3⑈

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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#
04/21/21 75836

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
51C870995-423

BILL TO:
SENTRY INSURANCE (STEVENS,WI)
W. C. DEPARTMENT
ATTN: ARRIES ROGERS
P.O. BOX # 8032
STEVENS POINT, WI 54481

Case: vs HARTWELL CORP/AEROSPACE/MCKECH
Date Of Injury: 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/02/19	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/08/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/15/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/28/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/26/19	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	EDUARDO REYES # 004539	0.00
07/30/19	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/01/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/05/19	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/06/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/07/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
08/08/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/26/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/28/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
08/27/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/21/21 75836

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
51C870995-423

BILL TO:
SENTRY INSURANCE (STEVENS,WI)
W. C. DEPARTMENT
ATTN: ARRIES ROGERS
P.O. BOX # 8032
STEVENS POINT, WI 54481

Case: vs HARTWELL CORP/AEROSPACE/MCKECH
Date Of Injury: 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
08/30/19	PR2/REEVAL	DR RUSSMAN/HAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/09/19	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/30/19	INITIAL PHYS	THERAPY DR MAGGIE PEZESHKIAN*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/09/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/10/19	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/21/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/23/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/30/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
11/04/19	PMT BY CHECK	DOS 10/9/19* =# 49179037	-90.00
10/02/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	EUDARDO REYES # 004539	0.00
11/12/19	PMT BY CHECK	DOS 10/10/19* =# 49199516	-90.00
11/04/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/19/19	PMT BY CHECK	DOS 10/10/19* =# 49219877	-90.00
11/21/19	PMT BY CHECK	DOS 10/23/19-10/23/19* # 49227044	-90.00
11/21/19	PMT BY CHECK	DOS 10/2/19-10/30/19* =# 49226969	-180.00
11/26/19	PMT BY CHECK	DOS N/A # 133303 HARTWELL CORPORATION	-2480.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/21/21 75836

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
51C870995-423

BILL TO:
SENTRY INSURANCE (STEVENS,WI)
W. C. DEPARTMENT
ATTN: ARRIES ROGERS
P.O. BOX # 8032
STEVENS POINT, WI 54481

Case: vs HARTWELL CORP/AEROSPACE/MCKECH
Date Of Injury: 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/21/19	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/22/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/26/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/27/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	LILLIANA HALPERIN # 100048	0.00
12/09/19	PMT BY CHECK	DOS 11/4/19* =# 49267773	-90.00
12/26/19	PMT BY CHECK	DOS 11/21/19-11/27/19* =# 49309595	-360.00
12/04/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
12/06/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALERPIN # 100048	0.00
12/16/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/03/20	PMT BY CHECK	DOS 12/4/19-12/6/19* =# 49397053	-180.00
02/12/20	PMT BY CHECK	DOS 12/16/19* =# 49421290	-90.00
02/18/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/08/20	PMT BY CHECK	DOS 2/18/20* =# 49561810	-90.00
02/27/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
04/22/20	PMT BY CHECK	DOS 2/27/20* =# 49592297	-90.00
03/05/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/10/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/12/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/21/21 75836

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
51C870995-423

BILL TO:
SENTRY INSURANCE (STEVENS,WI)
W. C. DEPARTMENT
ATTN: ARRIES ROGERS
P.O. BOX # 8032
STEVENS POINT, WI 54481

Case: vs HARTWELL CORP/AEROSPACE/MCKECH
Date Of Injury: 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
05/06/20	PMT BY CHECK	DOS 3/5/20* =# 49618771	-90.00
05/08/20	PMT BY CHECK	DOS 3/10/20* =# 49624650	-90.00
05/12/20	PMT BY CHECK	DOS 3/12/20* =# 49629678	-90.00
06/15/20	PMT BY CHECK	DOS 11/21/19-11/27/19 # 49692078	-360.00
06/22/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
06/22/20	RMB IBR FEE	DOS 12/16/19 # 49706325	-180.00
06/22/20	PMT BY CHECK	DOS 12/16/19 # 49706325	-90.00
06/22/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
06/22/20	RMB IBR FEE	DOS 10/10/19 # 49706174	-180.00
06/22/20	PMT BY CHECK	DOS 10/10/19 # 49706174	-90.00
06/22/20	PMT BY CHECK	DOS 10/21/19 # 49706173	-90.00
06/22/20	PMT BY CHECK	DOS 10/23/19 # 49706172	-90.00
06/22/20	PMT BY CHECK	DOS 10/30/19 # 49706171	-90.00
06/22/20	PMT BY CHECK	DOS 11/4/19 # 49706170	-90.00
11/06/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
11/06/20	RMB IBR FEE	DOS 2/18/20 # 50004889	-180.00
11/06/20	PMT BY CHECK	DOS 2/18/20 # 50004889	-90.00
10/22/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/19/20	COSTS	ADD'L COSTS SOUGHT FOR LATE PYMT OF IBR	137.14
11/19/20	PENALTIES	FOR LATE PYMT OF IBR DUE 10/29/20	40.50
11/19/20	INTEREST	FOR LATE PYMT OF IBR DUE 10/29/20	0.68
11/13/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
11/13/20	RMB IBR FEE	DOS 3/10/20-3/12/20 # 50021356	-180.00
11/13/20	PMT BY CHECK	DOS 3/10/20-3/12/20	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/21/21 75836

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
51C870995-423

BILL TO:
SENTRY INSURANCE (STEVENS,WI)
W. C. DEPARTMENT
ATTN: ARRIES ROGERS
P.O. BOX # 8032
STEVENS POINT, WI 54481

Case: vs HARTWELL CORP/AEROSPACE/MCKECH
Date Of Injury: 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 50021356	
11/17/20	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
11/17/20	RMB IBR FEE	DOS 2/27/20 # 50026623	-180.00
11/17/20	PMT BY CHECK	DOS 2/27/20 # 50026623	-90.00
11/17/20	PMT BY CHECK	DOS 3/05/20 # 50026606	-90.00
11/13/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO SCHULZ # 102100	0.00
12/10/20	PMT BY CHECK	DOS 10/22/20* =# 50076828	-90.00
11/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
11/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
11/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
11/20/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/25/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/24/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/01/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/02/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/03/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/08/21	PMT BY CHECK	DOS 11/13/20* =# 50134503	-90.00
01/12/21	PMT BY CHECK	DOS 11/17/20* =# 50141417	-90.00
12/09/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/13/21	PMT BY CHECK	DOS 11/18/20* =# 50144276	-90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/21/21 75836

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
51C870995-423

BILL TO:
SENTRY INSURANCE (STEVENS,WI)
W. C. DEPARTMENT
ATTN: ARRIES ROGERS
P.O. BOX # 8032
STEVENS POINT, WI 54481

Case: vs HARTWELL CORP/AEROSPACE/MCKECH
Date Of Injury: 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/21	PMT BY CHECK	DOS 11/19/20* =# 50144351	-90.00
11/20/21	PMT BY CHECK	DOS 11/20/20* =# 50144274	-90.00
01/13/21	PMT BY CHECK	DOS 11/25/20* =# 50144314	-90.00
12/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/18/21	PMT BY CHECK	DOS 11/24/20* =# 50154083	-90.00
01/20/21	PMT BY CHECK	DOS 12/1/20* =# 50160190	-90.00
01/25/21	PMT BY CHECK	DOS 12/2/20* =# 50168428	-90.00
01/27/21	PMT BY CHECK	DOS 12/3/20* =# 50175479	-90.00
12/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
12/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/02/21	PMT BY CHECK	DOS 12/8/20* =# 50188135	-90.00
02/02/21	PMT BY CHECK	DOS 12/10/20* =# 50188125	-90.00
01/07/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/08/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/09/21	PMT BY CHECK	DOS 12/15/20* =# 50208760	-90.00
01/09/21	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/12/21	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/15/21	PMT BY CHECK	DOS 12/17/20* =# 50223657	-90.00
01/14/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/27/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	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#
04/21/21 75836

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
51C870995-423

BILL TO:
SENTRY INSURANCE (STEVENS,WI)
W. C. DEPARTMENT
ATTN: ARRIES ROGERS
P.O. BOX # 8032
STEVENS POINT, WI 54481

Case: vs HARTWELL CORP/AEROSPACE/MCKECH
Date Of Injury: 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/26/21	PMT BY CHECK	DOS 1/7/21* =# 50250198	-90.00
03/02/21	PMT BY CHECK	DOS 1/8/21* =#50256495	-90.00
03/03/21	PMT BY CHECK	DOS 1/9/21* =#50258565	-90.00
03/03/21	PMT BY CHECK	DOS 1/12/21* =#50258540	-90.00
02/02/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/01/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/04/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/08/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/06/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/09/21	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/11/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/18/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/16/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/23/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/24/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/25/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/06/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/21/21 75836

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
51C870995-423

BILL TO:
SENTRY INSURANCE (STEVENS,WI)
W. C. DEPARTMENT
ATTN: ARRIES ROGERS
P.O. BOX # 8032
STEVENS POINT, WI 54481

Case: vs HARTWELL CORP/AEROSPACE/MCKECH
Date Of Injury: 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/08/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/09/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
03/10/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/11/21	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/14/21	PMT BY CHECK	DOS 12/1/20* =# 50355775	-90.00
04/14/21	PMT BY CHECK	DOS 11/14/20* =# 50355774	-90.00

BALANCE 5758.32

* 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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 50141417

0000147

Sentry

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

ICN: 01CA-605342
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
111720 THRU 111720
ACCT#75836

RECEIVED
JAN 19 2021
BY: .....

PAID
JAN 20 2021

REFERENCE NO.: 113586000
EMPLOYEE/PATIENT:

CL NO. 51C870995
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#75836

1 00001 0000147 21012 N AC 0 210112103635.9400

0027020044359345358692781416565

51C870995

(1

20-656B

▼ Detach Here ▼

Sentry CLAIM ACCOUNT

No. 50141417

50-382/412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
51C870995	08/30/10	MCKECHNIE HOLDINGS LLC	01/12/21

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#75836	$*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bikowski

⑈50141417⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **50141417**
Payment Date (Mail Date): **01/13/21**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE A MUTUAL CO.
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
01/12/2021
Page
1

Date of Injury
08/30/2010

Claim Number
51C870995

Employer ID (Policy No.)
90172180100101

Employer Name
MCKECHNIE HOLDINGS

Patient Name

Street Address
564 SAN ANSELMO AVE

City **COLTON** State **CA** Zip Code **92324**

Social Security Number

Provider Name
JOYCE ALTMAN INTERPRETERS INC

Street Address
PO BOX 4165

City **TUSTIN** State **CA** Zip Code **92781**

Fein Number
330956713

Rendering Provider Name:
JOYCE ALTMAN INTERPRETERS INC JOYCE ALTM

Rendering Provider ID:

Bill Submitters Id: **75836**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-605342**	Service Dates **11/17/2020** - **11/17/2020**	**01/02/2021**	**180.00**	**90.00**

Date of Service	Billed/ Paid Proc Code	Revenue Code	Type of Service/ Prescription Number	Billed/ Paid Units	Adjust-ment Quantity	Charge/ Paid Amount	Reduction Amount	Recommended Adjustment	DWC Reason Code	Notes
11/17/2020			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**120**		**90.00**				

REASON FOR REDUCTION OR DENIAL:

1 A90 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1
G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

Comments:

Electronic Billing:

Medical and Dental: Sentry and its affiliated companies accepts electronic billing from medical providers on Workers' Compensation claims via the Jopari clearinghouse. Medical and dental providers will need to include Sentry's Workers' Compensation Payer ID - J1417 and the patient's claim number with bill submissions.

Pharmacy/Prescription Medicine Bills: Sentry and its affiliated companies partners with Optum Pharmacy Benefits Management Program to process pharmacy and/or prescription medicine invoices submitted electronically. The Optum Payer ID is BIN 004261 and the PCN is CAL.

More information related to electronic billing can be found on our website www.sentry.com under the For Medical Providers section.

NOTES:

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT WI 54481-8032

Please retain for your records. No. 50355774

0000145

Sentry®

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

ICN: 01CA-639423
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
111720 THRU 111720
ACCT#75836
RECONSIDERATION PREVIOUSLY PAID $90

APR 2 3 2021

BY: .....

REFERENCE NO.: 113819190
EMPLOYEE/PATIENT:

CL NO. 51C870995
NOT NEGOTIABLE
$**********90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#75836

1 00001 0000145 21104 N AC 0 210414222923.9400 00270200443604586109927814165 65 51C870995

20-656B ▼ Detach Here ▼ (10/1

Sentry®

CLAIM ACCOUNT

No. 50355774

56-382 / 412 WELLS FARGO BANK, N.A.

VOID VOID VOID VOID

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED	VOID AFTER ONE YEAR
51C870995	08/30/2010	MCKECHNIE HOLDINGS LLC	04/14/2021	

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#75836	$**********90.00

PAY NINETY AND NO/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE COMPANY

Dale Bakowski

⑈50355774⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): 50355774
Payment Date (Mail Date): 04/15/21
Payment Method: Paper Check

EXPLANATION OF REVIEW

SENTRY INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
04/14/2021

Date of Injuiry
08/30/2010

Claim Number
51C870995

Employer ID (Policy No.)
90172180100101

Employer Name
MCKECHNIE HOLDINGS

Patient Name

Street Address
564 SAN ANSELMO AVE

City
COLTON

State
CA

Zip Code
92324

Social Security Number

Provider Name
JOYCE ALTMAN INTERPRETERS INC

Street Address
PO BOX 4165

City
TUSTIN

State
CA

Zip Code
92781

Fein Number
330956713

Rendering Provider Name:
JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS

Rendering Provider ID:

Bill Submitters Id: **75836**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-639423**	Service Dates: **11/17/2020 - 11/17/2020**	**04/10/2021**	**180.00**	**180.00**

Date of Service	Billed/ Paid Proc Code	Revenue Code	Type of Service/ Prescription Number	Billed/ Paid Units	Adjust-ment Quantity	Charge/ Paid Amount	Reduction Amount	Recommended Adjustment	DWC Reason Code	Notes
11/17/2020			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**0.00**	**180.00**		
	Q00014			**120**		**180.00**				

Comments:

RECONSIDERATION PREVIOUSLY PAID $90

Electronic Billing:

Medical and Dental: Sentry and its affiliated companies accepts electronic billing from medical providers on Workers' Compensation claims via the Jopari clearinghouse. Medical and dental providers will need to include Sentry's Workers' Compensation Payer ID - J1417 and the patient's claim number with bill submissions.

Pharmacy/Prescription Medicine Bills: Sentry and its affiliated companies partners with Optum Pharmacy Benefits Management Program to process pharmacy and/or prescription medicine invoices submitted electronically. The Optum Payer ID is BIN 004261 and the PCN is CAL.

More information related to electronic billing can be found on our website www.sentry.com under the For Medical Providers section.

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

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 50160190

0000016

Sentry

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

RECEIVED
JAN 28 2021
BY:.....

ICN: 01CA-609201
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
120120 THRU 120120
ACCT#75836

RECEIVED
JAN 28 2021
BY:.....

REFERENCE NO.: 113605794
EMPLOYEE/PATIENT:

CL NO. 51C870995
NOT NEGOTIABLE
$*******90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#75836

1 00001 0000016 21020 N AC 0 210120112853.9400 00270200443594408623927814165 65 51C870995

20-656B ▼ Detach Here ▼ (10/13)

Sentry

CLAIM ACCOUNT

No. 50160190

56-382
412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
51C870995	08/30/10	MCKECHNIE HOLDINGS LLC	01/20/21
PAYMENT COVERS SEE CHECKSTUB FOR DETAIL ACCT#75836			AMOUNT $*******90.00

NINETY AND NO/100 DOLLARS

SENTRY INSURANCE COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Dale Bkowski

⑈50160190⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): **50160190**
Payment Date (Mail Date): **01/21/21**
Payment Method: **Paper Check**

EXPLANATION OF REVIEW

SENTRY INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
01/20/2021

Date of Injury
08/30/2010

Claim Number
51C870995

Employer ID (Policy No.)
90172180100101

Employer Name
MCKECHNIE HOLDINGS

Patient Name

Street Address
564 SAN ANSELMO AVE

City **COLTON** State **CA** Zip Code **92324**

Social Security Number

Provider Name
JOYCE ALTMAN INTERPRETERS INC

Street Address
PO BOX 4165

City **TUSTIN** State **CA** Zip Code **92781**

Fein Number
330956713

Rendering Provider Name:
JOYCE ALTMAN INTERPRETERS INC JOYCE ALTM

Rendering Provider ID:

Bill Submitters Id: **75836**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-609201**	Service Dates **12/01/2020** - **12/01/2020**	**01/19/2021**	**180.00**	**90.00**

Date of Service	Billed/ Paid Proc Code	Revenue Code	Type of Service/ Prescription Number	Billed/ Paid Units	Adjust-ment Quantity	Charge/ Paid Amount	Reduction Amount	Recommended Adjustment	DWC Reason Code	Notes
12/01/2020			**INTERPRETER OTHER 15**	**120**	**0**	**180.00**	**90.00**	**90.00**	**G1**	**1**
	Q00014			**120**		**90.00**				

REASON FOR REDUCTION OR DENIAL:

1 A90 WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODE 5307.1

G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

Comments:

Electronic Billing:

Medical and Dental: Sentry and its affiliated companies accepts electronic billing from medical providers on Workers' Compensation claims via the Jopari clearinghouse. Medical and dental providers will need to include Sentry's Workers' Compensation Payer ID - J1417 and the patient's claim number with bill submissions.

Pharmacy/Prescription Medicine Bills: Sentry and its affiliated companies partners with Optum Pharmacy Benefits Management Program to process pharmacy and/or prescription medicine invoices submitted electronically. The Optum Payer ID is BIN 004261 and the PCN is CAL.

More information related to electronic billing can be found on our website www.sentry.com under the For Medical Providers section.

NOTES:

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT WI 54481-8032

Please retain for your records. No. 50355775

0000146

Sentry®

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

ICN: 01CA-639421
FOR CUSTOMER SERVICE, PLEASE REFER
TO THE ABOVE ICN.
120120 THRU 120120
ACCT#75836
RECONSIDERATION PREVIOUSLY PAID $90.00

RECEIVED
APR 26 2021
BY

REFERENCE NO.: 113819184
EMPLOYEE/PATIENT:

CL NO. 51C870995
NOT NEGOTIABLE
$**********90.00

THIS PAYMENT COVERS -- SEE CHECKSTUB FOR DETAIL ACCT#75836

1 00001 0000146 21104 N AC 0 210414222536.9400 00270200443604585111192781416565 51C870995

20-656B

▼ Detach Here ▼

(10/13)

Sentry®

CLAIM ACCOUNT

No. 50355775

56-382
412 WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED	VOID AFTER ONE YEAR
51C870995	08/30/2010	MCKECHNIE HOLDINGS LLC	04/14/2021	

PAYMENT COVERS	AMOUNT
SEE CHECKSTUB FOR DETAIL ACCT#75836	$**********90.00

PAY NINETY AND NO/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

SENTRY INSURANCE COMPANY

Dale Bukowski

⑈50355775⑈ ⑆041203824⑆ 9600031681⑈

Payment ID Number (Check No.): 50355775
Payment Date (Mail Date): 04/15/21
Payment Method: Paper Check

EXPLANATION OF REVIEW

SENTRY INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Date Processed
04/14/2021

Date of Injuiry
08/30/2010

Claim Number
51C870995

Employer ID (Policy No.)
90172180100101

Employer Name
MCKECHNIE HOLDINGS

Patient Name

Street Address
564 SAN ANSELMO AVE

City
COLTON

State
CA

Zip Code
92324-6846

Social Security Number

Provider Name
JOYCE ALTMAN INTERPRETERS INC

Street Address
PO BOX 4165

City
TUSTIN

State
CA

Zip Code
92781

Fein Number
330956713

Rendering Provider Name:
JOYCE ALTMAN INTERPRETERS INC JOYCE ALTMAN INTERPRETERS

Rendering Provider ID:

Bill Submitters Id: **75836**	Bill Frequency Type:	Date Bill Received	Total Charge	Payment
Payment Status Code: **1**	DRG Code:			
Payer Bill Id: **01CA-639421**	Service Dates: **12/01/2020 - 12/01/2020**	**04/10/2021**	**180.00**	**180.00**

Date of Service	Billed/ Paid Proc Code	Revenue Code	Type of Service/ Prescription Number	Billed/ Paid Units	Adjust-ment Quantity	Charge/ Paid Amount	Reduction Amount	Recommended Adjustment	DWC Reason Code	Notes
12/01/2020	**Q00014**		**INTERPRETER OTHER 15**	**120** **120**	**0**	**180.00** **180.00**	**0.00**	**180.00**		

Comments:

RECONSIDERATION PREVIOUSLY PAID $90.00

Electronic Billing:

Medical and Dental: Sentry and its affiliated companies accepts electronic billing from medical providers on Workers' Compensation claims via the Jopari clearinghouse. Medical and dental providers will need to include Sentry's Workers' Compensation Payer ID - J1417 and the patient's claim number with bill submissions.

Pharmacy/Prescription Medicine Bills: Sentry and its affiliated companies partners with Optum Pharmacy Benefits Management Program to process pharmacy and/or prescription medicine invoices submitted electronically. The Optum Payer ID is BIN 004261 and the PCN is CAL.

More information related to electronic billing can be found on our website www.sentry.com under the For Medical Providers section.

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

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/14/21 77313

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
15081016

BILL TO:
CHARLES TAYLOR (WILSON-CT)
W. C. DEPARTMENT
ATTN: JOHN MILLER
64 DANBURY RD., STE 201
WILTON, CT 06897

Case: vs SSA PACIFIC INC
Date Of Injury: 6/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/19	INITIAL EXAM	DR MOHAMMED HASSANIN/MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/05/19	INITIAL PSYC	EVAL ANTHONY FRANCISCO, PH.D. @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/12/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/19/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/17/20	PR2/REEVAL	W/DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/18/20	INITIAL EXAM	W/DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/03/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/21/20	PR2/REEVAL	DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/07/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/27/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	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#
01/14/21 77313

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
15081016

BILL TO:
CHARLES TAYLOR (WILSON-CT)
W. C. DEPARTMENT
ATTN: JOHN MILLER
64 DANBURY RD., STE 201
WILTON, CT 06897

Case: vs SSA PACIFIC INC
Date Of Injury: 6/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/09/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/19/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
07/15/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/22/20	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/28/20	INIT PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C PARRENO # 101080	0.00
07/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
08/05/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
09/02/20	PR2/REEVAL	DR RUSSMAN/AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/09/20	INITL CHIRO	TREATMENT W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/14/20	PR2/REEVAL	DR RUSSMAN/AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	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#
01/14/21 77313

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
15081016

BILL TO:
CHARLES TAYLOR (WILSON-CT)
W. C. DEPARTMENT
ATTN: JOHN MILLER
64 DANBURY RD., STE 201
WILTON, CT 06897

Case: vs SSA PACIFIC INC
Date Of Injury: 6/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/06/20	FOLLOW-UP	W/ ACUPUNCT SUNGSOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
11/13/20	PR2/REEVAL	DR MANAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/01/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00

BALANCE 5910.00

* 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 **

Invoice Number	From Date	To Date	Amount	Clm Number	Claimant	Payee	Check No.	Department
77313	01/14/2021	01/14/2021	5910.00	2018045056		JOYCE ALTMAN INTERPRETERS INC	203161	San Pedro Whse

DO NOT CASH: Unless original document has an artificial watermark on reverse side

SSA Pacific, Inc.
(800) 422-3505
1131 SW Klickitat Way
Seattle, WA 98134

Bank of America
Oregon

24-7038
3230

00203161

DATE 04/22/2021

PAY **Five Thousand Nine Hundred Ten Dollars and No Cents**

$5,910.00
VOID AFTER 90 DAYS

TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

VOID AFTER 90 DAYS

⑈00020316⑆ ⑆323070380⑆ 485003269748⑈

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 76602

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
036-000705; 036-000706

BILL TO:
TRISTAR/HAZELRIGG INS (2805)
W. C. DEPARTMENT
ATTN: VALERIA LEE
P.O. BOX 2805
CLINTON, IA 52733

Case: vs BODEGA LATINA CO DBA EL SUPER
Date Of Injury: 3/1/19; 7/24/18-7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/16/19	INITIAL EXAM	DR MOHAMED HASSANIN/DR MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/27/19	INITIAL ACUP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/29/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/03/19	FOLLOW-UP	W/ ACUPUNCT SOONHO PARK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/05/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/27/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/08/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/09/19	INIT PHYSIO	THERAPY W/DR MAGIE PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/14/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/15/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/16/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/17/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/21/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/25/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/30/21 76602

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
036-000705; 036-000706

BILL TO:
TRISTAR/HAZELRIGG INS (2805)
W. C. DEPARTMENT
ATTN: VALERIA LEE
P.O. BOX 2805
CLINTON, IA 52733

Case: vs BODEGA LATINA CO DBA EL SUPER
Date Of Injury: 3/1/19; 7/24/18-7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/23/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER M. RAMOS # 101254	0.00
10/22/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
11/08/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 005511585	0.00
11/13/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 1012547	0.00
11/18/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/20/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/05/19	PMT BY CHECK	DOS 10/9/19-10/17/19* =# 16459	-450.00
11/26/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/03/19	FOLLOW-UP	W/ ACUPUNCT SUNGSOO HWANG*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/05/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
12/12/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/20/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/16/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/23/20	FOLLOW-UP	W/ ACUPUNCT LIM	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	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#
04/30/21 76602

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
036-000705; 036-000706

BILL TO:
TRISTAR/HAZELRIGG INS (2805)
W. C. DEPARTMENT
ATTN: VALERIA LEE
P.O. BOX 2805
CLINTON, IA 52733

Case: vs BODEGA LATINA CO DBA EL SUPER
Date Of Injury: 3/1/19; 7/24/18-7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/27/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/30/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/31/20	PR2/REEVAL	W/DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/05/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/04/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/10/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/12/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/19/20	PMT BY CHECK	DOS 1/16/20* =# 21434	-90.00
03/26/20	PMT BY CHECK	DOS 1/23/20* =# 21655	-90.00
03/26/20	PMT BY CHECK	DOS 1/24/20* =# 21674	-90.00
03/26/20	PMT BY CHECK	DOS 1/27/20* =# 21673	-90.00
03/26/20	PMT BY CHECK	DOS 1/30/20* =# 21658	-90.00
03/26/20	PMT BY CHECK	DOS 1/31/20* =# 21627	-90.00
02/18/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/19/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/30/21 76602

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
036-000705; 036-000706

BILL TO:
TRISTAR/HAZELRIGG INS (2805)
W. C. DEPARTMENT
ATTN: VALERIA LEE
P.O. BOX 2805
CLINTON, IA 52733

Case: vs BODEGA LATINA CO DBA EL SUPER
Date Of Injury: 3/1/19; 7/24/18-7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/25/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/26/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/09/20	PMT BY CHECK	DOS 2/10/20* # 22347	-90.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/03/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/05/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/06/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/23/20	PMT BY CHECK	DOS 2/12/20* # 22836	-90.00
03/12/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
04/30/20	PMT BY CHECK	DOS 2/18/20 =# 22905	-90.00
03/13/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/31/20	SHOCK WAVE	THERAPY DR LEON TCHAKALIAN @ FMR* #1	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/02/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
05/14/20	PMT BY CHECK	DOS 2/21/20* # 23530	-90.00
04/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/07/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00

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W. C. DEPARTMENT
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P.O. BOX 2805
CLINTON, IA 52733

Case: vs BODEGA LATINA CO DBA EL SUPER
Date Of Injury: 3/1/19; 7/24/18-7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/08/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/09/20	FOLLOW-UP	W/ ACUPUNCT S. HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/21/20	PMT BY CHECK	DOS 2/19/20* =# 24141	-90.00
04/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/14/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/17/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/16/20	FOLLOW-UP	W/ ACUPUNCT S. HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/21/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/24/20	PR2/REEVAL	DR RUSSMAN/HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/04/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RAMESHNI/RUSSMAN* #1	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/07/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/11/20	INITIAL EXAM	DR GABRIEL RUBANENKO @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/14/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/18/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00

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TRISTAR/HAZELRIGG INS (2805)
W. C. DEPARTMENT
ATTN: VALERIA LEE
P.O. BOX 2805
CLINTON, IA 52733

Case: vs BODEGA LATINA CO DBA EL SUPER
Date Of Injury: 3/1/19; 7/24/18-7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/18/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/22/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* #2	0.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
06/26/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
06/29/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RAMESHNI/RUSSMAN*	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/02/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/30/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/06/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* #4	0.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
07/09/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
07/13/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* #5	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/14/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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04/30/21 76602

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CLINTON, IA 52733

Case: vs BODEGA LATINA CO DBA EL SUPER
Date Of Injury: 3/1/19; 7/24/18-7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/20	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
07/20/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* # 6	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/23/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
07/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/30/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/04/20	F/U CHIRO TX	CHIRO TX DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/06/20	F/U CHIRO TX	CHIRO TX DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
08/20/20	PR2/REEVAL	DR RUSSMAN/HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
08/24/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/26/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/27/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/31/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/03/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00

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TRISTAR/HAZELRIGG INS (2805)
W. C. DEPARTMENT
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P.O. BOX 2805
CLINTON, IA 52733

Case: vs BODEGA LATINA CO DBA EL SUPER
Date Of Injury: 3/1/19; 7/24/18-7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/02/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/14/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/15/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/22/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/29/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/30/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/06/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/08/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/16/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
10/20/20	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/19/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
10/21/20	FOLLOW-UP	W/ ACUPUNCT	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00

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Date Of Injury: 3/1/19; 7/24/18-7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
11/30/20	EMG TESTING	& NCV BY DR BHARATWAL @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/05/20	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/08/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/14/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/15/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/04/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/09/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/19/21	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/21/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
01/28/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/27/21	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/02/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/01/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/04/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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Case: . vs BODEGA LATINA CO DBA EL SUPER
Date Of Injury: 3/1/19; 7/24/18-7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/11/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/15/21	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	SILVANA CORIA # 010641	0.00
03/02/21	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/06/21	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/28/21	PMT BY CHECK	DOS 1/4/21* # 36997	-180.00
04/28/21	PMT BY CHECK	DOS 1/9/21* # 36998	-180.00
04/28/21	PMT BY CHECK	DOS 2/1/21* # 36999	-180.00
04/28/21	PMT BY CHECK	DOS 2/2/21* # 37000	-180.00
04/28/21	PMT BY CHECK	DOS 2/4/21* # 37001	-180.00
04/28/21	PMT BY CHECK	DOS 2/6/21* # 37002	-180.00
		BALANCE	19720.00

* 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.

Client: Bodega Latina Corp DBA El Super - CA

Payee: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

Check Number: 36997
Check Date: 04/28/2021
Check Amount: $180.00

M

Claimant/Employee:
From - To: 01/04/2021 - 01/04/2021
Claim Number: 036000705
Payment Type: LANGUAGE TRANSLATOR
Bill Tracking Code: 0148830401TMC

Bill Type:
Received Date: 04/05/2021
Reviewed Date: 04/23/2021
Incident Date: 03/01/2019

Invoice #: 76602
PPO Name #:
DRG Code : 000
Primary ICD-9: T14.90

Service Date(s)	Billed Code/Mod	Paid Code/Mod	Service Description	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code(s)
01/04/2021	T1013/00 00	T1013/00 00	INTERPRETER	8	180.00	0.00	0.00	0.00	180.00	12
			Totals:		180.00	0.00	0.00	0.00	180.00	

12

Please direct inquiries to: TRISTAR Managed Care, Fax: (714) 972-4976, P.O. Box 10220, Santa Ana, CA 92711
Phone: (877) 287-4782

THIS DOCUMENT WAS PRINTED ON PAPER CONTAINING ULTRAVIOLET FIBERS AND A TRUE WATERMARK

Bodega Latina Corp DBA El Super - C
Paramount, CA 90723

Bank of America
, CA

11-35
1210

TRISTAR Risk Management
P.O. Box 2805
Clinton, IA 52733-2805

Check No: 36997
Date: 04/28/2021
Void After 120 Days
Amount: $**$180.00

PAY One Hundred Eighty & 00 / 100

TO THE ORDER OF Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

HEAT GLANCE SECURITY SPOT
PRESS OR RUB WITH FINGER. IF PINK COLORED SPOT DISAPPEARS, THIS DOCUMENT IS AUTHENTIC

MP

⑈36997⑈ ⑆121000358⑆ 325121033615⑈

Client: Bodega Latina Corp DBA El Super - CA

Payee: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

Check Number: 36998
Check Date: 04/28/2021
Check Amount: $180.00

M

Claimant/Employee:
From - To: 01/09/2021 - 01/09/2021
Claim Number: 036000705
Payment Type: LANGUAGE TRANSLATOR
Bill Tracking Code: 0148830501TMC

Bill Type:
Received Date: 04/05/2021
Reviewed Date: 04/23/2021
Incident Date: 03/01/2019

Invoice #: 76602
PPO Name #:
DRG Code : 000
Primary ICD-9: T14.90

Service Date(s)	Billed Code/Mod	Paid Code/Mod	Service Description	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code(s)
01/09/2021	T1013/00 00	T1013/00 00	INTERPRETER	8	180.00	0.00	0.00	0.00	180.00	12
			Totals:		180.00	0.00	0.00	0.00	180.00	

12

Please direct inquiries to: TRISTAR Managed Care, Fax: (714) 972-4976, P.O. Box 10220, Santa Ana, CA 92711
Phone: (877) 287-4782

THIS DOCUMENT WAS PRINTED ON PAPER CONTAINING ULTRAVIOLET FIBERS AND A TRUE WATERMARK

Bodega Latina Corp DBA E! Super - C
Paramount, CA 90723

Bank of America
, CA

11-35
1210

TRISTAR Risk Management
P.O. Box 2805
Clinton, IA 52733-2805

Check No: 36998
Date: 04/28/2021
Void After 120 Days
Amount: $**$180.00

PAY One Hundred Eighty & 00 / 100

TO THE ORDER OF Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

HEAT GLANCE SECURITY SPOT
PRESS OR RUB WITH FINGER. IF PINK COLORED SPOT DISAPPEARS, THIS DOCUMENT IS AUTHENTIC.

MP

⑈36998⑈ ⑆121000358⑆ 3251210336815⑈

Client: Bodega Latina Corp DBA El Super - CA

Payee: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

Check Number: 36999
Check Date: 04/28/2021
Check Amount: $180.00

M

Claimant/Employee:
From - To: 02/01/2021 - 02/01/2021
Claim Number: 036000705
Payment Type: LANGUAGE TRANSLATOR
Bill Tracking Code: 0148830601TMC

Bill Type:
Received Date: 04/05/2021
Reviewed Date: 04/23/2021
Incident Date: 03/01/2019

Invoice #: 76602
PPO Name #:
DRG Code : 000
Primary ICD-9: T14.90

Service Date(s)	Billed Code/Mod	Paid Code/Mod	Service Description	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code(s)
02/01/2021	T1013/00 00	T1013/00 00	INTERPRETER	8	180.00	0.00	0.00	0.00	180.00	12
			Totals:		180.00	0.00	0.00	0.00	180.00	

12

Please direct inquiries to: TRISTAR Managed Care, Fax: (714) 972-4976, P.O. Box 10220, Santa Ana, CA 92711
Phone: (877) 287-4782

THIS DOCUMENT WAS PRINTED ON PAPER CONTAINING ULTRAVIOLET FIBERS AND A TRUE WATERMARK

Bodega Latina Corp DBA El Super - C
Paramount, CA 90723

Bank of America
, CA

11-35
1210

TRISTAR Risk Management
P.O. Box 2805
Clinton, IA 52733-2805

Check No: 36999
Date: 04/28/2021
Void After 120 Days
Amount: $**$180.00

PAY One Hundred Eighty & 00 / 100

TO THE ORDER OF
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

HEAT GLANCE SECURITY SPOT
PRESS OR RUB WITH FINGER. IF PINK COLORED SPOT DISAPPEARS, THIS DOCUMENT IS AUTHENTIC

MP

⑈36999⑈ ⑆121000358⑆ 3251210336 15⑈

Client: Bodega Latina Corp DBA El Super - CA

Payee: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

Check Number: 37000
Check Date: 04/28/2021
Check Amount: $180.00

M

Claimant/Employee:
From - To: 02/02/2021 - 02/02/2021
Claim Number: 036000705
Payment Type: LANGUAGE TRANSLATOR
Bill Tracking Code: 0148865304TMC

Bill Type:
Received Date: 04/05/2021
Reviewed Date: 04/25/2021
Incident Date: 03/01/2019

Invoice #: 76602
PPO Name #:
DRG Code : 000
Primary ICD-9: T14.90

Service Date(s)	Billed Code/Mod	Paid Code/Mod	Service Description	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code(s)
02/02/2021	T1013/00 00	T1013/00 00	INTERPRETER	8	180.00	0.00	0.00	0.00	180.00	
			Totals:		180.00	0.00	0.00	0.00	180.00	

Please direct inquiries to: TRISTAR Managed Care, Fax: (714) 972-4976, P.O. Box 10220, Santa Ana, CA 92711
Phone: (877) 287-4782

THIS DOCUMENT WAS PRINTED ON PAPER CONTAINING ULTRAVIOLET FIBERS AND A TRUE WATERMARK

Bodega Latina Corp DBA El Super - C
Paramount, CA 90723

Bank of America
, CA

11-35
1210

TRISTAR Risk Management
P.O. Box 2805
Clinton, IA 52733-2805

Check No: 37000
Date: 04/28/2021
Void After 120 Days
Amount: $**$180.00

PAY One Hundred Eighty & 00 / 100

TO THE ORDER OF
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

HEAT GLANCE SECURITY SPOT
PRESS OR RUB WITH FINGER. IF PINK OR GREEN SPOT DOES NOT APPEAR, THIS DOCUMENT IS AUTHENTIC

MP

⑈37000⑈ ⑆121000358⑆ 325121033615⑈

Client: Bodega Latina Corp DBA El Super - CA

Payee: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

Check Number: 37001
Check Date: 04/28/2021
Check Amount: $180.00

M

Claimant/Employee: (
From - To: 02/04/2021 - 02/04/2021
Claim Number: 036000705
Payment Type: LANGUAGE TRANSLATOR
Bill Tracking Code: 0148830701TMC

Bill Type:
Received Date: 04/05/2021
Reviewed Date: 04/23/2021
Incident Date: 03/01/2019

Invoice #: 76602
PPO Name #:
DRG Code : 000
Primary ICD-9: T14.90

Service Date(s)	Billed Code/Mod	Paid Code/Mod	Service Description	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code(s)
02/04/2021	T1013/00 00	T1013/00 00	INTERPRETER	8	180.00	0.00	0.00	0.00	180.00	12
			Totals:		180.00	0.00	0.00	0.00	180.00	

12

Please direct inquiries to: TRISTAR Managed Care, Fax: (714) 972-4976, P.O. Box 10220, Santa Ana, CA 92711
Phone: (877) 287-4782

THIS DOCUMENT WAS PRINTED ON PAPER CONTAINING ULTRAVIOLET FIBERS AND A TRUE WATERMARK

Bodega Latina Corp DBA El Super - C
Paramount, CA 90723

Bank of America
, CA

11-35
1210

TRISTAR Risk Management
P.O. Box 2805
Clinton, IA 52733-2805

Check No: 37001
Date: 04/28/2021
Void After 120 Days
Amount: $**$180.00

PAY One Hundred Eighty & 00 / 100

TO THE ORDER OF Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

HEAT GLANCE SECURITY SPOT
PRESS OR RUB WITH FINGER. IF PINK COLORED SPOT DISAPPEARS, THIS DOCUMENT IS AUTHENTIC.

MP

⑈37001⑈ ⑆121000358⑆ 325121033615⑈

Client: Bodega Latina Corp DBA El Super - CA

Payee: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

Check Number: 37002
Check Date: 04/28/2021
Check Amount: $180.00

m

Claimant/Employee:
From - To: 02/06/2021 - 02/06/2021
Claim Number: 036000705
Payment Type: LANGUAGE TRANSLATOR
Bill Tracking Code: 0148830301TMC

Bill Type:
Received Date: 04/05/2021
Reviewed Date: 04/23/2021
Incident Date: 03/01/2019

Invoice #: 76602
PPO Name #:
DRG Code : 000
Primary ICD-9: T14.90

Service Date(s)	Billed Code/Mod	Paid Code/Mod	Service Description	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code(s)
02/06/2021	T1013/00 00	T1013/00 00	INTERPRETER	8	180.00	0.00	0.00	0.00	180.00	
			Totals:		180.00	0.00	0.00	0.00	180.00	

Please direct inquiries to: TRISTAR Managed Care, Fax: (714) 972-4976, P.O. Box 10220, Santa Ana, CA 92711
Phone: (877) 287-4782

THIS DOCUMENT WAS PRINTED ON PAPER CONTAINING ULTRAVIOLET FIBERS AND A TRUE WATERMARK

Bodega Latina Corp DBA El Super - C
Paramount, CA 90723

Bank of America
, CA

11-35
1210

TRISTAR Risk Management
P.O. Box 2805
Clinton, IA 52733-2805

Check No: 37002
Date: 04/28/2021
Void After 120 Days
Amount: $**$180.00

PAY One Hundred Eighty & 00 / 100

TO THE ORDER OF
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

HEAT GLANCE SECURITY SPOT
PRESS OR RUB WITH FINGER. IF BANK COLORED SPOT DISAPPEARS, THIS DOCUMENT IS AUTHENTIC.

MP

⑈37002⑈ ⑆121000358⑆ 3251210336⑆5⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/06/21 78063

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XxX-XX-
DOB :
Terms: 60 days
Claim #(s):
0010210413

BILL TO:
UTICA NATIONAL INS (UTICA)
W. C. DEPARTMENT
ATTN: MICHELE HYRE
P.O. BOX 6610
UTICA, NY 13504

Case: vs LAX IN FLITE SERVICES LLC
Date Of Injury: 12/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/20	INITIAL EXAM	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/30/20	INITIAL ACUP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/02/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/03/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/09/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/10/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/16/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/20/20	INITIAL ACUP	W/ ACUPUNCT JI SUN KIM @ FMR* (DOI:1/11/19-3/22/20	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/22/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/27/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/29/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
05/01/20	PR2/REEVAL	DR AZIMZADEH/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/17/20	INITIAL EXAM	DR MHANAZ AZIMZADEH @ FMR* DOI: CT 3/22/20	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/04/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	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#
05/06/21 78063

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0010210413

BILL TO:
UTICA NATIONAL INS (UTICA)
W. C. DEPARTMENT
ATTN: MICHELE HYRE
P.O. BOX 6610
UTICA, NY 13504

Case: vs LAX IN FLITE SERVICES LLC
Date Of Injury: 12/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/13/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES 301694	0.00
05/18/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/20/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/26/20	INITIAL PSYC	EVAL ANTHONY FRANCISCO, PH.D. & F/U ACUPUNTURE	180.00
/ /	-	W/JI SUN KIM @ FMR*	0.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/27/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
05/29/20	PR2/REEVAL	DR RUSSMAN/NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/03/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/05/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/10/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/12/20	PR2/REEVAL	DR AZIMZADEH/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/17/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/06/21 78063

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0010210413

BILL TO:
UTICA NATIONAL INS (UTICA)
W. C. DEPARTMENT
ATTN: MICHELE HYRE
P.O. BOX 6610
UTICA, NY 13504

Case: vs LAX IN FLITE SERVICES LLC
Date Of Injury: 12/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
06/19/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS 007328	0.00
06/24/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
06/26/20	INIT PHYSIO	THERAPY DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
07/15/20	PMT BY CHECK	DOS 5/13/20* # 0001457164	-90.00
07/15/20	PMT BY CHECK	DOS 5/18/20* =# 0001457166	-90.00
07/15/20	PMT BY CHECK	DOS 5/20/20* =# 0001457165	-90.00
07/01/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C PARRENO # 101080	0.00
07/20/20	PMT BY CHECK	DOS 5/26/20* =# 0001459275	-90.00
07/20/20	PMT BY CHECK	DOS 5/27/20* =# 0001459277	-90.00
07/20/20	PMT BY CHECK	DOS 5/29/20* =# 0001459276	-90.00
07/20/20	PMT BY CHECK	DOS 6/3/20* =# 0001459278	-90.00
07/20/20	PMT BY CHECK	DOS 6/5/20* =# 0001459274	-90.00
07/20/20	PMT BY CHECK	DOS 6/10/20* =# 0001459273	-90.00
07/10/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
07/13/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/16/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/31/20	PMT BY CHECK	DOS 6/12/20* =# 0001466618	-90.00
07/31/20	PMT BY CHECK	DOS 6/19/20* =# 0001466617	-6.00
07/31/20	PMT BY CHECK	DOS 6/24/20* =# 0001466615	-90.00
07/31/20	PMT BY CHECK	DOS 6/26/20* =# 0001466616	-90.00
07/17/20	F/U PHYSIO	THERAPY W/DR HASSANIN @ FMR*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/06/21 78063

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0010210413

BILL TO:
UTICA NATIONAL INS (UTICA)
W. C. DEPARTMENT
ATTN: MICHELE HYRE
P.O. BOX 6610
UTICA, NY 13504

Case: vs LAX IN FLITE SERVICES LLC
Date Of Injury: 12/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
07/18/20	INITIAL EXAM	DR MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/06/20	PMT BY CHECK	DOS 7/1/20* =# 0001469772	-90.00
07/20/20	INITIAL EXAM	DR JUSTIN PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/22/20	FOLLOW-UP	W/ ACUPUNCT SEONG KIM @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
07/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/23/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/27/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/25/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/13/20	PMT BY CHECK	DOS 7/10/20* =# 0001473692	-90.00
08/13/20	PMT BY CHECK	DOS 7/13/20* =# 0001473693	-90.00
08/18/20	PMT BY CHECK	DOS 7/16/20* =# 0001476241	-90.00
08/03/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR* DOI:1/11/19 -3/22/20	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/02/20	PMT BY CHECK	DOS 7/18/20* =# 0001478755	-90.00
08/08/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
08/10/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/31/20	PMT BY CHECK	DOS 6/19/20* =# 0001483737	-84.00
08/31/20	PMT BY CHECK	DOS 7/20/20* =# 0001483741	-90.00
08/31/20	PMT BY CHECK	DOS 7/21/20* =# 0001483735	-90.00
08/31/20	PMT BY CHECK	DOS 7/22/20* =# 0001483738	-90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/06/21	78063

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0010210413

BILL TO:
UTICA NATIONAL INS (UTICA)
W. C. DEPARTMENT
ATTN: MICHELE HYRE
P.O. BOX 6610
UTICA, NY 13504

Case: , vs LAX IN FLITE SERVICES LLC
Date Of Injury: 12/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/31/20	PMT BY CHECK	DOS 7/23/20* =# 0001483736	-90.00
08/31/20	PMT BY CHECK	DOS 7/25/20* =# 0001483739	-90.00
08/31/20	PMT BY CHECK	DOS 7/27/20* =# 0001483740	-90.00
08/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANA MORALES # 004052	0.00
08/21/20	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/25/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/28/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/01/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
09/04/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/08/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/11/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/19/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/22/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
09/26/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	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#
05/06/21 78063

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0010210413

BILL TO:
UTICA NATIONAL INS (UTICA)
W. C. DEPARTMENT
ATTN: MICHELE HYRE
P.O. BOX 6610
UTICA, NY 13504

Case: vs LAX IN FLITE SERVICES LLC
Date Of Injury: 12/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/29/20	F/U PHYSIO	THERAPY W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/30/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/02/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/06/20	F/U PHYSIO	THERAPY W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/29/20	PMT BY CHECK	DOS 9/18/20* =# 0001519246	-90.00
10/07/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
10/09/20	FOLLOW-UP	W/ ACUPUNCT SUNGSOO @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/12/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/13/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/02/20	PMT BY CHECK	DOS 6/12/20* =# 0001520643	-90.00
11/02/20	PMT BY CHECK	DOS 6/24/20* =# 0001520642	-90.00
11/02/20	PMT BY CHECK	DOS 6/26/20* =# 0001520641	-90.00
10/17/20	PR2/REEVAL	DR MOHAMED HASSANIN/DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/19/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	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#
05/06/21 78063

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0010210413

BILL TO:
UTICA NATIONAL INS (UTICA)
W. C. DEPARTMENT
ATTN: MICHELE HYRE
P.O. BOX 6610
UTICA, NY 13504

Case: vs LAX IN FLITE SERVICES LLC
Date Of Injury: 12/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/26/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/02/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/09/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/04/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/18/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/16/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
11/21/20	PR2/REEVAL	DR HASSANIN/RUSSMAN; F/U W/DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/25/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/30/20	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
12/16/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/19/20	PR2/REEVAL	DR MASSIHI & F/U PHYSIO TX W/ DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/29/21	PMT BY CHECK	DOS 11/30/20* =# 0001572742	-90.00
12/23/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	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#
05/06/21 78063

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0010210413

BILL TO:
UTICA NATIONAL INS (UTICA)
W. C. DEPARTMENT
ATTN: MICHELE HYRE
P.O. BOX 6610
UTICA, NY 13504

Case: vs LAX IN FLITE SERVICES LLC
Date Of Injury: 12/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS 2 DECISIONS/WINS	360.00
02/05/21	PMT BY CHECK	5/13/20-6/19/20 # 0001577283	-1260.00
01/04/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/06/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/09/21	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/11/21	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
01/18/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/16/21	PMT BY CHECK	DOS 12/16/20* =# 0001582330	-180.00
01/20/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/13/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/23/21	P AND S	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/25/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/01/21	PMT BY CHECK	DOS 1/4/21* =#0001589538	-90.00
01/27/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/01/21	PMT BY CHECK	DOS 9/18/20* # 0001589539	-90.00
03/04/21	PMT BY CHECK	DOS 1/9/21* =# 0001592632	-180.00
02/01/21	F/U CHIRO TX	CHIRO TX W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/17/21	PMT BY CHECK	DOS 1/11/21* =# 0001600632	-180.00
03/17/21	PMT BY CHECK	DOS 1/13/21* =# 0001600333	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/06/21 78063

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0010210413

BILL TO:
UTICA NATIONAL INS (UTICA)
W. C. DEPARTMENT
ATTN: MICHELE HYRE
P.O. BOX 6610
UTICA, NY 13504

Case: vs LAX IN FLITE SERVICES LLC
Date Of Injury: 12/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/21	PMT BY CHECK	DOS 1/23/21* =# 0001600634	-180.00
03/17/21	PMT BY CHECK	DOS 1/18/21* =# 0001600635	-180.00
03/17/21	PMT BY CHECK	DOS 1/25/21* =# 0001600636	-180.00
03/29/21	PMT BY CHECK	DOS 1/6/21* =# 0001608108	-180.00
03/29/21	PMT BY CHECK	DOS 1/20/21* =# 0001608107	-180.00
03/29/21	PMT BY CHECK	DOS 1/27/21* =# 0001608109	-180.00
03/29/21	PMT BY CHECK	DOS 2/1/21* =# 0001608110	-180.00
04/12/21	IBR FEE	IBR FEE AWARDED BY MAXIMUS	180.00
04/12/21	RMB IBR FEE	DOS 7/1/20-7/22/20 # 0001617571	-180.00
04/12/21	PMT BY CHECK	DOS 7/1/20-7/22/20 # 0001617571	-540.00
04/29/21	PMT BY CHECK	DOS 11/30/20* =# 0001628111	-90.00

BALANCE 10620.00

* 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.

UTICA NATIONAL INSURANCE GROUP
Insurance that starts with you.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM NUMBER	PAYMENT DESCRIPTION	AMOUNT OF CHECK	CHECK NO.	DATE OF ISSUE
0010210413	78063 ✓ FROM 01/06/2021 TO 01/06/2021	$180.00	0001608108	03/29/2021

DCN00000021077500790061

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:
MICHELE HYRE **TELEPHONE:(315) 734-2000**

CLAIM NUMBER: 0010210413
CLAIMANT:
ACCOUNT: 78063

3301 CA

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

UTICA NATIONAL INSURANCE GROUP
P. O. Box 530
Utica, NY 13503-0530

M&T Bank
Manufacturers and Traders Trust Company
Commercial Banking

DATE OF ISSUE 03/29/2021

0001608108

50-7063
2213

AMOUNT OF CHECK
$********180.00**
VOID AFTER 180 DAYS

FO	CLAIM NUMBER	LOSS DATE	INSURED
Z7	0010210413	12/01/2019	ROYAL AIRLINE LINEN DBA LAX

FOR 78063
FROM 01/06/2021 TO 01/06/2021

ONE HUNDRED EIGHTY AND 00/100 ---------- DOLLARS

Pay to the order of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

AUTHORIZED SIGNATURE

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈0001608108⑈ ⑆221370632⑆ 61000000147175⑈

UTICA NATIONAL INSURANCE GROUP
Insurance that starts with you.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM NUMBER	PAYMENT DESCRIPTION	AMOUNT OF CHECK	CHECK NO.	DATE OF ISSUE
0010210413	78063 ✓ FROM 01/20/2021 TO 01/20/2021	$180.00	0001608107	03/29/2021

DCN00000021081100030451

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:
MICHELE HYRE **TELEPHONE:(315) 734-2000**

CLAIM NUMBER: 0010210413
CLAIMANT:
ACCOUNT: 78063

3301 CA

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UTICA NATIONAL INSURANCE GROUP
P. O. Box 530
Utica, NY 13503-0530

M&T Bank
Manufacturers and Traders Trust Company
Commercial Banking

DATE OF ISSUE 03/29/2021 **0001608107** 50-7063 / 2213

AMOUNT OF CHECK
$********180.00**
VOID AFTER 180 DAYS

FO	CLAIM NUMBER	LOSS DATE	INSURED
Z7	0010210413	12/01/2019	ROYAL AIRLINE LINEN DBA LAX

FOR 78063
FROM 01/20/2021 TO 01/20/2021

ONE HUNDRED EIGHTY AND 00/100 ---------- DOLLARS

Pay to the order of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

AUTHORIZED SIGNATURE

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⑈0001608107⑈ ⑆221370632⑆ 610000001147175⑈

UTICA NATIONAL INSURANCE GROUP
Insurance that starts with you.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM NUMBER	PAYMENT DESCRIPTION	AMOUNT OF CHECK	CHECK NO.	DATE OF ISSUE
0010210413	78063 ✓ FROM 01/27/2021 TO 01/27/2021	$180.00	0001608109	03/29/2021

DCN00000021074203040181

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:
MICHELE HYRE **TELEPHONE:(315) 734-2000**

CLAIM NUMBER: 0010210413
CLAIMANT:
ACCOUNT: 78063

3301 CA

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UTICA NATIONAL INSURANCE GROUP
P. O. Box 530
Utica, NY 13503-0530

M&T Bank
Manufacturers and Traders Trust Company
Commercial Banking

DATE OF ISSUE 03/29/2021 **0001608109** 50-7063 / 2213

AMOUNT OF CHECK
$********180.00**
VOID AFTER 180 DAYS

FO	CLAIM NUMBER	LOSS DATE	INSURED
Z7	0010210413	12/01/2019	ROYAL AIRLINE LINEN DBA LAX

FOR 78063
FROM 01/27/2021 TO 01/27/2021

ONE HUNDRED EIGHTY AND 00/100 ---------- DOLLARS

Pay to the order of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

AUTHORIZED SIGNATURE

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈0001608109⑈ ⑆221370632⑆ 610000001147175⑈

UTICA NATIONAL INSURANCE GROUP
Insurance that starts with you.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM NUMBER	PAYMENT DESCRIPTION	AMOUNT OF CHECK	CHECK NO.	DATE OF ISSUE
0010210413	78063 ✓ FROM 02/01/2021 TO 02/01/2021	$180.00	0001608110	03/29/2021

DCN00000021081300050271

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:
MICHELE HYRE **TELEPHONE:(315) 734-2000**

CLAIM NUMBER: 0010210413
CLAIMANT:
ACCOUNT: 78063

3301 CA

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UTICA NATIONAL INSURANCE GROUP
P. O. Box 530
Utica, NY 13503-0530

M&T Bank
Manufacturers and Traders Trust Company
Commercial Banking

DATE OF ISSUE 03/29/2021 **0001608110** 50-7063 / 2213

AMOUNT OF CHECK
$********180.00**
VOID AFTER 180 DAYS

FO	CLAIM NUMBER	LOSS DATE	INSURED
Z7	0010210413	12/01/2019	ROYAL AIRLINE LINEN DBA LAX

FOR 78063
FROM 02/01/2021 TO 02/01/2021
ONE HUNDRED EIGHTY AND 00/100 ---------- DOLLARS

Pay to the order of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

AUTHORIZED SIGNATURE

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈0001608110⑈ ⑆221370632⑆ 61000000147175⑈

1-C-150 ED 6-97

UTICA NATIONAL INSURANCE GROUP
Insurance that starts with you.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM NUMBER	PAYMENT DESCRIPTION	AMOUNT OF CHECK	CHECK NO.	DATE OF ISSUE
0010210413	78063 FROM 07/01/2020 TO 07/01/2020	$90.00	0001469772	08/06/2020

DCN00000020216200610281

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:
MICHELE HYRE **TELEPHONE:(315) 734-2000**

CLAIM NUMBER: 0010210413
CLAIMANT:
ACCOUNT: 78063

RECEIVED
AUG 10 2020
BY: .....

PAID
AUG 11 2020
BY: .....

3301 CA

[redacted]

1-C-150 ED 6-97

UTICA NATIONAL INSURANCE GROUP
Insurance that starts with you.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM NUMBER	PAYMENT DESCRIPTION	AMOUNT OF CHECK	CHECK NO.	DATE OF ISSUE
0010210413	78063 FROM 07/10/2020 TO 07/10/2020	$90.00	0001473692	08/13/2020

DCN00000020223501560381

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:
MICHELE HYRE **TELEPHONE:(315) 734-2000**

CLAIM NUMBER: 0010210413
CLAIMANT:
ACCOUNT: /8063

PAID
AUG 19 2020

BY: .....

3301 CA

[redacted]

1-C-150 ED 6-97

UTICA NATIONAL INSURANCE GROUP

Insurance that starts with you.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM NUMBER	PAYMENT DESCRIPTION	AMOUNT OF CHECK	CHECK NO.	DATE OF ISSUE
0010210413	78063 FROM 07/13/2020 TO 07/13/2020	$90.00	0001473693	08/13/2020

DCN00000020223501400091

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:

MICHELE HYRE **TELEPHONE:(315) 734-2000**

PAID
AUG 19 2020
BY: .....

CLAIM NUMBER: 0010210413
CLAIMANT:
ACCOUNT: 78063

3301 CA

1-C-150 ED 6-97

UTICA NATIONAL INSURANCE GROUP
Insurance that starts with you.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM NUMBER	PAYMENT DESCRIPTION	AMOUNT OF CHECK	CHECK NO.	DATE OF ISSUE
0010210413	78063 FROM 07/20/2020 TO 07/20/2020	$90.00	0001483741	08/31/2020

DCN00000020237201350041

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:
MICHELE HYRE **TELEPHONE:(315) 734-2000**

PAID
SEP 04 2020

CLAIM NUMBER: 0010210413
CLAIMANT:
ACCOUNT: 78063

SEP 04 2020

BY: .....

3301 CA

[redacted]

1-C-150 ED 6-97

UTICA NATIONAL INSURANCE GROUP
Insurance that starts with you.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM NUMBER	PAYMENT DESCRIPTION	AMOUNT OF CHECK	CHECK NO.	DATE OF ISSUE
0010210413	78063 FROM 07/21/2020 TO 07/21/2020	$90.00	0001483735	08/31/2020

DCN00000020237500550211

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:
MICHELE HYRE **TELEPHONE:(315) 734-2000**

CLAIM NUMBER: 0010210413
CLAIMANT:
ACCOUNT: 78063

PAID
SEP 04 2020

[redacted]
SEP 04 2020

BY: .....

3301 CA

[redacted]

1-C-150 ED 6-97

UTICA NATIONAL INSURANCE GROUP
Insurance that starts with you.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM NUMBER	PAYMENT DESCRIPTION	AMOUNT OF CHECK	CHECK NO.	DATE OF ISSUE
0010210413	78063 FROM 07/22/2020 TO 07/22/2020	$90.00	0001483738	08/31/2020

DCN00000020234201100041

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:
MICHELE HYRE **TELEPHONE:(315) 734-2000**

PAID
SEP 04 2020

CLAIM NUMBER: 0010210413
CLAIMANT:
ACCOUNT: 78063

RECEIVED
SEP 04 2020
BY: .....

3301 CA

[redacted]

m

UTICA NATIONAL INSURANCE GROUP
Insurance that starts with you.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

78063

CLAIM NUMBER	PAYMENT DESCRIPTION	AMOUNT OF CHECK	CHECK NO.	DATE OF ISSUE
0010210413	IBR DECISION FROM 07/01/2021 TO 07/22/2021	$720.00	0001617571	04/12/2021

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:
MICHELE HYRE **TELEPHONE:(315) 734-2000**

IBR PAYMENT 720.00
CASE # CB20-0001773

3301 CA

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UTICA NATIONAL INSURANCE GROUP
P. O. Box 530
Utica, NY 13503-0530

M&T Bank
Manufacturers and Traders Trust Company
Commercial Banking

DATE OF ISSUE
04/12/2021

0001617571

50-7063
2213

AMOUNT OF CHECK
$**********720.00
VOID AFTER 180 DAYS

FO	CLAIM NUMBER	LOSS DATE	INSURED
Z7	0010210413	12/01/2019	ROYAL AIRLINE LINEN DBA LAX

FOR IBR DECISION
FROM 07/01/2021 TO 07/22/2021

SEVEN HUNDRED TWENTY AND 00/100 ---------- DOLLARS

Pay to the order of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

AUTHORIZED SIGNATURE

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈0001617571⑈ ⑆221370632⑆ 610000014717 5⑈

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 78203

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080379109

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: VICKIE ALISON
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs KT'S KITCHENS INC
Date Of Injury: 1/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
05/13/20	INITIAL EXAM	DR MARINA RUSSMAN/MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/22/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
05/29/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
05/30/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
06/04/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/24/20	PR2/REEVAL	DR AZIMZADEH MAHNAZ @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
06/26/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
06/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/10/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	ANA MORALES # 004052	0.00
12/17/20	PMT BY CHECK	DOS 5/13/20-7/10/20* # 1102407694	-1620.00
01/12/21	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/30/21	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLLAGOMEZ # 500341	0.00
03/12/21	PMT BY CHECK	DOS 5/13/20-1/12/21* # 1102447684	-180.00
02/17/21	PR2/REEVAL	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/26/21	PMT BY CHECK	DOS 1/30/21-2/17/21	-360.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/23/21 78203

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ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: VICKIE ALISON
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs KT'S KITCHENS INC
Date Of Injury: 1/24/20

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 1102454559	
03/13/21	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/15/21	PMT BY CHECK	DOS 2/17/21* # 1102463946	-180.00

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.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance 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 INC
PO BOX 4165
TUSTIN CA 92781 4165

00595

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0379109 001 VA	WC 5470759	78203		01/24/20	01/24/20-01/24/20

Check Number	1102454559	Date Issued	03/26/21	Amount	$***360.00
Insured	CPE HR Inc @ KT's Kitchens Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Mohd Salman				
File Supervisor	Vickie Alison	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	360.00		
TOTAL	$360.00		

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

56-1544/441

PO BOX 968046
SCHAUMBURG IL 60196 8046

Claim Number	Date Issued	CHECK NO.
208-0379109 001 VA	03/26/21 VOID AFTER 09/22/21	1102454559

Amount : ***THREE HUNDRED SIXTY AND 00/100 ----------***

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

$***360.00

JPMORGAN CHASE BANK, N.A.
COLUMBUS OH

** THE BACKGROUND IS COLORED **

⑈1102454559⑈ ⑆044114544⑆ 528291201⑈

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

1010063500635

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We have a new mailing address for our claim office. Please use the above address for any future correspondence.

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JOYCE ALTMAN INTERPRETERS
PO BOX # 4165
TUSTIN CA 92781 4165

00635

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0379109 001 VA	WC 5470759	78203		01/24/20	02/17/21-02/17/21

Check Number	1102463946	**Date Issued**	04/15/21	**Amount**	$***180.00
Insured	CPE HR Inc @ KT's Kitchens Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS PO BOX # 4165				
Requested By	Sandeep Gaud				
File Supervisor	Vickie Alison	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		
TOTAL	**$180.00**		

THE FACE OF THIS DOCUMENT HAS A BLUE BACKGROUND - NOT A WHITE BACKGROUND. SIMULATED WATERMARK ON BACK. HOLD AT AN ANGLE TO VIEW.

ZURICH AMERICAN INSURANCE COMPANY 56-1544/441

ZURICH

PO BOX 968046
SCHAUMBURG IL 60196 8046

Claim Number	Date Issued	CHECK NO.
208-0379109 001 VA	04/15/21 VOID AFTER 10/12/21	1102463946

Amount : ***ONE HUNDRED EIGHTY AND 00/100*** ----------

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS
PO BOX # 4165
TUSTIN CA 92781 4165

$***180.00

JPMORGAN CHASE BANK, N.A.
COLUMBUS OH

** THE BACKGROUND IS COLORED **

⑈1102463946⑈ ⑆044115443⑆ 528291201⑈