

Market Rate Summary Graph
Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 4/1/21 and 4/30/21

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority		
1	74233	11/6/17-10/15/18	4/12/2021	Medical services	Initial (\$230), 3 PR2's (\$180 each), evaluation (\$180), 13 f/u chiro tx	\$ 2,120.00	P Y M T S R C V D	3705117	4/7/2021	\$ 1,700.00	Total Amt Paid for medical treatment (\$1700)/ Total Amt Billed for medical treatment (\$2120)	N/A	Amtrust-ANA UBI Claims		
				Additional items billed	Lien filing fee	\$ 150.00									
				TOTAL AMT BILLED ==>		\$ 2,270.00		TOTAL AMT PAID ==>		\$ 1,700.00	80%				
2	76616	8/6/19-11/17/20	4/27/2021	Medical services	Initial (\$230), 2 initials (\$180 each), 2 f/u physio therapy (\$180 each), 11 PR2's (\$180 each), 6 f/u acup (\$180 each), f/u chiro tx (\$180), P&S (\$180), f/u physio therapy	\$ 4,460.00	P Y M T S R C V D	03099315	11/8/2019	\$ 360.00	Total Amt Paid for medical treatment (\$4450)/ Total Amt Billed for medical treatment (\$4460)	N/A	Amtrust-ANA UBI Claims		
								Additional items billed	Lien filing fee	\$ 150.00				03342532	5/19/2020
				TOTAL AMT BILLED ==>		\$ 4,610.00								TOTAL AMT PAID ==>	
				3	77962	5/12/16-7/11/16		4/26/2021	Medical services	Initial (\$230), initial acup (\$230), PR2's (\$180), 9 f/u acup (\$180 each)	\$ 2,260.00	P Y M T S R C V D		03305894	4/20/2021
Additional items billed	Lien filing fee	\$ 150.00													
	P&I for medical services	\$ 118.42	TOTAL AMT BILLED ==>				\$ 2,528.42		TOTAL AMT PAID ==>		\$ 1,800.00		80%		
4	78916	9/4/20-9/29/20	4/15/2021				Medical services		Initial (\$180), Initial acup (\$180), Initial physio (\$180), 4 f/u acup (\$180 each), 4 f/u physio tx (\$180 each)	\$ 1,980.00	P Y M T S R C V D		352301	4/13/2021	\$ 1,980.00
				Additional items billed	Lien filing fee	\$ 150.00									
				TOTAL AMT BILLED ==>		\$ 2,130.00	TOTAL AMT PAID ==>		\$ 1,980.00	100%					

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5	72403	8/2/16-8/29/17	4/16/2021	Medical services	6 Initials (\$230 each), 2 Initial acup (\$230 each), 29 PR2's (\$180 each), 19 f/u acup (\$180 each), 6 shockwave (\$150 each), 2 final acup (\$230 each), 3 P&S's (\$230 each), 2 L.I.N.T (\$150 each), 2 EMG & NCV's (\$150 each) initial physical therapy	\$ 13,310.00	P Y M T S R C V D	03703247 (Amtrust)	4/6/2021	\$ 320.00	Total Amt Paid for medical treatment (\$2000/ Total Amt Billed for medical treatment (\$13,310)	N/A	Berkshire Hathaway
				Additional items billed	Lien filing fee	\$ 150.00		1161052 (Berkshire Hathaway)	4/14/2021	\$ 1680 of total pymt of \$2080.00 (ck includes a separate case)			
					P&I for medical services	\$ 7,162.22							
				TOTAL AMT BILLED ==>		\$ 20,622.22		TOTAL AMT PAID ==>		\$ 2,000.00	15%		
6	75979	5/13/19-9/23/19	4/19/2021	Medical services	Initial (\$230), initial acup (\$230), 3 PR2's (\$180 each), 2 f/u acup (\$180 each)	\$ 1,360.00	P Y M T S R C V D	1161052	4/14/2021	\$ 400.00 of total pymt of \$2080.00 (ck includes a separate case)	Total Amt Paid for medical treatment (\$400/ Total Amt Billed for medical treatment (\$1360)	N/A	Berkshire Hathaway
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 426.55							
				TOTAL AMT BILLED ==>		\$ 1,936.55		TOTAL AMT PAID ==>		\$ 400.00	29%		
7	78170	4/24/20-7/30/20	4/12/2021	Medical services	Initial (\$180), 2 f/u acup (\$180 each), 2 PR2's (\$180 each)	\$ 900.00	P Y M T S R C V D	2733018	4/9/2021	\$ 900.00	Total Amt Paid for medical treatment (\$900)/ Total Amt Billed for medical treatment (\$900)	N/A	Berkshire Hathaway
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED ==>		\$ 1,050.00		TOTAL AMT PAID ==>		\$ 900.00	100%		
8	77960	5/15/14-9/16/15	4/15/2021	Medical services	2 Initials (\$230 each), f/u acup (\$180), 22 PR-2s (\$180 each), 2 P&S (\$230 each)	\$ 5,060.00	P Y M T S R C V D	246439	4/5/2021	\$ 5,210.00	Total Amt Paid for medical treatment (\$5060)/ Total Amt Billed for medical treatment (\$5060)	N/A	Blue River Denim (Employer)
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED ==>		\$ 5,210.00		TOTAL AMT PAID ==>		\$ 5,210.00	100%		

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9	79969	4/11/14-8/4/14	4/19/2021	Medical services	3 PR2's (\$180 each), FCE (\$150), P&S (\$230)	\$ 920.00	P Y M T S R C V D	5670900432	4/15/2021	\$ 920.00	Total Amt Paid for medical treatment (\$920/ Total Amt Billed for medical treatment (\$920)	N/A	Broadspire	
				Additional items billed	Lien filing fee	\$ 150.00								
				TOTAL AMT BILLED ==>		\$ 1,070.00		TOTAL AMT PAID ==>		\$ 920.00	100%			
10	75411	2/8/19-11/20/19	4/19/2021	Medical services	Initial acup (\$230), 28 f/u acup (\$180 each), initial physical therapy, f/u chiro tx	\$ 5,450.00	P Y M T S R C V D	0161674891	4/13/2021	\$ 4,750.00	Total Amt Paid for medical treatment (\$4750/ Total Amt Billed for medical treatment (\$5450)	N/A	CCMSI	
				Additional items billed	Lien filing fee	\$ 150.00								
					P&I for medical services	\$ 112.43								
					P&I for unpaid settlement	\$ 476.43								
				TOTAL AMT BILLED ==>		\$ 6,188.86		TOTAL AMT PAID ==>		\$ 4,750.00	87%			
11	77525	12/20/19-2/3/20	4/13/2021	Medical services	Initial (\$230) initial acup (\$180), 3 f/u acup (\$180 each),initial physio therapy (\$180), 3 f/u physio tx (\$180 each)	\$ 1,670.00	P Y M T S R C V D	0161674494	4/6/2021	\$ 1,700.00	Total Amt Paid for medical treatment (\$1670)/ Total Amt Billed for medical treatment (\$1670)	Total Amt Paid for medical treatment + Penalties & Interest (\$1872.56) / Principal Amt Billed for medical treatment (\$1670)	CCMSI	
				Additional items billed	Lien filing fee	\$ 150.00		0161674495	4/6/2021	\$ 172.56				
					P&I for unpaid settlement	\$ 172.56								
				TOTAL AMT BILLED ==>		\$ 1,992.56		TOTAL AMT PAID ==>		\$ 1,872.56	100%	112%		
12	78009	3/3/20-8/5/20	4/19/2021	Medical services	Initial (\$180), initial acup (\$180), initial chiro (\$180) 2 f/u physio therapy (\$180 each), 2 f/u chiro tx (\$180 each), 10 f/u acup (\$180 each), PR2 (\$180)	\$ 3,240.00	P Y M T S R C V D	0166612385	10/1/2020	\$ 360.00	Total Amt Paid for medical treatment (\$3240)/ Total Amt Billed for medical treatment (\$3240)	N/A	CCMSI	
				Additional items billed	Lien filing fee	\$ 150.00		0166612532	10/6/2020	\$ 180.00				
								0166612692	10/9/2020	\$ 360.00				
						P&I for medical services		\$ 130.27	0166612920	10/15/2020				\$ 180.00
						0166620870		4/14/2021	\$ 2,160.00					
				TOTAL AMT BILLED ==>		\$ 3,520.27		TOTAL AMT PAID ==>		\$ 3,240.00	100%			

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13	79565	9/25/19-8/14/20	4/8/2021	Medical services	Initial acup (\$230), 28 f/u acup (\$180 each), Initial chiro tx, 6 f/u chiro tx	\$ 5,900.00	P Y M T S R C V D	115655 (ClaimQuest)	3/18/2021	\$ 1,500.00	Total Amt Paid for medical treatment (\$5000)/ Total Amt Billed for medical treatment (\$5900)	N/A	CCMSI
				Additional items billed	P&I for medical services	\$ 1,418.22		0032801215 (Liberty Mutual)	3/22/2021	\$ 2,200.00			
								0148930537 (CCMSI)	4/1/2021	\$ 1,300.00			
				TOTAL AMT BILLED ==>		\$ 7,318.22		TOTAL AMT PAID ==>		\$ 5,000.00	85%		
14	62999	6/23/14-2/18/15	4/5/2021	Medical services	7 Initials (\$230 each), Initial (\$230 for 2 hrs-billed at \$345 for 3 hrs 5 mins) initial acup (\$230), 16 PR2's (\$180 each), 19 f/u acup (\$180 each), 2 FCE (\$150 each), EMG/NCV (\$150)	\$ 8,935.00	P Y M T S R C V D	7400579	4/28/2015	\$ 90.00	Total Amt Paid for medical treatment (\$4090)/ Total Amt Billed for medical treatment (\$8935)	N/A	Corvel (BBSI)
				Additional items billed	Lien filing fee	\$ 150.00		9378375	3/30/2021	\$ 4,000.00			
					P&I for medical services	\$ 6,582.09							
				TOTAL AMT BILLED ==>		\$ 15,667.09		TOTAL AMT PAID ==>		\$ 4,090.00	46%		
15	63794	8/13/14-9/9/15	4/1/2021	Medical services	8 Initials (\$230 each), initial acup (\$230), 13 PR2's (\$180 each), 12 f/u acup (\$180 each), P&S (\$230), FCE (\$150), NCV/EMG (\$150)	\$ 7,100.00	P Y M T S R C V D	11503798	4/13/2018	\$ 3,330.00	Total Amt Paid for medical treatment (\$7100)/ Total Amt Billed for medical treatment (\$7100)	Total Amt Paid for medical treatment + Penalties & Interest (\$7680) / Principal Amt Billed for medical treatment (\$7100)	Employers Ins
				Additional items billed	Lien filing fee	\$ 150.00		32641569	3/29/2021	\$ 4,500.00			
					P&I for medical services	\$ 3,438.50							
				TOTAL AMT BILLED ==>		\$ 10,688.50		TOTAL AMT PAID ==>		\$ 7,830.00	100%	108%	
16	76310	6/19/19-2/26/20	4/9/2021	Medical services	Initial (\$230), initial acup (\$230), 3 PR2's (\$180 each), 2 f/u acup (\$360 each), P&S (\$180)	\$ 1,540.00	P Y M T S R C V D	32842623	4/6/2021	\$ 1,540.00	Total Amt Paid for medical treatment (\$1540)/ Total Amt Billed for medical treatment (\$1540)	N/A	Employers Ins
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED ==>		\$ 1,690.00		TOTAL AMT PAID ==>		\$ 1,540.00	100%		

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17	77371	11/18/19-10/31/20	4/6/2021	Medical services	Initial (\$230), Initial acup (\$230), 6 PR2'S (\$180 each), P&S (\$180), f/u acup (\$180)	\$ 1,900.00	P Y M T S R C V D	26172555	5/19/2020	\$ 180.00	Total Amt Paid for medical treatment (\$1900)/ Total Amt Billed for medical treatment (\$1900)	N/A	Employers Ins
				Additional items billed	Lien filing fee	\$ 150.00		28565825	9/21/2020	\$ 180.00			
				TOTAL AMT BILLED ==>		\$ 2,050.00		32783816	4/2/2021	\$ 1,540.00			
								TOTAL AMT PAID ==>		\$ 1,900.00	100%		
18	77407	12/4/19-10/3/20		Medical services	Initial (\$230), 7 PR2's (\$180 each), initial psych eval (\$230)	\$ 1,720.00	P Y M T S R C V D	FE66805864	2/22/2021	\$ 180.00	Total Amt Paid for medical treatment (\$1720)/ Total Amt Billed for medical treatment (\$1720)	N/A	ESIS
								FE66805861	2/22/2021	\$ 180.00			
								FE66805856	2/22/2021	\$ 180.00			
								FE66805870	2/22/2021	\$ 180.00			
								FE66805896	2/22/2021	\$ 180.00			
				Additional items billed	Lien filing fee	\$ 150.00		FE67007809	4/8/2021	\$ 900.00			
				TOTAL AMT BILLED ==>		\$ 1,870.00		TOTAL AMT PAID ==>		\$ 1,800.00	100%		
19	63581	9/24/08-1/7/09	4/13/2021	Medical services	Initial (\$230), 3 PR2's (\$180 each), EMG testing (\$180), P&S (\$230)	\$ 1,150.00	P Y M T S R C V D	3812136951	8/20/2019	\$ 630.00	Total Amt Paid for medical treatment (\$1100)/ Total Amt Billed for medical treatment (\$1150)	N/A	Farmers
				Additional items billed	Lien activation fee	\$ 100.00		3812145326	4/6/2021	\$ 470.00			
				TOTAL AMT BILLED ==>		\$ 1,250.00		TOTAL AMT PAID ==>		\$ 1,100.00	96%		
20	60565	12/18/13-6/18/14	4/14/2021	Medical services	Initial acup (\$230), 23 f/u acup (\$180 each), EMG/NCV (\$150), FCE (\$150), 2 f/u physical tx	\$ 4,850.00	P Y M T S R C V D	32931363	5/16/2014	\$ 90.00	Total Amt Paid for medical treatment (\$4850)/ Total Amt Billed for medical treatment (\$4850)	N/A	Gallagher Bassett
								32937469	5/27/2014	\$ 1,620.00			
								32967863	7/7/2014	\$ 90.00			
								32970019	7/9/2014	\$ 90.00			
								32983255	7/25/2014	\$ 90.00			
								32991005	8/6/2014	\$ 90.00			
								33014980	9/9/2014	\$ 90.00			
								33007655	8/28/2014	\$ 180.00			
								33027603	9/25/2014	\$ 270.00			
				Additional items billed	Lien filing fee	\$ 150.00		0170151635	4/7/2021	\$ 2,240.00			
				TOTAL AMT BILLED ==>		\$ 5,000.00		TOTAL AMT PAID ==>		\$ 4,850.00	100%		

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21	67463	8/20/15-2/20/17	4/6/2021	Medical services	2 Initials (\$230 each), Initial acup (\$230), 20 PR2's (\$180 each), 6 f/u acup (\$180 each), P&S (\$230)	\$ 5,600.00	P Y M T S R C V D	0169988171	3/31/2021	\$ 5,000.00	Total Amt Paid for medical treatment (\$5000)/ Total Amt Billed for medical treatment (\$5600)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 3,733.65							
				TOTAL AMT BILLED ==>		\$ 9,483.65		TOTAL AMT PAID ==>		\$ 5,000.00	89%		
22	69204	4/4/16-7/9/18	4/30/2021	Medical services	3 initials (\$230 each), initial acup (\$230), 20 PR2's (\$180 each), 15 f/u acup (\$180 each), final acup (\$230), 2 shockwave (\$150 each), P&S (\$230), initial chiro tx, 7 f/u chiro tx	\$ 8,700.00	P Y M T S R C V D	0170524486	4/23/2021	\$ 8,300.00	Total Amt Paid for medical treatment (\$8300)/ Total Amt Billed for medical treatment (\$8700)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 950.00							
				TOTAL AMT BILLED ==>		\$ 9,800.00		TOTAL AMT PAID ==>		\$ 8,300.00	95%		
23	72987	11/30/17-12/11/18	4/2/2021	Medical services	Initial (\$230), Initial acup (\$230), 11 PR2's (\$180 each), 53 f/u acup (\$180 each)	\$ 11,980.00	P Y M T S R C V D	0169851202	3/25/2021	\$ 9,000.00	Total Amt Paid for medical treatment (\$9000)/ Total Amt Billed for medical treatment (\$11,980)	N/A	Gallagher Bassett
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 285.68							
				TOTAL AMT BILLED ==>		\$ 12,415.68		TOTAL AMT PAID ==>		\$ 9,000.00	75%		
24	76880	9/13/19-4/6/21	4/12/2021	Medical services	Initial (\$230), 2 PR's (\$180 each), P&S (\$180), 19 f/u chiro tx	\$ 2,480.00	P Y M T S R C V D	132546145 8	4/6/2021	\$ 2,630.00	Total Amt Paid for medical treatment (\$2480)/ Total Amt Billed for medical treatment (\$2480)	N/A	The Hartford
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED ==>		\$ 2,630.00		TOTAL AMT PAID ==>		\$ 2,630.00	100%		

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25	77166	10/30/19-5/19/20	4/20/2021	Medical services	Initial (\$230), 4 PR2s (\$180 each), 9 f/u acup (\$180 each), 8 f/u physio tx (\$180 each), f/u physio tx	\$ 4,100.00	P Y M T S R C V D	132569199 2	4/14/2021	\$ 4,100.00	Total Amt Paid for medical treatment (\$4100)/ Total Amt Billed for medical treatment (\$4100)	N/A	The Hartford
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 56.89							
				TOTAL AMT BILLED ==>		\$ 4,306.89		TOTAL AMT PAID ==>		\$ 4,100.00	100%		
26	74573	8/29/18-4/30/19	4/6/2021	Medical services	2 Post Op evals (\$180 each), 8 PR2's (\$180 each), P&S (\$230)	\$ 2,030.00	P Y M T S R C V D	2580521	4/2/2019	\$ 180.00	Total Amt Paid for medical treatment (\$1990)/ Total Amt Billed for medical treatment (\$2030)	N/A	Ins. Co. of the West
				Additional items billed	Lien filing fee	\$ 150.00		2623047	5/6/2019	\$ 180.00			
								2650704	5/24/2019	\$ 230.00			
								3539690	3/26/2021	\$ 1,400.00			
				TOTAL AMT BILLED ==>		\$ 2,180.00		TOTAL AMT PAID ==>		\$ 1,990.00	98%		
27	77473	12/11/19-1/18/20	4/30/2021	Medical services	Initial (\$230), initial acup (\$230), 3 f/u acup (\$180 each)	\$ 1,000.00	P Y M T S R C V D	0002800749	4/28/2021	\$ 950.00	Total Amt Paid for medical treatment (\$950)/ Total Amt Billed for medical treatment (\$1000)	N/A	Ins. Co. of the West
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 122.62							
				TOTAL AMT BILLED ==>		\$ 1,272.62		TOTAL AMT PAID ==>		\$ 950.00	95%		
28	62412	5/8/14-1/30/15	4/15/2021	Medical services	Initial (\$230), 4 PR2s (\$180 each), P&S (\$230), 2 FCEs (\$150 each), f/u chiro tx	\$ 1,570.00	P Y M T S R C V D	0029128881	8/19/2015	\$ 90.00	Total Amt Paid for medical treatment (\$1490)/ Total Amt Billed for medical treatment (\$1570)	N/A	Liberty Mutual
				Additional items billed	Lien filing fee	\$ 150.00		0032826225	4/9/2021	\$ 1,400.00			
					P&I for medical services	\$ 305.75							
				TOTAL AMT BILLED ==>		\$ 2,025.75		TOTAL AMT PAID ==>		\$ 1,490.00	95%		
29	66726	4/21/15-8/4/15	4/27/2021	Medical services	Initial (\$230), 6 PR2's (\$180 each)	\$ 1,310.00	P Y M T S R C V D	32841201	4/21/2021	\$ 1,310.00	Total Amt Paid for medical treatment (\$1310)/ Total Amt Billed for medical treatment (\$1310)	N/A	Liberty Mutual
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED ==>		\$ 1,460.00		TOTAL AMT PAID ==>		\$ 1,310.00	100%		

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30	75564	3/8/19-8/23/19	4/15/2021	Medical services	7 PR2'S (\$180 each), P&S (\$230)	\$ 1,490.00	P Y M T S R C V D	32086686	10/3/2019	\$ 90.00	Total Amt Paid for medical treatment (\$1290)/ Total Amt Billed for medical treatment (\$1490)	N/A	Liberty Mutual
				Additional items billed	Lien filing fee	\$ 150.00		32826225	4/9/2021	\$ 540.00			
								32826226	4/9/2021	\$ 660.00			
				TOTAL AMT BILLED ==>		\$ 1,640.00		TOTAL AMT PAID ==>		\$ 1,290.00	87%		
31	76097	5/29/2019	4/12/2021	Medical services	22 F/u acup (\$180 each), initial chiro, 3 f/u chiro tx	\$ 4,320.00	P Y M T S R C V D	32824607	4/8/2021	\$ 4,350.00	Total Amt Paid for medical treatment (\$4320)/ Total Amt Billed for medical treatment (\$4320)	Total Amt Paid for medical treatment + Penalties & Interest (\$4350) / Principal Amt Billed for medical treatment (\$4320)	Liberty Mutual
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 1,412.32							
				TOTAL AMT BILLED ==>		\$ 5,882.32		TOTAL AMT PAID ==>		\$ 4,350.00	100%	101%	
32	79114	9/25/20-2/5/21	4/5/2021	Medical services	Initial (\$180), 8 f/u chiro tx (\$180 each), PR2 (\$180)	\$ 1,800.00	P Y M T S R C V D	32812502	3/30/2021	\$ 1,000.00	Total Amt Paid for medical treatment (\$1000)/ Total Amt Billed for medical treatment (\$1800)	N/A	Liberty Mutual
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED ==>		\$ 1,950.00		TOTAL AMT PAID ==>		\$ 1,000.00	56%		
33	65544	12/4/14-8/21/15	4/9/2021	Medical services	5 Initials (\$230 each), initial acup (\$230), 13 PR2's (\$180 each), F.C.E (\$150), P&S (\$230)	\$ 4,100.00	P Y M T S R C V D	32835190	4/5/2021	\$ 4,000.00	Total Amt Paid for medical treatment (\$4000/ Total Amt Billed for medical treatment (\$4100)	N/A	National Interstate
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED ==>		\$ 4,250.00		TOTAL AMT BILLED ==>		\$ 4,000.00	98%		
34	76147	6/5/19-8/2/19	4/16/2021	Medical services	Initial (\$230), initial acup (\$230), 2 PR2's (\$180 each), 5 f/u acup (\$180 each)	\$ 1,720.00	P Y M T S R C V D	629123	4/13/2021	\$ 1,720.00	Total Amt Paid for medical treatment (\$1720/ Total Amt Billed for medical treatment (\$1720)	N/A	Next Level
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED ==>		\$ 1,870.00		TOTAL AMT PAID ==>		\$ 1,720.00	100%		

Market Rate Summary Graph
Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 4/1/21 and 4/30/21

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
35	79513	3/3/20-4/22/20	4/15/2021	Medical services	Initial physio tx (\$180), 5 f/u acup (\$180 each), 3 f/u physio tx (\$180 each)	\$ 1,620.00	P Y M T S R C V D	628838	4/12/2021	\$ 1,620.00	Total Amt Paid for medical treatment (\$1620)/ Total Amt Billed for medical treatment (\$1620)	N/A	Next Level
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED ==>		\$ 1,770.00		TOTAL AMT PAID ==>		\$ 1,620.00	100%		
36	75313	1/24/19-2/21/19	4/21/2021	Medical services	Initial (\$230), initial acup (\$230), f/u acup, initial physical therapy, f/u physio therapy	\$ 820.00	P Y M T S R C V D	012543222	7/23/2020	\$ 90.00	Total Amt Paid for medical treatment (\$790)/ Total Amt Billed for medical treatment (\$820)	N/A	Pacific Comp
				Additional items billed	Lien filing fee	\$ 150.00		01305142	4/14/2021	\$ 700.00			
					P&I for medical services	\$ 215.63							
				TOTAL AMT BILLED ==>		\$ 1,185.63		TOTAL AMT PAID ==>		\$ 790.00	96%		
37	72010	6/22/17-1/11/18	4/26/2021	Medical services	Initial (\$230), initial acup (\$230), 6 PR2's (\$180 each), 26 f/u acup (\$180 each)	\$ 6,220.00	P Y M T S R C V D	1000162058	4/19/2021	\$ 6,220.00	Total Amt Paid for medical treatment (\$6220)/ Total Amt Billed for medical treatment (\$6220)	N/A	Protective Ins
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED ==>		\$ 6,370.00		TOTAL AMT PAID ==>		\$ 6,220.00	100%		
38	78735	8/17/20-9/28/20	4/27/2021	Medical services	Initial (\$180), initial acup (\$180), PR2 (\$180)	\$ 540.00	P Y M T S R C V D	3000634430	4/22/2021	\$ 300.00	Total Amt Paid for medical treatment (\$300)/ Total Amt Billed for medical treatment (\$540)	N/A	Republic Indemnity
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED ==>		\$ 690.00		TOTAL AMT PAID ==>		\$ 300.00	56%		
39	56317	10/29/12-6/17/13	4/27/2021	Medical services	Initial (\$230), initial acup (\$230), 3 PR2's (\$180 each), 11 f/u acup, P&S (\$230), f/u physio therapy	\$ 3,300.00	P Y M T S R C V D	CP-088945	4/22/2021	\$ 4,500.00	Total Amt Paid for medical treatment (\$3300)/ Total Amt Billed for medical treatment (\$3300)	Total Amt Paid for medical treatment + Penalties & Interest (\$4500) / Principal Amt Billed for medical treatment (\$3300)	SCIF
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 3,484.59							
				TOTAL AMT BILLED ==>		\$ 6,934.59		TOTAL AMT PAID ==>		\$ 4,500.00	100%	136%	

Market Rate Summary Graph
Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 4/1/21 and 4/30/21

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
40	65353	12/2/14-7/20/16	12/4/2078	Medical services	6 Initials (\$230 each), initial acup (\$230), 32 PR2's (\$180 each), FCE (\$150), initial psych eval (\$230), P&S (\$230)	\$ 7,980.00	P Y M T S R C V D	CP-088300	4/14/2021	\$ 5,500.00	Total Amt Paid for medical treatment (\$5500)/ Total Amt Billed for medical treatment (\$7980)	N/A	SCIF
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 5,645.74							
				TOTAL AMT BILLED ==>		\$ 13,775.74		TOTAL AMT PAID ==>		\$ 5,500.00	69%		
41	77170	10/30/19-9/16/20		Medical services	Initial (\$230), 7 PR2s (\$180 each), P&S (\$180), 2 f/u chiro tx (\$180 each), 10 f/u chiro tx	\$ 2,930.00	P Y M T S R C V D	CU-470187	6/24/2020	\$ 1,530.00	Total Amt Paid for medical treatment (\$2930)/ Total Amt Billed for medical treatment (\$2930)	N/A	SCIF
				Additional items billed	Lien filing fee	\$ 150.00		CU-494591	4/19/2021	\$ 1,400.00			
				TOTAL AMT BILLED ==>		\$ 3,080.00		TOTAL AMT PAID ==>		\$ 2,930.00	100%		
42	63447	7/25/14-4/19/16	4/5/2021	Medical services	Initial (\$230), 15 PR2's (\$180 each), 3 epidural (\$150 each)	\$ 3,380.00	P Y M T S R C V D	509743	4/2/2021	\$ 2,600.00	Total Amt Paid for medical treatment (\$2600)/ Total Amt Billed for medical treatment (\$3380)	N/A	Sedgwick
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 2,689.91							
				TOTAL AMT BILLED ==>		\$ 6,219.91		TOTAL AMT PAID ==>		\$ 2,600.00	77%		
43	71969	6/1/17-9/6/18	4/27/2021	Medical services	Initial (\$230), 12 PR2's (\$180 each), f/u acup (\$180), P&S (\$230)	\$ 2,980.00	P Y M T S R C V D	119747383	4/23/2021	\$ 4,475.00	Total Amt Paid for medical treatment (\$2980)/ Total Amt Billed for medical treatment (\$2980)	Total Amt Paid for medical treatment + Penalties & Interest (\$4475) / Principal Amt Billed for medical treatment (\$2980)	Sedgwick
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 1,522.14							
				TOTAL AMT BILLED ==>		\$ 4,652.14		TOTAL AMT PAID ==>		\$ 4,475.00	100%	150%	
44	74009	5/3/18-9/9/18	4/13/2021	Medical services	Initial (\$230), initial acup (\$230), 27 f/u acup (\$180 each), 4 PR2's (\$180 each)	\$ 6,040.00	P Y M T S R C V D	123093504	4/5/2021	\$ 3,800.00	Total Amt Paid for medical treatment (\$3800)/ Total Amt Billed for medical treatment (\$6040)	N/A	Sedgwick
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 199.14							
				TOTAL AMT BILLED ==>		\$ 6,389.14		TOTAL AMT PAID ==>		\$ 3,800.00	63%		

Market Rate Summary Graph
Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 4/1/21 and 4/30/21

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
45	78592	7/31/20-10/15/20	4/19/2021	Medical services	Initial (\$180), initial acup (\$180), 6 f/u physio therapy (\$180 each), 2 PR2's (\$180 each), 5 f/u acup (\$180 each)	\$ 2,700.00	P Y M T S R C V D	121927773	11/2/2020	\$ 720.00	Total Amt Paid for medical treatment (\$2700)/ Total Amt Billed for medical treatment (\$2700)	N/A	Sedgwick
								121927832	11/5/2020	\$ 90.00			
								122288514	12/3/2020	\$ 90.00			
				Additional items billed	Lien filing fee	\$ 150.00		122288802	12/22/2020	\$90.00 of total pymt of \$180 (ck includes a separate case)			
								122775337	2/8/2021	\$ 540.00			
								123903060	4/14/2021	\$ 1,200.00			
				TOTAL AMT BILLED ==>		\$ 2,850.00		TOTAL AMT PAID ==>		\$ 2,730.00	100%		
46	74446	8/1/18-11/15/19	4/27/2021	Medical services	Initial (\$230 for 2 hrs - billed at \$402.50 for 3 hrs 12 mins), 10 PR2s (\$180 each)	\$ 2,202.50	P Y M T S R C V D	896D 95155841	4/23/2021	\$ 2,200.00	Total Amt Paid for medical treatment (\$2200)/ Total Amt Billed for medical treatment (\$2202.50)	N/A	Travelers
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 175.78							
				TOTAL AMT BILLED ==>		\$ 2,528.28		TOTAL AMT PAID ==>		\$ 2,200.00	100%		
47	76842	9/11/19-6/3/20	4/14/2021	Medical services	Initial (\$230), 5 PR2's (\$180 each), f/u chiro tx (\$180), P&S (\$180), 2 f/u chiro tx	\$ 1,670.00	P Y M T S R C V D	891A91829522	4/9/2021	\$ 1,700.00	Total Amt Paid for medical treatment (\$1670)/ Total Amt Billed for medical treatment (\$1670)	Total Amt Paid for medical treatment + Penalties & Interest (\$1700) / Principal Amt Billed for medical treatment (\$1670)	Travelers
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 93.45							
				TOTAL AMT BILLED ==>		\$ 1,913.45		TOTAL AMT PAID ==>		\$ 1,700.00	100%	102%	
48	78988	10/25/16-2/26/18	4/7/2021	Medical services	2 Initials (\$230 each), initial acup (\$230), 5 PR2's (\$180 each), 8 f/u acup (\$180 each)	\$ 3,030.00	P Y M T S R C V D	896D 89186743 Travelers	3/31/2017	\$ 3,186.50	Total Amt Paid for medical treatment (\$3030)/ Total Amt Billed for medical treatment (\$3030)	N/A	Travelers
				Legal services	3 Board Appear. (WCAB POM) (\$156.50 each)	\$ 469.50		1102455725 Zurich	3/30/2021	\$ 975.00			
				Additional items billed	Lien filing fee	\$ 150.00		896D 95082504 Travelers	4/2/2021	\$ 975.00			
					Additional costs collected	\$ 1,637.00		TOTAL AMT PAID ==>		\$ 5,136.50	100%		
				TOTAL AMT BILLED ==>		\$ 5,286.50		TOTAL AMT PAID ==>		\$ 5,136.50	100%		

Market Rate Summary Graph
Payments for litigated cases or cases settled in-house at market rate or less than market rate, received between 4/1/21 and 4/30/21

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees (medicals billed at a minimum of 2 hours, unless noted)		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
49	75388	9/30/14-9/9/20	4/16/2021	Medical services	4 Initials (\$230 each), initial acup (\$230), 17 PR2's (\$180 each), 5 f/u acup (\$180 each), F.C.E (\$150), P&S (\$230), EMG & NCV (\$150), 2 f/u chiro tx, rehab physical therapy	\$ 5,910.00	P Y M T S R C V D	66-602178	4/13/2021	\$ 3,283.00	Total Amt Paid for medical treatment (\$2970)/ Total Amt Billed for medical treatment (\$5910)	N/A	UEF
				Legal services	Board Appeal. (WCAB LBO)(\$156.50), C&R Reading (\$250)	\$ 406.50							
				Additional items billed	Lien filing fee	\$ 150.00							
				TOTAL AMT BILLED ==>		\$ 6,466.50		TOTAL AMT PAID ==>		\$ 3,283.00	50%		
50	75907	5/7/19-2/26/11	4/30/2021	Medical services	Initial acup (\$230), 35 f/u acup (\$180 ech), 14 PR2's (\$180 each), f/u chiro tx (\$180), 2 L.I.N.T (\$180 each), 22 f/u physio therapy (\$180 each), initial physio therapy, 2 f/u physio therapy	\$ 13,820.00	P Y M T S R C V D	67-340583	4/27/2021	\$ 13,000.00	Total Amt Paid for medical treatment (\$13,000)/ Total Amt Billed for medical treatment (\$13,820)	N/A	York/Sedgwick (State of California)
				TOTAL AMT BILLED ==>		\$ 13,820.00		TOTAL AMT PAID ==>		\$ 13,000.00	94%		
51	76993	9/20/19-5/21/20	4/19/2021	Medical services	2 Initials (\$230 each), initial acup (\$230), 5 PR2's (\$180 each), 14 f/u acup (\$180 each), initial psych eval (\$230), 4 f/u physio therapy (\$180 each)	\$ 4,830.00	P Y M T S R C V D	66-615987	4/15/2021	\$ 4,000.00	Total Amt Paid for medical treatment (\$4000)/ Total Amt Billed for medical treatment (\$4830)	N/A	York/Sedgwick (State of California)
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 126.99							
				TOTAL AMT BILLED ==>		\$ 5,106.99		TOTAL AMT PAID ==>		\$ 4,000.00	83%		
52	73556	3/5/18-3/27/19	4/19/2021	Medical services	Evaluation (\$180), 5 PR2's (\$180 each), P&S (\$230), initial chiro tx, 12 f/u chiro tx	\$ 2,480.00	P Y M T S R C V D	1102461656	4/12/2021	\$ 2,630.00	Total Amt Paid for medical treatment (\$2480)/ Total Amt Billed for medical treatment (\$2480)	Total Amt Paid for medical treatment + Penalties & Interest (\$2630)/ Principal Amt Billed for medical treatment (\$2480)	Zurich
				Additional items billed	Lien filing fee	\$ 150.00							
					P&I for medical services	\$ 142.20							
				TOTAL AMT BILLED ==>		\$ 2,772.20		TOTAL AMT PAID ==>		\$ 2,630.00	100%	106%	

Average % of Market Rate paid without P&I 88%

Average % of Market Rate paid with P&I 116%

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 74233

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2838334

Case: vs TBAC GARMENTS
Date Of Injury: 10/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/17	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/13/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/17/17	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/27/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/04/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/08/17	PR2/REEVAL	-DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
12/11/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/18/17	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
01/08/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/15/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
01/29/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
02/05/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/12/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	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 74233

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2838334

Case: vs TBAC GARMENTS
Date Of Injury: 10/4/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/26/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
03/05/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/12/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/15/18	MED-LEGAL	-EVAL W/DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/08/20	LIEN FIL FEE	LIEN FILING FEE	150.00
03/24/21	PENALTIES	FOR DATE OF SERVICE 11/06/17	34.50
03/24/21	INTEREST	FOR DATE OF SERVICE 11/06/17	71.89
03/24/21	PENALTIES	FOR DATE OF SERVICE 10/15/18	27.00
03/24/21	INTEREST	FOR DATE OF SERVICE 10/15/18	49.17
04/07/21	PMT BY CHECK	DOS 3/24/21* # 03705117	-1700.00
04/12/21	BLCE OFF SET	BALANCE OFF SET	-752.56

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.

03705117

2838334-1

SWC1130580

DATE

4/7/2021

AMOUNT

\$1,700.00

One Thousand Seven Hundred and 0/100s Dollars*****

PAY TO JOYCE ALTMAN INTERPRETERS INC
THE
ORDER
OF

VOID AFTER 180 DAYS

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

Harry Schultz

⑈03705117⑈ ⑆021309379⑆ 790262463⑈

Explanation Of Bill Review

Check Number:	03705117	ANA UBI Claims
Claim Number:	2838334-1	AmTrust North America
Regulatory ID:		P O Box 89404
Bill Number:	16315534	Cleveland, OH 44101
Invoice Number:	FP1-MSCA-1064484	212-655-2000
Policy / Insured:	SWC1130580/THE BUTTON ACCESSORY CONNECTION INC	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	10/4/2017	FP1-MSCA-1064484
Location:	152 W Pico Blvd Los Angeles CA 90015 -	
Examiner Code:	31710	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
3/24/2021	MDS10	SETTLEMENT FOR DISPUTE	1.00	2270.00	570.00	0.00	1700.00	G5, 375, G67, 96
				2270.00	570.00	0.00	1700.00	

G5 - THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.; 375 - PLEASE SEE SPECIAL *NOTE* BELOW.; G67 - PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.; 961 - ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.;

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 providers agreement with the preferred provider organization. **TIME LIMITS TO DISPUTE PAYMENT AMOUNT FOR HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES OR BILLING AGENT/ASSIGNEE (HEREIN AFTER PROVIDER) FOR SERVICES ON/AFTER 1/1/2013.** Request for Second Bill Review (SBR): After an Explanation of Review (EOR) is received on an original bill submission, a provider that disputes the amount paid may submit a Request for SBR to the claims administrator within 90 days of service of the EOR. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the provider does not request a SBR within the 90 days, 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): If the only dispute is the amount of payment and the second bill review does not resolve the payment dispute, a provider may submit a Request for IBR within 30 days of service of the SBR, pursuant to Section 4603.2 or 4622. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. Failure to request an IBR within 30 days will deem the bill satisfied and neither the employer nor 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, except as provided for in Section 4622. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING AT WWW.AVAILITY.COM AND CHOOSE THE 'REGISTER' TAB.

Amtrust North America, PO Box 94574, Cleveland, OH 44101, (800) 732-0153, is designated to receive by certified mail requests for petition of reimbursement.

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 76616

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: ANGELICA MARIN MOTA
P.O. BOX 89404
CLEVELAND, OH 44101

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2523522; 3146036

Case: vs EDWIN ALLEN ADAMS
Date Of Injury: 2/15/17; 3/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/12/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/10/19	PR2/REEVAL	DR MAGGIE PEZESHKIAH @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/26/19	FOLLOW-UP	W/ ACUPUNCT SUE RYO @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/09/19	F/U PHYSIO	THERAPY W/DR PEZESKKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/22/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/08/19	PMT BY CHECK	DOS 8/6/19-9/26/19* =# 03099315	-360.00
12/03/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/14/20	PR2/REEVAL	W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/25/20	PR2/REEVAL	DR RUSSMAN/PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/02/20	INITIAL EXAM	DR GABRIEL RUBANENKO @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/09/20	INITIAL EXAM	DR JUSTIN PAQUETTE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/07/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/19/20	PMT BY CHECK	DOS 3/9/20* =# 03342532	-90.00
05/22/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/05/20	F/U CHIRO TX	CHIRO TX 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#
04/27/21 76616

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2523522; 3146036

Case: vs EDWIN ALLEN ADAMS
Date Of Injury: 2/15/17; 3/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/20	PR2/REEVAL	DR RUSSMAN @ 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
07/24/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/28/20	PR2/REEVAL	DR RUSSMAN/HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	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
09/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
09/16/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/06/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
11/17/20	P AND S	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/08/21	LIEN FIL FEE	LIEN FILING FEE	150.00
04/22/21	PMT BY CHECK	DOS 4/19/21* # 03723732	-4000.00
04/27/21	BLCE OFF SET	BALANCE OFF SET	-160.00

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 76616

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-X
DOB :
Terms: 60 days
Claim #(s):
2523522; 3146036

Case: vs EDWIN ALLEN ADAMS
Date Of Injury: 2/15/17; 3/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03099315
2523522-1
SWC1111535
DATE
11/8/2019
AMOUNT
\$360.00

Three Hundred Sixty and 0/100s Dollars*****

PAY TO JOYCE ALTMAN INTERPRETERS, INC
THE
ORDER
OF

VOID AFTER 180 DAYS

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

Handwritten signature

⑈03099315⑈ ⑈021309379⑈ 790262153⑈

NOV 12 2019

Explanation Of Bill Review

DV.

Check Number	03099315	ANA UBI Claims
Claim Number:	2523522-1	AmTrust North America
Regulatory ID:		P. O. Box 89404
Bill Number:	14948750	Cleveland, OH 44101
Invoice Number:	FP1-MTCA-335526	626-915-1951
Policy / Insured:	SWC1111535/Adams Edwin Allen an Individual	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS, INC	
Loss Date:	2/15/2017	FP1-MTCA-335526
Location:	256 Kruse Ave Monrovia CA 91016 -	
Examiner Code:	32039	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
8/6/2019	Q00014	INTERPRETER OTHER 15	8.00	230.00	140.00	0.00	90.00	G1, 790
8/12/2019	Q00014	INTERPRETER OTHER 15	8.00	180.00	90.00	0.00	90.00	G1, 790
9/10/2019	Q00014	INTERPRETER OTHER 15	8.00	180.00	90.00	0.00	90.00	G1, 790
9/26/2019	Q00014	INTERPRETER OTHER 15	8.00	180.00	90.00	0.00	90.00	G1, 790
				770.00	410.00	0.00	360.00	

G1 - THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.; 790 - WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9;

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 providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT [HTTPS://WCC.INGENIX.COM](https://wcc.ingenix.com) AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.

03342532

2523522-1

SWC1111535

DATE

5/19/2020

AMOUNT

\$90.00

Ninety and 0/100s Dollars*****

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

VOID AFTER 180 DAYS

Mail To

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

Henry Salas

⑈03342532⑈ ⑈021309379⑈ 790262463⑈

Explanation Of Bill Review

Check Number	03342532	ANA UBI Claims
Claim Number:	2523522-1	AmTrust North America
Regulatory ID:		P. O. Box 89404
Bill Number:	15516447	Cleveland, OH 44101
Invoice Number:	FP1-MJCA-1055804	626-915-1951
Policy / Insured:	SWC1111535/Adams Edwin Allen an Individual	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS, INC	
Loss Date:	2/15/2017	FP1-MJCA-1055804
Location:	256 Kruse Ave Monrovia CA 91016 -	
Examiner Code:	24737	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
3/9/2020	Q00014	INTERPRETER OTHER 15	120.00	180.00	90.00	0.00	90.00	G1, 790
				180.00	90.00	0.00	90.00	

G1 - THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE., 790 - WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT LABOR CODES 5307.1 - 5307.9;

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 providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5 1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT [HTTPS://WCC INGENIX.COM](https://wcc Ingenix.com) AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations or appeals need to be submitted to the carrier listed above

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

MAY 26 2020

MAY 27 2020

BY:

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.

03723732

3146036-1

SWC1111535

DATE

4/22/2021

AMOUNT

\$4,000.00

Four Thousand and 0/100s Dollars*****

PAY TO JOYCE ALTMAN INTERPRETERS INC
THE
ORDER
OF

VOID AFTER 180 DAYS

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

Henry Schmitt

⑈03723732⑈ ⑆021309379⑆ 790262463⑈

Explanation Of Bill Review

Check Number	03723732	ANA UBI Claims
Claim Number:	3146036-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	16359173	Cleveland, OH 44101
Invoice Number:	FP1-MJCA-1380649	858-385-4040
Policy / Insured:	SWC1111535/Adams Edwin Allen an Individual	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	3/15/2017	FP1-MJCA-1380649
Location:	256 Kruse Ave Monrovia CA 91016 -	
Examiner Code:	ngreen	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
4/19/2021	MDS21	SETTLEMENT FOR DISPUTE	1.00	4000.00	0.00	0.00	4000.00	
				4000.00	0.00	0.00	4000.00	

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 providers agreement with the preferred provider organization. TIME LIMITS TO DISPUTE PAYMENT AMOUNT FOR HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES OR BILLING AGENT ASSIGNEE (HEREIN AFTER PROVIDER) FOR SERVICES ON/ AFTER 1/1/2013. Request for Second Bill Review (SBR): After an Explanation of Review (EOR) is received on an original bill submission, a provider that disputes the amount paid may submit a Request for SBR to the claims administrator within 90 days of service of the EOR. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the provider does not request a SBR within the 90 days, 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): If the only dispute is the amount of payment and the second bill review does not resolve the payment dispute, a provider may submit a Request for IBR within 30 days of service of the SBR, pursuant to Section 4603.2 or 4622. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. Failure to request an IBR within 30 days will deem the bill satisfied and neither the employer nor 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, except as provided for in Section 4622. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING AT WWW.AVALITY.COM AND CHOOSE THE "REGISTER" TAB.

Amtrust North America, PO Box 94574, Cleveland, OH 44101, (800) 732-0153, is designated to receive by certified mail requests for petition of reimbursement.

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 77962

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
3070057

Case: vs PRO CLEAN INC
Date Of Injury: 11/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/16	INITIAL EXAM	-DR GALAL GOUBRAN & EDWIN	230.00
/ /	INTERPRETER:	MIRZABEIGI @ SIDHU*	
05/25/16	INITIAL ACUP	MARIA BARBOSA # 500267	0.00
/ /		-W/ ACUPUNCT MIN CHOI, INITIA	230.00
/ /		CHIRO & PHYS TX	
/ /	INTERPRETER:	W/DR CHRISTINE HA @ SIDHU*	0.00
06/01/16	FOLLOW-UP	MARIA BARBOSA # 500267	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
06/03/16	FOLLOW-UP	MARIA BARBOSA # 500267	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
06/06/16	FOLLOW-UP	MARIA BARBOSA # 500267	0.00
/ /		-W/ ACUPUNCT CHOI & -F/U PHYS	180.00
/ /	INTERPRETER:	TX W/DR HA @ SIDHU*	
06/08/16	FOLLOW-UP	ELISA LOPEZ MEDINA # 003693	0.00
/ /		-W/ ACUPUNCT CHOI, F/U CHIRO	180.00
/ /	INTERPRETER:	& PHYS TX DR HA*	
06/16/16	PR2/REEVAL	MARIA BARBOSA # 500267	0.00
/ /	INTERPRETER:	DR GOUBRAN @ SIDHU*	180.00
06/27/16	FOLLOW-UP	MARIA BARBOSA # 500267	0.00
/ /		-W/ ACUPUNCT CHOI, F/U CHIRO	180.00
/ /	INTERPRETER:	& PHYS TX W/DR HA*	
07/01/16	FOLLOW-UP	MARIA BARBOSA # 500267	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
06/22/16	FOLLOW-UP	MARIA BARBOSA # 500267	0.00
/ /		-W/ ACUPUNCT CHOI, F/U CHIRO	180.00
/ /	INTERPRETER:	& PHYS TX W/DR HA*	
07/08/16	FOLLOW-UP	ROSARIO RIVAS # 500276	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
07/11/16	FOLLOW-UP	MARIA BARBOSA # 500267	0.00
/ /		-W/ ACUPUNCT CHOI, F/U CHIRO	180.00
/ /		& PHYS TX W/DR HA*	

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 77962

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
3070057

Case: vs PRO CLEAN INC
Date Of Injury: 11/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/27/17	LIEN FIL FEE	LIEN FILING FEE	150.00
02/01/21	PENALTIES	FOR DATE OF SERVICE 05/12/16	34.50
04/12/21	INTEREST	FOR DATE OF SERVICE 05/12/16	24.71
02/01/21	PENALTIES	FOR DATE OF SERVICE 05/25/16	34.50
04/12/21	INTEREST	FOR DATE OF SERVICE 05/25/16	24.71
04/20/21	PMT BY CHECK	DOS 4/12/21* # 03305894	-1800.00
		1	
04/26/21	BLCE OFF SET	BALANCE OFF SET	-728.42

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.

WESCO INSURANCE CO (Claims Funding)

PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.**03305894**

3070057-1

WWC3137499

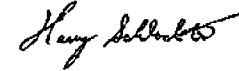
DATE**4/20/2021****AMOUNT****\$1,800.00**

One Thousand Eight Hundred and 0/100s Dollars*****

PAY TO JOYCE ALTMAN INTERPRETERS INC
THE
ORDER
OF

VOID AFTER 180 DAYS

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



⑈03305894⑈ ⑆021309379⑆ 601894744⑈

Explanation Of Bill Review

Check Number	03305894	WESCO INSURANCE CO (Claims Funding) 1148
Claim Number:	3070057-1	AmTrust North America
Regulatory ID:		P O Box 89404
Bill Number:	16352677	Cleveland, OH 44101
Invoice Number:	FP1-MJCA-1378015	212-655-2000
Policy / Insured:	WWC3137499/Pro-Clean ML Inc.	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	11/14/2015	FP1-MJCA-1378015
Location:	9333 La Mesa Dr Alta Loma CA 91701 -	
Examiner Code:	32029	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
4/12/2021	MDS10	SETTLEMENT FOR DISPUTE	1.00	2410.00	610.00	0.00	1800.00	G5, 375, G67, 96
				2410.00	610.00	0.00	1800.00	

G5 - THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.; 375 - PLEASE SEE SPECIAL *NOTE* BELOW.; G67 - PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.; 961 - ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.;

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 providers agreement with the preferred provider organization. TIME LIMITS TO DISPUTE PAYMENT AMOUNT FOR HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES OR BILLING AGENT/ASSIGNEE (HEREIN AFTER PROVIDER) FOR SERVICES ON/AFTER 1/1/2013. Request for Second Bill Review (SBR): After an Explanation of Review (EOR) is received on an original bill submission, a provider that disputes the amount paid may submit a Request for SBR to the claims administrator within 90 days of service of the EOR. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the provider does not request a SBR within the 90 days, 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): If the only dispute is the amount of payment and the second bill review does not resolve the payment dispute, a provider may submit a Request for IBR within 30 days of service of the SBR, pursuant to Section 4603.2 or 4622. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. Failure to request an IBR within 30 days will deem the bill satisfied and neither the employer nor 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, except as provided for in Section 4622. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING AT WWW.AVAILITY.COM AND CHOOSE THE 'REGISTER' TAB.

Amtrust North America, PO Box 94574, Cleveland, OH 44101, (800) 732-0153, is designated to receive by certified mail requests for petition of reimbursement.

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

*** INVOICE ***
Date NO#
04/15/21 78916

** THIS SERVES AS DEMAND FOR PAYMENT **

BILL TO:
BENCHMARK (ONTARIO)
W. C. DEPARTMENT
ATTN: LILIAN ROSALES
PO BOX 46350
LAS VEGAS, NV 89114

EAMS#(s) :

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7107708

Case: vs PRIME WHEEL CORP
Date Of Injury: 7/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
09/04/20	INITIAL EXAM	DR NEGING RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/09/20	INITIAL ACUP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/11/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/12/20	INIT PHYSIO	THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
09/18/20	FOLLOW-UP	W/ ACUPUNCT SUNGSOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/23/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
09/25/20	FOLLOW-UP	W/ ACUPUNCT SUNGSOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
09/26/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/29/20	F/U PHYSIO	THERAPY W/DR SIRLINA COOK @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/27/21	LIEN FIL FEE	LIEN FILING FEE	150.00
04/13/21	PMT BY CHECK	DOS 9/4/20-9/29/20* # 0000352301	-1980.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/15/21 78916

** THIS SERVES AS DEMAND FOR PAYMENT **

BILL TO:
BENCHMARK (ONTARIO)
W. C. DEPARTMENT
ATTN: LILIAN ROSALES
PO BOX 46350
LAS VEGAS, NV 89114

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7107708

Case: vs PRIME WHEEL CORP
Date Of Injury: 7/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/21	BLCE OFF SET	BALANCE OFF SET	-150.00

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.

Benchmark Insurance Company - Compstar 972

California Claims Account - (800) 362-5198

7881 W Charleston Blvd., Suite 210

Las Vegas NV 89117

Wells Fargo
Minneapolis, MN

17-1/910

Check Number

0000352301

Issue Date: 04/13/2021

VOID After 60 Days

For Medical from 09/04/2020 to 09/29/2020. 78916
Claim: 7107708 / 8i Settlement - Medical portion only

Pay One Thousand Nine Hundred Eighty and 00/100 Dollars

\$ *****1,980.00

To The

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

David L. Oakley

Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈0000352301⑈ ⑆091000019⑆ 3987025529⑈

m

Claim: 7107708 / Accident date: 07/20/2020, Jurisdiction State: California.
Insured: Prime Wheel Corp., Policy: MST5000534.

The payment is for 8i Settlement - Medical portion only from 09/04/2020 to 09/29/2020.
Check: 0000352301, issued: 04/13/2021, for: \$1,980.00, for: Medical, Invoice: 78916

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

Please contact Lillian Rosales, telephone: (800) 362-5198 Ext: 8951 in CA \ Ontario Ontario CA,
if you have questions regarding this payment.

Send to Adjuster

0000849507

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 72403

** THIS SERVES AS DEMAND FOR PAYMENT **

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

EAMS#(s)
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55056146

Case: vs HIGHLAND LUMBER SALES
Date Of Injury: 7/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/16	INITIAL EXAM	-DR NEGIN RAMESHNI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049 DOI: 2/27/13	0.00
08/09/16	INITIAL EXAM	-DR NEGIN RAMESHNI @ EPC* DOI: CT 6/14 - 7/16	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/17/16	INITIAL EXAM	-DR BIPIN BHARATWAL @ EPC DOI: 2/27/13	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/18/16	INITIAL ACUP	-W/ ACUPUNCT YOUN ME RHEE @ EPC* DOI: 2/27/13	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/01/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: BOTH	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/06/16	PR2/REEVAL	-DR RAMESHNI @ EPC* DOI: 2/27/13	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/12/16	INITIAL ACUP	-W/ ACUPUNCT JEONG HUN YOON @ EPC* (AMEDNED)	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/15/16	PR2/REEVAL	-DR RAMESHNI @ EPC* DOI: CT 6/14 - 7/16	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/27/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: 2/27/13	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/29/16	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: CT 6/14 - 7/16	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55056146

Case: vs HIGHLAND LUMBER SALES
Date Of Injury: 7/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	DOI: 2/27/13	
10/12/16	PR2/REEVAL	JESUS CASTILLO # 500358	0.00
/ /	INTERPRETER:	-DR BHARATWAL @ EPC*	180.00
10/13/16	FOLLOW-UP	DOI: 2/27/13	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/20/16	PR2/REEVAL	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	DOI: CT 6/14 - 7/16	
10/31/16	FOLLOW-UP	LISBETH C. PARRENO # 101080	0.00
/ /	INTERPRETER:	-DR RAMESHNI @ EPC*	180.00
11/15/16	PR2/REEVAL	DOI: CT 6/14 - 7/16	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/21/16	PR2/REEVAL	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	DOI: 2/27/13	
12/01/16	SHOCK WAVE	ANA M. MONASSERI # 500315	0.00
/ /	INTERPRETER:	-DR RAMESHNI @ EPC*	180.00
12/05/16	INITIAL EXAM	DOI: 2/27/13	
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/08/16	SHOCK WAVE	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	DOI: CT 6/14 - 7/16	
		JOSE GERRY LUGO # 500049	0.00
		-TX W/DR FARDAD MOGHARABI*	150.00
		DOI: CT 6/14 - 7/16	
		LISBETH C. PARRENO # 101080	0.00
		-PSYCH EVAL W/DR PARVIN	230.00
		SALKELD @ EPC*	
		JESUS A. CASTILLO # 500341	0.00
		DOI: 2/27/13	
		-THERAPY W/DR MOGHARABI @EPC*	150.00
		DOI: CT 6/14 - 7/16	
		PAUL LAZCANO # 101143	0.00

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55056146

Case: vs HIGHLAND LUMBER SALES
Date Of Injury: 7/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/16	SHOCK WAVE	-TX W/DR FARDAD MOGHARABI*	150.00
/ /	INTERPRETER:	DOI: CT 6/14 - 7/16	
12/19/16	FOLLOW-UP	IRENE MORA # 101159	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT RHEE @ EPC*	180.00
12/20/16	PR2/REEVAL	DOI: 2/27/13	
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/21/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	DOI: 2/27/13	
12/22/16	SHOCK WAVE	JESUS CASTILLO # 500358	0.00
/ /	INTERPRETER:	-DR BHARATWAL @ EPC*	180.00
12/27/16	PR2/REEVAL	DOI: 2/27/13	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/05/17	INITIAL EXAM	-TX W/DR FARDAD MOGHARABI*	150.00
/ /	INTERPRETER:	DOI: CT 6/14 - 7/16	
01/12/17	SHOCK WAVE	PAUL A. LAZCANO # 101143	0.00
/ /	INTERPRETER:	-DR RAMESHNI @ EPC* (AMENDED)	180.00
01/24/17	PR2/REEVAL	DOI: CT 6/14 - 7/16	
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/30/17	FOLLOW-UP	-DR TOSHA BROWN/LEONARD MALIN	230.00
/ /	INTERPRETER:	PA @ EPC*	
		ALBERTO VILLAGOMEZ # 500341	0.00
		DOI: 2/27/13	
		-THERAPY W/DR MOGHARABI @EPC*	150.00
		DOI: CT 6/14 - 7/16	
		JOSE GERRY LUGO # 500049	0.00
		-DR ROSTAMI @ EPC*	180.00
		DOI: 2/27/13	
		IRENE MORA # 101159	0.00
		-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 2/27/13	
		GLADYS P. REYNA # 301721	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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04/16/21 72403

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BERKSHIRE HATHAWAY (SF 881716)
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P.O. BOX 881716
SAN FRANCISCO, CA 94188

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55056146

Case: vs HIGHLAND LUMBER SALES
Date Of Injury: 7/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	DOI: CT 6/14 - 7/16	
02/01/17	PR2/REEVAL	GLADYS REYNA # 301721	0.00
/ /	INTERPRETER:	-DR BHARTAWAL @ EPC*	180.00
02/02/17	L.I.N.T.	DOI: 2/27/13	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/02/17	L.I.N.T.	-LOCALIZED INTENSE NEURO-	150.00
/ /	-	STIMULATION @ EPC	
/ /	INTERPRETER:	W/DR MOGHARABI*	0.00
02/03/17	INITIAL EXAM	DOI: CT 6/14 - 7/16	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/06/17	EMG TESTING	-DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	DOI: 2/27/13	
02/07/17	SHOCKWAVE	GLADYS REYNA # 301721	0.00
/ /	INTERPRETER:	& NCV BY DR GROSS: BIL U/E*	150.00
02/09/17	L.I.N.T.	DOI: CT 6/14 - 7/16	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/16/17	FOLLOW-UP	-BY DR MOGHARABI @ EPC*	150.00
/ /	INTERPRETER:	DOI: CT 6/14 - 7/16	
02/27/17	EMG TESTING	GLADYS P. REYNA # 301721	0.00
/ /	INTERPRETER:	-LOCALIZED INTENSE NEURO-	150.00
02/28/17	PR2/REEVAL	STIMULATION @ EPC*	
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/28/17	PR2/REEVAL	DOI: 2/27/13	
/ /	INTERPRETER:	-W/ ACUPUNCT RHEE @ EPC*	180.00
02/28/17	PR2/REEVAL	DOI: 2/27/13	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/28/17	PR2/REEVAL	& NCV BY DR GROSS: L/E @ EPC*	150.00
/ /	INTERPRETER:	DOI: 2/27/13	
02/28/17	PR2/REEVAL	JESUS A. CASTILLO # 500358	0.00
/ /	INTERPRETER:	-DR ROSTAMI @ EPC*	180.00

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ATTN: ALISA RIOS
P.O. BOX 881716
SAN FRANCISCO, CA 94188

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55056146

Case: vs HIGHLAND LUMBER SALES
Date Of Injury: 7/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	DOI: 2/27/13	
03/03/17	PR2/REEVAL	ALBERTO VILLAGOMEZ # 500341	0.00
		-DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	DOI: 2/27/13	
03/06/17	FOLLOW-UP	ALBERTO VILLAGOMEZ # 500341	0.00
		-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	DOI: 2/27/13	
03/07/17	PR2/REEVAL	GLADYS REYNA # 301721	0.00
		-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	DOI: CT 6/14 - 7/16	
03/08/17	PR2/REEVAL	ALBERTO VILLAGOMEZ # 500341	0.00
		-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	DOI: 2/27/13	
04/03/17	FOLLOW-UP	ALBERTO VILLAGOMEZ # 500341	0.00
		-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	DOI: CT 6/14 - 7/16	
04/04/17	PR2/REEVAL	ALBERTO VILLAGOMEZ # 500341	0.00
		-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	DOI: 2/27/13	
04/05/17	PR2/REEVAL	JESUS A. CASTILLO # 500358	0.00
		-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	DOI: 2/27/13	
04/11/17	PR2/REEVAL	JESUS A. CASTILLO # 500358	0.00
		-DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	DOI: CT 6/14 - 7/16	
04/17/17	FINAL ACUPT	JESUS A. CASTILLO # 500358	0.00
		-W/ ACUPUNCT RHEE @ EPC*	230.00
/ /	INTERPRETER:	DOI; 2/27/13	
04/19/17	INITIAL EXAM	ALBERTO VILLAGOMEZ # 500341	0.00
		-PHYSICAL THERAPY W/DR CHRIS	90.00
		MENDOZA @ EPC*	

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55056146

Case: vs HIGHLAND LUMBER SALES
Date Of Injury: 7/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/20/17	FINAL ACUPT	DOI: 2/27/13 -W/ ACUPUNCT RHEE @ EPC* CT 6/14 - 7/16	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/09/17	PR2/REEVAL	-DR ROSTAMI @ EPC* DOI: 2/27/13	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
05/10/17	PR2/REEVAL	-DR BHARATWAL @ EPC* DOI: 2/27/13	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/15/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: 2/27/13	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
05/16/17	PR2/REEVAL	-DR ROSTAMI @ EPC* DOI: CT 6/14 - 7/16	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
05/22/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: 2/27/13	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/02/17	P AND S	-DR MASSIHI @ EPC* DOI: 2/27/13	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/05/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: 2/27/13	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/07/17	PR2/REEVAL	-DR BHARATWAL @ EPC* DOI: 2/27/13	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/08/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC* DOI: CT 6/14 - 7/16	180.00

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Claim #(s):
55056146

Case: vs HIGHLAND LUMBER SALES
Date Of Injury: 7/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/13/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: 2/27/13	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/16/17	FOLLOW UP	-PHYS TX W/DR MENDOZA @ EPC*	90.00
		DOI: CT 6/14 - 7/16	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/19/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 2/27/13	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/21/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: CT 6/14 - 7/16	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/22/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 6/14 - 7/16	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/05/17	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
		DOI: CT 6/14 - 7/16	
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/06/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 6/14 - 7/16	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/13/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 6/14 - 7/16	
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/25/17	PR2/REEVAL	-DR ROSTAMI @ EPC*	180.00
		DOI: CT 6/14 - 7/16	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/27/17	P AND S	-DR ROSTAMI @ EPC*	230.00
		DOI: 2/27/13	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00

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

*** INVOICE ***
Date NO#
04/16/21 72403

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55056146

Case: vs HIGHLAND LUMBER SALES
Date Of Injury: 7/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/17	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	DOI: CT 6/14 - 7/16	
08/09/17	PR2/REEVAL	JESUS CASTILLO # 500358	0.00
/ /	INTERPRETER:	-DR BHARATWAL @ EPC*	180.00
08/29/17	P AND S	DOI: 2/27/13	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/21/19	LIEN FIL FEE	-DR ROSTAMI @ EPC*	230.00
09/25/19	PENALTIES	DOI: 3/31/11	
01/14/21	INTEREST	JESUS CASTILLO # 500358	0.00
09/25/19	PENALTIES	LIEN FILING FEE	150.00
01/14/21	INTEREST	FOR DATE OF SERVICE 08/02/16	34.50
09/25/19	PENALTIES	FOR DATE OF SERVICE 08/02/16	90.44
01/14/21	INTEREST	FOR DATE OF SERVICE 08/09/16	34.50
09/25/19	PENALTIES	FOR DATE OF SERVICE 08/09/16	90.44
01/14/21	INTEREST	FOR DATE OF SERVICE 08/17/16	34.50
09/25/19	PENALTIES	FOR DATE OF SERVICE 08/17/16	90.44
01/14/21	INTEREST	FOR DATE OF SERVICE 08/17/16	90.44
09/25/19	PENALTIES	FOR DATE OF SERVICE 08/18/16	34.50
01/14/21	INTEREST	FOR DATE OF SERVICE 08/18/16	90.44
09/25/19	PENALTIES	FOR DATE OF SERVICE 08/18/16	90.44
01/14/21	INTEREST	FOR DATE OF SERVICE 12/05/16	34.50
09/25/19	PENALTIES	FOR DATE OF SERVICE 12/05/16	90.44
01/14/21	INTEREST	FOR DATE OF SERVICE 12/05/16	90.44
09/25/19	PENALTIES	FOR DATE OF SERVICE 01/05/17	34.50
01/14/21	INTEREST	FOR DATE OF SERVICE 01/05/17	90.44
09/25/19	PENALTIES	FOR DATE OF SERVICE 01/05/17	90.44
01/14/21	INTEREST	FOR DATE OF SERVICE 02/03/17	34.50
09/25/19	PENALTIES	FOR DATE OF SERVICE 02/03/17	90.44
01/14/21	INTEREST	FOR DATE OF SERVICE 02/03/17	90.44
09/25/19	PENALTIES	FOR DATE OF SERVICE 04/17/17	34.50
01/14/21	INTEREST	FOR DATE OF SERVICE 04/17/17	90.44
09/25/19	PENALTIES	FOR DATE OF SERVICE 04/17/17	90.44
01/14/21	INTEREST	FOR DATE OF SERVICE 04/19/17	13.50
09/25/19	PENALTIES	FOR DATE OF SERVICE 04/19/17	35.39
01/14/21	INTEREST	FOR DATE OF SERVICE 04/19/17	35.39
09/25/19	PENALTIES	FOR DATE OF SERVICE 04/20/17	34.50
01/14/21	INTEREST	FOR DATE OF SERVICE 04/20/17	90.44
09/25/19	PENALTIES	FOR DATE OF SERVICE 04/20/17	90.44
01/14/21	INTEREST	FOR DATE OF SERVICE 06/02/17	34.50
09/25/19	PENALTIES	FOR DATE OF SERVICE 06/02/17	34.50

Joyce Altman Interpreters, Inc.
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SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55056146

Case: vs HIGHLAND LUMBER SALES
Date Of Injury: 7/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/21	INTEREST	FOR DATE OF SERVICE 06/02/17	90.44
09/25/19	PENALTIES	FOR DATE OF SERVICE 07/27/17	34.50
01/14/21	INTEREST	FOR DATE OF SERVICE 07/27/17	90.44
09/25/19	PENALTIES	FOR DATE OF SERVICE 08/29/17	34.50
01/14/21	INTEREST	FOR DATE OF SERVICE 08/29/17	90.44
06/22/20	PENALTIES	FOR DATE OF SERVICE 09/12/16	34.50
01/14/21	INTEREST	FOR DATE OF SERVICE 09/12/16	22.32
10/29/20	PENALTIES	FOR DATE OF SERVICE 09/01/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 09/01/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 09/06/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 09/06/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 09/15/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 09/15/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 09/27/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 09/27/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 09/29/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 09/29/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 10/10/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 10/10/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 10/12/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 10/12/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 10/13/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 10/13/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 10/20/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 10/20/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 10/31/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 10/31/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 11/15/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 11/15/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 11/21/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 11/21/16	70.78

Joyce Altman Interpreters, Inc.
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04/16/21 72403

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W. C. DEPARTMENT
ATTN: ALISA RIOS
P.O. BOX 881716
SAN FRANCISCO, CA 94188

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55056146

Case: vs HIGHLAND LUMBER SALES
Date Of Injury: 7/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/20	PENALTIES	FOR DATE OF SERVICE 12/01/16	22.50
01/14/21	INTEREST	FOR DATE OF SERVICE 12/01/16	58.98
10/29/20	PENALTIES	FOR DATE OF SERVICE 12/08/16	22.50
01/14/21	INTEREST	FOR DATE OF SERVICE 12/08/16	58.98
10/29/20	PENALTIES	FOR DATE OF SERVICE 12/15/16	22.50
01/14/21	INTEREST	FOR DATE OF SERVICE 12/15/16	58.98
10/29/20	PENALTIES	FOR DATE OF SERVICE 12/19/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 12/19/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 12/20/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 12/20/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 12/21/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 12/21/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 12/22/16	22.50
01/14/21	INTEREST	FOR DATE OF SERVICE 12/22/16	58.98
10/29/20	PENALTIES	FOR DATE OF SERVICE 12/27/16	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 12/27/16	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 01/12/17	22.50
01/14/21	INTEREST	FOR DATE OF SERVICE 01/12/17	58.98
10/29/20	PENALTIES	FOR DATE OF SERVICE 01/24/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 01/24/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 01/30/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 01/30/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 01/31/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 01/31/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 02/01/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 02/01/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 02/02/17	22.50
01/14/21	INTEREST	FOR DATE OF SERVICE 02/02/17	58.98
10/29/20	PENALTIES	FOR DATE OF SERVICE 02/06/17	22.50
01/14/21	INTEREST	FOR DATE OF SERVICE 02/06/17	58.98
10/29/20	PENALTIES	FOR DATE OF SERVICE 02/07/17	22.50

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#
04/16/21 72403

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

EAMS#(s):
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55056146

Case: vs HIGHLAND LUMBER SALES
Date Of Injury: 7/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/21	INTEREST	FOR DATE OF SERVICE 02/07/17	58.98
10/29/20	PENALTIES	FOR DATE OF SERVICE 02/09/17	22.50
01/14/21	INTEREST	FOR DATE OF SERVICE 02/09/17	58.98
10/29/20	PENALTIES	FOR DATE OF SERVICE 02/16/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 02/16/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 02/27/17	22.50
01/14/21	INTEREST	FOR DATE OF SERVICE 02/27/17	58.98
10/29/20	PENALTIES	FOR DATE OF SERVICE 02/28/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 02/28/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 03/03/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 03/03/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 03/06/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 03/06/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 03/07/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 03/07/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 03/08/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 03/08/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 04/03/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 04/03/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 04/04/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 04/04/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 04/05/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 04/05/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 04/11/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 04/11/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 05/09/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 05/09/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 05/10/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 05/10/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 05/15/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 05/15/17	70.78

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
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BERKSHIRE HATHAWAY (SF 881716)
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SAN FRANCISCO, CA 94188

EAMS#(s) :

SS # : XXX-XX
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Terms: 60 days
Claim #(s):
55056146

Case: vs HIGHLAND LUMBER SALES
Date Of Injury: 7/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/20	PENALTIES	FOR DATE OF SERVICE 05/16/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 05/16/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 05/22/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 05/22/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 06/05/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 06/05/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 06/07/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 06/07/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 06/08/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 06/08/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 06/13/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 06/13/17	70.78
10/20/20	PENALTIES	FOR DATE OF SERVICE 06/16/17	13.50
01/14/21	INTEREST	FOR DATE OF SERVICE 06/16/17	35.39
10/29/20	PENALTIES	FOR DATE OF SERVICE 06/19/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 06/19/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 06/21/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 06/21/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 06/22/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 06/22/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 07/05/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 07/05/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 07/06/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 07/06/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 07/13/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 07/13/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 07/25/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 07/25/17	70.78
10/29/20	PENALTIES	FOR DATE OF SERVICE 08/07/17	27.00
01/14/21	INTEREST	FOR DATE OF SERVICE 08/07/17	70.83
10/29/20	PENALTIES	FOR DATE OF SERVICE 08/09/17	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

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04/16/21 72403

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SS # : XXX-XX-
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Case: vs HIGHLAND LUMBER SALES
Date Of Injury: 7/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/21	INTEREST	FOR DATE OF SERVICE 08/09/17	70.83
04/06/21	PMT BY CHECK	DOS 3/29/21* # 03703247	-320.00
		AMTRUST	
04/14/21	PMT BY CHECK	DOS 3/29/21 # 116052	-1680.00
		BERKSHIRE	
04/16/21	BLCE OFF SET	BALANCE OFF SET	-18622.22

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

ANA UBI Claims

PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.**03703247**

2306268-1

SWC1009114

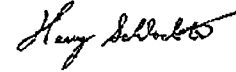
DATE**4/6/2021****AMOUNT****\$320.00**

Three Hundred Twenty and 0/100s Dollars*****

PAY TO JOYCE ALTMAN INTERPRETERS INC
THE
ORDER
OF

VOID AFTER 180 DAYS

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



⑈03703247⑈ ⑆021309379⑆ 790262463⑈

Explanation Of Bill Review

Check Number	03703247	ANA UBI Claims
Claim Number:	2306268-1	AmTrust North America
Regulatory ID:		P O Box 89404
Bill Number:	16304552	Cleveland, OH 44101
Invoice Number:	FP1-MSCA-1064214	212-655-2000
Policy / Insured:	SWC1009114/Highland Lumber Sales Inc. Corporation	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	2/19/2013	FP1-MSCA-1064214
Location:	ANAHEIM CA 92805 -	
Examiner Code:	32029	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
3/29/2021	MDS10	SETTLEMENT FOR DISPUTE	1.00	13460.00	13140.00	0.00	320.00	G5, 375, G67, 96
				13460.00	13140.00	0.00	320.00	

G5 - THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.; 375 - PLEASE SEE SPECIAL *NOTE* BELOW.; G67 - PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.; 961 - ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.;

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 providers agreement with the preferred provider organization. TIME LIMITS TO DISPUTE PAYMENT AMOUNT FOR HEALTH CARE PROVIDERS, HEALTH CARE FACILITIES OR BILLING AGENT/ASSIGNEE (HEREIN AFTER PROVIDER) FOR SERVICES ON/AFTER 1/1/2013. Request for Second Bill Review (SBR): After an Explanation of Review (EOR) is received on an original bill submission, a provider that disputes the amount paid may submit a Request for SBR to the claims administrator within 90 days of service of the EOR. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the provider does not request a SBR within the 90 days, 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): If the only dispute is the amount of payment and the second bill review does not resolve the payment dispute, a provider may submit a Request for IBR within 30 days of service of the SBR, pursuant to Section 4603.2 or 4622. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. Failure to request an IBR within 30 days will deem the bill satisfied and neither the employer nor 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, except as provided for in Section 4622. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING AT WWW.AVAILITY.COM AND CHOOSE THE 'REGISTER' TAB.

Amtrust North America, PO Box 94574, Cleveland, OH 44101, (800) 732-0153, is designated to receive by certified mail requests for petition of reimbursement.

Berkshire Hathaway Homestate Insurance Company

Wells Fargo Bank

11-24

CHECK NO.

1161052

P.O. Box 881716
San Francisco, CA 94188

420 Montgomery St.
San Francisco, CA 94104

1210(8)

DATE
04/14/2021

California Workers' Compensation Payment

*****2,080.00

Pay Two Thousand Eighty Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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



R. N. Daniels

⑈ 1161052⑈ ⑆ 121000248⑆ 4125523753⑈

Provider Bill Detail

Payer: Berkshire Hathaway Homestate Insurance Company

Check Number: 1161052

Check Date: 04/14/2021

Claim Number: 55056146

Claimant Name:

SSN:

Date of Birth: 06/04/1964

Date Received: 03/29/2021

Date Reviewed: 04/13/2021

Date of Injury: 07/19/2016

Document Number: MDTB20210413
09270789ECOC
01

Examiner: droberts

Bill Type:

Pay Code: 189

From: 08/02/2016

State of Jurisdiction: California

Employer: Highland
Lumber Sales,
Inc.

Through: 08/02/2016

Rendering Provider: PO BOX 4165
TUSTIN, CA 927814165

Employer ID: HIWC703953

Rendering Provider NPI: 9999999999

ICD Codes: T14.90



Date	Code	Mod	Description	Billed Qty	Billed	Fee	PPO	Other	Allowed Qty	Allowed	Reason
8/2/2016	MDO10	00 00 00	INTERPRETER 8/2/16- 8/29/16 RX# 0000000000	1.00	13,460.00	11,780.0 0	0.00	0.00	00000	1,680.00	DO10BH
Totals:					13,460.00	11,780.0 0	0.00	0.00		<u>1,680.00</u>	

Claim Number: 55092773

Claimant Name:

SSN: XXX-XX-

Date of Birth: 04/20/1976

Date Received: 04/09/2021

Date Reviewed: 04/13/2021

Date of Injury: 02/16/2019

Document Number: MDTB20210413
09101623DHUN
01

Examiner: wwinkelman

Bill Type:

Pay Code: 189

From: 05/13/2019

State of Jurisdiction: California

Employer: Concorde
Battery
Corporation

Through: 05/13/2019

Rendering Provider: PO BOX 4165
TUSTIN, CA 927814165

Employer ID: COWC928222

Rendering Provider NPI: 9999999999

ICD Codes: T14.90

Date	Code	Mod	Description	Billed Qty	Billed	Fee	PPO	Other	Allowed Qty	Allowed	Reason
5/13/2019	MDO10	00 00 00	INTERPRETER 5/13/19- 9/23/19 RX# 0000000000	1.00	1,510.00	1,110.00	0.00	0.00	00000	400.00	DO10BH
Totals:					1,510.00	1,110.00	0.00	0.00		400.00	

Reduction Reason Codes:

Code: Description:

DO10BH Jurisdiction orders a lump sum payment for multiple bills where the amount of reimbursement is in dispute between claims payer and the healthcare provider.

Notices:

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 75979

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55092773; 55098273

Case: vs INTERSPACE BATTERY INC
Date Of Injury: 2/16/19; 4/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/13/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/05/19	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/20/19	PR2/REEVAL	DR CHRISTINE SOO HA @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/15/19	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/01/19	PR2/REEVAL	DR CHRISTINE SOO HA @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/09/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/23/19	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/05/20	LIEN FIL FEE	LIEN FILING FEE	150.00
10/20/20	PENALTIES	FOR DATE OF SERVICE 05/13/19	34.50
04/09/21	INTEREST	FOR DATE OF SERVICE 05/13/19	41.31
10/20/20	PENALTIES	FOR DATE OF SERVICE 06/05/19	34.50
04/09/21	INTEREST	FOR DATE OF SERVICE 06/05/19	41.31
04/09/21	PENALTIES	FOR DATE OF SERVICE 06/20/19	27.00
04/09/21	INTEREST	FOR DATE OF SERVICE 06/20/19	32.33
04/09/21	PENALTIES	FOR DATE OF SERVICE 07/15/19	27.00
04/09/21	INTEREST	FOR DATE OF SERVICE 07/15/19	32.33
04/09/21	PENALTIES	FOR DATE OF SERVICE 08/01/19	27.00
04/09/21	INTEREST	FOR DATE OF SERVICE 08/01/19	32.33
04/09/21	PENALTIES	FOR DATE OF SERVICE 09/09/19	27.00
04/09/21	INTEREST	FOR DATE OF SERVICE 09/09/19	32.16
04/09/21	PENALTIES	FOR DATE OF SERVICE 09/23/19	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#
04/19/21 75979

** THIS SERVES AS DEMAND FOR PAYMENT **

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

EAMS#(s):
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55092773; 55098273

Case: vs INTERSPACE BATTERY INC
Date Of Injury: 2/16/19; 4/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/21	INTEREST	FOR DATE OF SERVICE 09/23/19	10.78
04/14/21	PMT BY CHECK	DOS 5/13/19-9/23/19* =# 1161052	-400.00
04/19/21	BLCE OFF SET	BALANCE OFF SET	-1536.55

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.

Berkshire Hathaway Homestate Insurance Company

Wells Fargo Bank

11-24

CHECK NO.

1161052

P.O. Box 881716
San Francisco, CA 94188

420 Montgomery St.
San Francisco, CA 94104

1210(8)

DATE

04/14/2021

California Workers' Compensation Payment

*****2,080.00

Pay Two Thousand Eighty Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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



R. N. D. J.

⑈ 1161052⑈ ⑆ 121000248⑆ 4125523753⑈

Provider Bill Detail

Payer: Berkshire Hathaway Homestate Insurance Company

Check Number: 1161052

Check Date: 04/14/2021

Claim Number: 55056146

Claimant Name:

SSN: XXX-XX

Date of Birth: 06/04/1964

State of Jurisdiction: California

Rendering Provider: PO BOX 4165
TUSTIN, CA 927814165

Rendering Provider NPI: 9999999999

ICD Codes: T14.90

Date Received: 03/29/2021

Date Reviewed: 04/13/2021

Date of Injury: 07/19/2016

Document Number: MDTB20210413
09270789ECOC
01

Employer: Highland
Lumber Sales,
Inc.

Employer ID: HIWC703953

Examiner: droberls

Bill Type:

Pay Code: 189

From: 08/02/2016

Through: 08/02/2016

Date	Code	Mod	Description	Billed Qty	Billed	Fee	PPO	Other	Allowed Qty	Allowed Reason
8/2/2016	MDO10	00 00 00	INTERPRETER 8/2/16- 8/29/16 RX# 0000000000	1.00	13,460.00	11,780.0 0	0.00	0.00 00000		1,680.00 DO10BH
Totals:					13,460.00	11,780.0 0	0.00	0.00		1,680.00

Claim Number: 55092773

Claimant Name:

SSN: XXX-XX

Date of Birth: 04/20/1976

State of Jurisdiction: California

Rendering Provider: PO BOX 4165
TUSTIN, CA 927814165

Rendering Provider NPI: 9999999999

ICD Codes: T14.90

Date Received: 04/09/2021

Date Reviewed: 04/13/2021

Date of Injury: 02/16/2019

Document Number: MDTB20210413
09101623DHUN
01

Employer: Concorde
Battery
Corporation

Employer ID: COWC928222

Examiner: wwinkelman

Bill Type:

Pay Code: 189

From: 05/13/2019

Through: 05/13/2019

Date	Code	Mod	Description	Billed Qty	Billed	Fee	PPO	Other	Allowed Qty	Allowed Reason
5/13/2019	MDO10	00 00 00	INTERPRETER 5/13/19- 9/23/19 RX# 0000000000	1.00	1,510.00	1,110.00	0.00	0.00 00000		400.00 DO10BH
Totals:					1,510.00	1,110.00	0.00	0.00		400.00 ✓

Reduction Reason Codes:

Code: Description:

DO10BH Jurisdiction orders a lump sum payment for multiple bills where the amount of reimbursement is in dispute between claims payer and the healthcare provider.

Notices:

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 78170

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
44055818

Case: vs SOUTH COAST CHILDREN'S SOCIETY
Date Of Injury: CT 8/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/20	INITIAL EXAM	-DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/01/20	F/U PHYSIO	-THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
06/05/20	PR2/REEVAL	-DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
07/17/20	PR2/REEVAL	-DR RUSSMAN/AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/30/20	F/U PHYSIO	-THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/30/20	LIEN FIL FEE	LIEN FILING FEE	150.00
04/09/21	PMT BY CHECK	DOS 4/24/20* # 2733018	-900.00
04/12/21	BLCE OFF SET	BALANCE OFF SET	-150.00

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.

Redwood Fire and Casualty Insurance Company

Wells Fargo Bank

11-24

CHECK NO.

2733018

P.O. Box 881716
San Francisco, CA 94188420 Montgomery St.
San Francisco, CA 94104

1210(8)

DATE
04/09/2021

California Workers' Compensation Payment

*****900.00

Pay Nine Hundred Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 92781-4165*R. M. Daniel*

⑈ 2733018 ⑆ ⑆ 121000248 ⑆ 4121526388 ⑆

Provider Bill Detail

Payer: Redwood Fire and Casualty Insurance Company

Check Number: 2733018

Check Date: 04/09/2021

Claim Number: 44055816

Date Received: 04/07/2021

Examiner: dgutierrez

Claimant Name:

Date Reviewed: 04/08/2021

Bill Type:

SSN:

Date of Injury: 08/17/2019

Pay Code: 189

Date of Birth:

Document Number: MDTD20210408
05423916DHUN
03R

From: 04/24/2020

State of Jurisdiction: California

Employer: South Coast
Children's
Society, Inc

Through: 04/24/2020

Rendering Provider: PO BOX 4165
TUSTIN, CA 927814165

Employer ID: SOWC032393

Rendering Provider NPI: 9999999999

ICD Codes: T14.90

Date	Code	Mod	Description	Billed Qty	Billed	Fee	PPO	Other	Allowed Qty	Allowed Reason
4/24/2020	MDS10	00 00 00	INTERPRETER 4/24/20- 7/30/20 RX# 0000000000	1.00	1,050.00	150.00	0.00	0.00 00000		900.00 DS10BH
Totals:					1,050.00	150.00	0.00	0.00		900.00

Reduction Reason Codes:

Code: Description:

DS10BH Lump sum settlement for multiple bills where the amount of reimbursement is in dispute between the claims payer and the healthcare provider.

Notices:

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

*** INVOICE ***

Date NO#
04/15/21 77960

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
UEF/BUE RIVER DENIM
W. C. DEPARTMENT
ATTN: MANAGER/OWNER
13200 SOUTH AVALON BLVD
LOS ANGELES, CA 90061

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

Case: vs BLUE RIVER DENIM
Date Of Injury: 2/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/14	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	DOI: 3/8/14	0.00
05/22/14	INITIAL EXAM	JESUS CASTILLO # 500358	230.00
/ /	INTERPRETER:	DR RAMESHNI @ ADVANCE CARE*	0.00
06/11/14	PR2/REEVAL	DOI: 2/1/14	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/26/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DOI: 3/8/14	0.00
07/10/14	PR2/REEVAL	JESUS CASTILLO # 500358	180.00
/ /	INTERPRETER:	DR RAMESHNI @ ADVANCE CARE*	0.00
07/30/14	PR2/REEVAL	DOI: 2/1/14	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/31/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DOI: 3/18/14	0.00
08/07/14	PR2/REEVAL	JESUS CASTILLO # 500358	180.00
/ /	INTERPRETER:	DR RAMESHNI @ ADVANCE CARE*	0.00
08/27/14	PR2/REEVAL	DOI: 3/18/14	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
08/28/14	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DOI: 2/1/14	0.00
09/04/14	PR2/REEVAL	JESUS CASTILLO # 500358	180.00
/ /	INTERPRETER:	DR BIPIN BHARATWAL @ ACS*	0.00
/ /	INTERPRETER:	DOI: 3/18/14	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
/ /	INTERPRETER:	DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	DOI: 3/18/14	0.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	180.00
/ /	INTERPRETER:	DR RAMESHNI @ ACS*	0.00
/ /	INTERPRETER:	DOI: 3/18/14	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#
04/15/21 77960

** THIS SERVES AS DEMAND FOR PAYMENT **

BILL TO:
UEF/BUE RIVER DENIM
W. C. DEPARTMENT
ATTN: MANAGER/OWNER
13200 SOUTH AVALON BLVD
LOS ANGELES, CA 90061

EAMS#(s):

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

Case: vs BLUE RIVER DENIM
Date Of Injury: 2/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	DOI: 3/18/14	
09/11/14	PR2/REEVAL	JESUS CASTILLO # 500358	0.00
		DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DOI: 3/18/14	
10/02/14	PR2-RE/EVAL	PAUL LAZCANO # 101143	0.00
		W/ACUPUNCT S. HONG @ ACS*	180.00
/ /	INTERPRETER:	DOI: 3/18/14	
10/08/14	PR2/REEVAL	ELIZABETH VALENCIA # 101087	0.00
		DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DOI: 3/18/14	
11/06/14	PR2/REEVAL	JESUS CASTILLO # 500358	0.00
		DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	DOI: 3/18/14	
11/12/14	PR2/REEVAL	ELIZABETH VALENCIA # 101087	0.00
		DR BHARTAWAL @ ACS*	180.00
/ /	INTERPRETER:		
12/04/14	PR2/REEVAL	GLADYS REYNA # 100755	0.00
		DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	DOI: 2/1/14	
12/18/14	P AND S	JESUS CASTILLO # 500358	0.00
		DR RAMESHNI @ ACS*	230.00
/ /	INTERPRETER:	DOI: 3/18/14	
01/28/15	PR2/REEVAL	JESUS CASTILLO # 500358	0.00
		DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	DOI: 3/18/14	
02/04/15	PR2/REEVAL	JOSE GERRY LUGO # 500049	0.00
		DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	DOI: 2/1/14	
03/05/15	P AND S	LISBETH C. PARRENO # 101080	0.00
		DR RAMESHNI @ ACS*	230.00
/ /	INTERPRETER:	DOI: 3/18/14	
		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#
04/15/21 77960

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

UEF/BUE RIVER DENIM
W. C. DEPARTMENT
ATTN: MANAGER/OWNER
13200 SOUTH AVALON BLVD
LOS ANGELES, CA 90061

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

Case: vs BLUE RIVER DENIM
Date Of Injury: 2/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/15	FOLLOW-UP	W/ ACUPUNCT YOUN RHEE @ ACS*	180.00
/ /	INTERPRETER:	DOI: 3/18/14	0.00
03/25/15	PR2/REEVAL	ELIZABETH VALENCIA # 101087	180.00
/ /	INTERPRETER:	DR BHARATWAL @ ACS*	0.00
05/14/15	PR2/REEVAL	DOI: 3/18/14	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/17/15	PR2/REEVAL	DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	DOI: 3/18/14	0.00
07/22/15	PR2/REEVAL	JOSE GERRY LUGO # 500049	180.00
/ /	INTERPRETER:	DR BHARATWAL @ ADVANCE CARE*	0.00
09/16/15	PR2/REEVAL	DOI: 3/18/14	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
03/10/17	LIEN FIL FEE	DR BHARATWAL @ ADVANCE CARE*	150.00
04/05/21	PMT BY CHECK	DOI: 3/18/14	-5210.00
		GLADYS PINEDA REYNA # 301721	
		LIEN FILING FEE	
		DOS 4/7/21 # 000246439	
		HAIGHT BROWN & BONES	

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

*** INVOICE ***
Date NO#
04/15/21 77960

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
UEF/BUE RIVER DENIM
W. C. DEPARTMENT
ATTN: MANAGER/OWNER
13200 SOUTH AVALON BLVD
LOS ANGELES, CA 90061

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

Case: vs BLUE RIVER DENIM
Date Of Injury: 2/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

77960-77959

CASHIER'S CHECK

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



MANUFACTURERS BANK
A MEMBER OF SBC GROUP
515 SOUTH FIGUEROA ST. • LOS ANGELES, CA 90071

APR 11 5, 2021

000246439

16-260711222

Pay to the order of

JOYCE ALFMAN INTERPRETERS

\$5,210.00

FIVE THOUSAND TWO HUNDRED TEN AND 00/100

BLUE RIVER DENIM INC

Authorized Signature

⑈246439⑈ ⑆122226076⑆ ⑈9982029⑈

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 79969

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
195243476-001

Case: vs UMECO PROCESS MAT/CYTEC IND.
Date Of Injury: 4/12/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
05/20/14	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/01/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
08/01/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @	150.00
/ /	INTERPRETER:	AMERI CHIRO-FINAL*	0.00
08/08/14	P AND S	JOSE LUGO # 500049	230.00
/ /	INTERPRETER:	DR RODRIGUEZ @ AMERI CHIRO*	0.00
01/21/16	LIEN FIL FEE	IRENE MORA # 101159	150.00
04/15/21	PMT BY CHECK	LIEN FILING FEE	-920.00
04/19/21	BLCE OFF SET	DOS 4/12/12-4/15/21*	-150.00
		# 5670900432	
		BALANCE OFF SET	

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 14352
LEXINGTON KY 40512-4352

Check Date	:	04/15/2021
Check Amount	:	\$920.00
Check Number	:	5670900432

JOYCE ALTMAN INTERPETING
PO BOX 4165
TUSTIN CA 92781-4165

Claim Number	Date of Loss	Adjuster Name	Adjuster Phone#
Claimant Name	Amount	Invoice#	Invoice Date
Contact Info: Adjusting Office	Transaction Amount		Service Dates
Transaction Description			
Check Memo			
195243476-001	04/12/2012		
	\$920.00		
BP WC Rancho Cord-Rt		Katie E. Lane	628-212-0185
All Other WC Medical	\$920.00		
full & final satisfaction of lien for all dates of service			04/12/2012-04/15/2021

Please Fold on Perforation Before Tearing

Broadspire®

A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: ACE
INSURER: ACE AMERICAN INSURANCE COMPANY

Check Date : 04/15/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPETING

Amount
*** Nine Hundred Twenty and 00/100 Dollars

Claim Check Number

5670900432

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

***** \$920.00*

JOYCE ALTMAN INTERPETING
PO BOX 4165
TUSTIN CA 92781-4165

By

[Signature]

Claim #: 195243476-001

⑈ 5670900432 ⑈ ⑆061100790⑆ 8800600242 ⑈

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

*** INVOICE ***
Date NO#
04/19/21 75411

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: CHELSEA WATTS
P.O. BOX 53550
IRVINE, CA 92619

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
18W03F788320

Case: vs SIMPLIFIED STAFFING LABOR SOLU
Date Of Injury: 7/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/08/19	INITIAL PHYS	THERAPY & INITIAL CHIRO W/DR CHRISTINE HA @ SIDHU	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/11/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/20/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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#
04/19/21 75411

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: CHELSEA WATTS
P.O. BOX 53550
IRVINE, CA 92619

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
18W03F788320

Case: vs SIMPLIFIED STAFFING LABOR SOLU
Date Of Injury: 7/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/15/19	FOLLOW-UP	W/ ACUPUNCT CHIO, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/31/19	FOLLOW-UP	W/ ACUPUNCT CHIO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA 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
07/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYSIO TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267 (AMENDED)	0.00
07/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELIAS L. MEDINA # 003693	0.00
08/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/23/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIH DU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU* (AMENDED)	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/04/19	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#
04/19/21 75411

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
18W03F788320

Case: vs SIMPLIFIED STAFFING LABOR SOLU
Date Of Injury: 7/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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:	MARIA BARBOSA # 500267	0.00
11/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/24/20	LIEN FIL FEE	LIEN FILING FEE	150.00
07/16/20	PENALTIES	FOR DATE OF SERVICE 02/08/19	13.50
12/31/20	INTEREST	FOR DATE OF SERVICE 02/08/19	18.12
07/16/20	PENALTIES	FOR DATE OF SERVICE 02/11/19	34.50
12/31/20	INTEREST	FOR DATE OF SERVICE 02/11/19	46.31
04/09/21	PENALTIES U	FOR UNPAID STLM'T	475.00
04/09/21	INTEREST U	FOR UNPAID STLM'T	1.43
04/13/21	PMT BY CHECK	DOS 3/9/21 # 0161674891	-4750.00
04/19/21	BLCE OFF SET	BALANCE OFF SET	-1438.86

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 75411

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: CHELSEA WATTS
P.O. BOX 53550
IRVINE, CA 92619

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
18W03F788320

Case: vs SIMPLIFIED STAFFING LABOR SOLU
Date Of Injury: 7/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

CCMSI OBO STATE NATIONAL INSURANCE
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

Check No. 0161674891

Date: 04/13/2021

Batch#: 304386310

Amount

*****4,750.00

Void After 180 Days

Amount: FOUR THOUSAND SEVEN HUNDRED FIFTY AND 00 / 100*****

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

Bradley J. Golden

⑈0161674891⑈ ⑈071000039⑈ 8888822642⑈

Claim#	DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #	Comment	Adjuster	Office
18W03F788320			4,750.00	0.00	4,750.00			CWATT	
07/18/2018							Full and Final Lien Settlement		LAS VEGAS

Batch#: 304386310

Check# 161674891

Check Amount: \$****4,750.00

Loc: SIMPLIFIED LABOR SOLUTIONS, INC.

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 77525

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: DON HARRINTON
P.O. BOX 27920
SCOTTSDALE, AZ 85255

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19W05J158683

Case: vs CDS WEST
Date Of Injury: CT 11/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/20/19	INITIAL EXAM	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/08/20	INIT PHYSIO	THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/13/20	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/29/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/03/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/22/21	LIEN FIL FEE	LIEN FILING FEE	150.00
04/05/21	BLCE OFF SET	BALANCE OFF SET	-120.00
04/05/21	PENALTIES U	FOR UNPAID STLM'T	170.00
04/05/21	INTEREST U	FOR UNPAID STLM'T	2.56
04/06/21	PMT BY CHECK	DOS 2/23/21 # 0161674494	-1700.00
04/06/21	PMT BY CHECK	DOS 2/23/21 # 0161674495	-172.56

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 77525

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)
W. C. DEPARTMENT
ATTN: DON HARRINTON
P.O. BOX 27920
SCOTTSDALE, AZ 85255

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19W05J158683

Case: vs CDS WEST
Date Of Injury: CT 11/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

CCMSI OBO STATE NATIONAL INSURANCE
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

Check No. 0161674494

Date: 04/06/2021

Batch#: 304366673

Amount

*****1,700.00

Void After 180 Days

2-3/710 IL

Amount: ONE THOUSAND SEVEN HUNDRED AND 00 / 100*****

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

Rodney J. Golden

⑈0161674494⑈ ⑆071000039⑆ 8888822642⑈

Claim#	ADOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #	Comment	Adjuster	Office
19W05J158683			1,700.00	0.00	1,700.00			BMARTINEZ	
11/16/2019							F&F in the amount of \$1,700.00		Scottsdale

Batch#: 304366673

Loc: CDS WEST, LLC

Check# 161674494

Check Amount: *****1,700.00

CCMSI OBO STATE NATIONAL INSURANCE
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

Check No. 0161674495

Date: 04/06/2021

Batch#: 304366673

2-3/710 IL

Amount

Amount: ONE HUNDRED SEVENTY-TWO AND 56 / 100*****

*****172.56

Void After 180 Days

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Bradley J. Golden

⑈0161674495⑈ ⑆071000039⑆ 8666622642⑈

Claim#	DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #	Comment	Adjuster/Office
19W05J158683			172.56	0.00	172.56			BMARTINEZ
11/16/2019							F&F Penalty & Intrest due \$172.56 as payment was paid late.	Scottsdale

Batch#: 304366673

Check# 161674495

Check Amount: \$*****172.56

Loc: CDS WEST, LLC

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 78009

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19K53J169977

Case: vs WORKFORCE MGMT GRP ESS EMPLOYE
Date Of Injury: 12/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/20	INITIAL EXAM	DR MARINA RUSSMAN/MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/25/20	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/27/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/01/20	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:	MARIA BARBOSA # 500267	0.00
04/08/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/10/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/02/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/20/20	INITL CHIRO	TREATMENT W/DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/23/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
07/27/20	F/U CHIRO TX	CHIRO TX DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/28/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
07/30/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/29/20	F/U CHIRO TX	CHIRO 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

*** INVOICE ***
Date NO#
04/19/21 78009

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

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

SS # : XXX-XX.
DOB :
Terms: 60 days
Claim #(s):
19K53J169977

Case: vs WORKFORCE MGMT GRP ESS EMPLOYE
Date Of Injury: 12/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/04/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/06/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/05/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/01/20	PMT BY CHECK	DOS 7/27/20-7/30/20* # 0166612385	-360.00
10/06/20	PMT BY CHECK	DOS 7/29/20* # 0166612532	-180.00
10/09/20	PMT BY CHECK	DOS 7/28/20, 8/3/20* # 0166612692	-360.00
10/15/20	PMT BY CHECK	DOS 8/5/20* # 0166612920	-180.00
11/19/20	LIEN FIL FEE	LIEN FILING FEE	150.00
04/21/21	PENALTIES	FOR DATE OF SERVICE 03/03/20	27.00
04/21/21	INTEREST	FOR DATE OF SERVICE 03/03/20	17.52
04/21/21	PENALTIES	FOR DATE OF SERVICE 03/25/20	27.00
04/21/21	INTEREST	FOR DATE OF SERVICE 03/25/20	17.52
04/21/21	PENALTIES	FOR DATE OF SERVICE 07/20/20	27.00
04/21/21	INTEREST	FOR DATE OF SERVICE 07/20/20	14.23
04/14/21	PMT BY CHECK	DOS 4/2/19* # 0166620870	-2160.00
04/19/21	BLCE OFF SET	BALANCE OFF SET	-280.27

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 78009

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19K53J169977

Case: vs WORKFORCE MGMT GRP ESS EMPLOYE
Date Of Injury: 12/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

BANK OF AMERICA
CHICAGO, IL 60603

Check No. 0166612385

Date: 10/01/2020

Batch#: 303884644

Amount

*****360.00

Void After 180 Days

Amount: THREE HUNDRED SIXTY AND 00 / 100*****

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

Anthony J. Golden

⑈0166612385⑈ ⑆071000039⑆ 8666622642⑈

M

Claim#DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #Comment	Adjuster/Office
19K53J169977		180.00	0.00	180.00	78009	FSAHLU
12/11/2019					78009 DS 7 30.20	IRVINE
19K53J169977		180.00	0.00	180.00	78009	FSAHLU
12/11/2019					78009 DS 07.27.20	IRVINE

PAID
OCT 06 2020

pv.

Batch#: 303884644

Check# 166612385

Check Amount: \$*****360.00

Loc: WORKFORCE MANAGEMENT GROUP, INC.

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

BANK OF AMERICA
CHICAGO, IL 60603

Check No. 0166612532

Date: 10/06/2020

Batch#: 303895251

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

Anthony J. Golden

⑈0166612532⑈ ⑆071000039⑆ 8666622642⑈

Claim#DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #Comment	Adjuster/Office
19K53J169977		180.00	0.00	180.00	78009	FSAHLU
12/11/2019				78009	DS 7/29/20	IRVINE

PAID
OCT 09 2020

DE.

Batch#: 303895251

Check# 166612532

Check Amount: \$****180.00

Loc. WORKFORCE MANAGEMENT GROUP, INC.

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

BANK OF AMERICA
CHICAGO, IL 60603

Check No. 0166612692

Date: 10/09/2020

Batch#: 303905736

Amount

\$****360.00

Void After 180 Days

2-3/710 IL

Amount: THREE HUNDRED SIXTY AND 00 / 100*****

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

Bradley J. Golden

⑈0166612692⑈ ⑆071000039⑆ 8888822642⑈

Claim#DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #Comment	Adjuster/Office
19K53J169977		180.00	0.00	180.00	78009	FSAHLU
12/11/2019					78009 DS 08.03.20	IRVINE
19K53J169977		180.00	0.00	180.00	78009	FSAHLU
12/11/2019					78009 DS 07.28.20	IRVINE

PAID
OCT 14 2020

BY.....

Batch#: 303905736

Check# 166612692

Check Amount: \$****360.00

Loc: WORKFORCE MANAGEMENT GROUP, INC

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

BANK OF AMERICA
CHICAGO, IL 60603

Check No. 0166612920

Date: 10/15/2020

Batch#: 303920764

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

⑈0166612920⑈ ⑈071000039⑈ 8666622642⑈

M

Claim#DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #Comment	Adjuster/Office
19K53J169977		180.00	0.00	180.00	78009 ✓	FSAHLU
12/11/2019				78009 DS 8.5.20		IRVINE

PAID
OCT 20 2020

BY:

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

BANK OF AMERICA
CHICAGO, IL 60603

Check No. 0166620870

Date: 04/14/2021

Batch#: 304389965

Amount

2-3/710 IL

Amount: TWO THOUSAND ONE HUNDRED SIXTY AND 00 / 100*****

*****2,160.00

Void After 180 Days

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

Bradley J. Golden

⑈0166620870⑈ ⑆071000039⑆ 8666622642⑈

Claim#DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #Comment	Adjuster/Office
19K53J169977		2,160.00	0.00	2,160.00		DGOHN
12/11/2019						IRVINE

Batch#: 304389965

Check# 166620870

Loc: WORKFORCE MANAGEMENT GROUP, INC.

Check Amount: \$****2,160.00

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 79565

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:

CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: KELLY ORDONEZ
P.O. BOX 53550
IRVINE, CA 92619

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
15D48G247225

Case: vs DMS FACILITY SVCS/MERCHANTS
Date Of Injury: 7/31/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/19	INITL CHIRO	& PHYSICAL THERAPY W/DR	90.00
/ /	-	CHRISTINE HA @	
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/02/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U	230.00
/ /	-	CHIRO & PHYS THERAPY	
/ /	-	DR HA @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/09/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
/ /	-	PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/23/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	-	AMENDED	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
/ /	-	PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/06/19	FOLLOW-UP	AMENDED	
/ /	-	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
/ /	-	PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA #500267	0.00
11/13/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
/ /	-	PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
/ /	-	PHYS TX W/DR HA*	
/ /	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#
04/08/21 79565

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

EAMS#(s):

BILL TO:

CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: KELLY ORDONEZ
P.O. BOX 53550
IRVINE, CA 92619

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
15D48G247225

Case: vs DMS FACILITY SVCS/MERCHANTS
Date Of Injury: 7/31/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/11/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/18/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/27/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/08/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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:	ELISA L. MEDINA # 003693	0.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/29/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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:	MARIA BARBOSA # 500267	0.00
02/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. 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#
04/08/21 79565

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

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
15D48G247225

Case: vs DMS FACILITY SVCS/MERCHANTS
Date Of Injury: 7/31/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	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
02/26/20	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/06/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/09/20	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:	MARIA BARBOSA # 500267	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/12/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/19/20	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:	MARIA E. BARBOSA # 500267	0.00
07/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/31/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/07/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/14/20	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#
04/08/21 79565

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: KELLY ORDONEZ
P.O. BOX 53550
IRVINE, CA 92619

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
15D48G247225

Case: vs DMS FACILITY SVCS/MERCHANTS
Date Of Injury: 7/31/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/21	PENALTIES	FOR DATE OF SERVICE 09/25/19	13.50
03/12/21	INTEREST	FOR DATE OF SERVICE 09/25/19	10.72
03/12/21	PENALTIES	FOR DATE OF SERVICE 10/02/19	34.50
03/12/21	INTEREST	FOR DATE OF SERVICE 10/02/19	27.39
03/12/21	PENALTIES	FOR DATE OF SERVICE 10/09/19	13.50
03/12/21	INTEREST	FOR DATE OF SERVICE 10/09/19	10.72
03/12/21	PENALTIES	FOR DATE OF SERVICE 10/16/19	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 10/16/19	21.44
03/12/21	PENALTIES	FOR DATE OF SERVICE 11/06/19	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 11/06/19	21.44
03/12/21	PENALTIES	FOR DATE OF SERVICE 11/13/19	13.50
03/12/21	INTEREST	FOR DATE OF SERVICE 11/13/19	10.72
03/12/21	PENALTIES	FOR DATE OF SERVICE 11/20/19	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 11/20/19	21.44
03/12/21	PENALTIES	FOR DATE OF SERVICE 11/27/19	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 11/27/19	21.44
03/12/21	PENALTIES	FOR DATE OF SERVICE 12/04/19	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 12/04/19	21.44
03/12/21	PENALTIES	FOR DATE OF SERVICE 12/11/19	13.50
03/12/21	INTEREST	FOR DATE OF SERVICE 12/11/19	10.72
03/12/21	PENALTIES	FOR DATE OF SERVICE 12/18/19	13.50
03/12/21	INTEREST	FOR DATE OF SERVICE 12/18/19	10.72
03/12/21	PENALTIES	FOR DATE OF SERVICE 12/27/19	13.50
03/12/21	INTEREST	FOR DATE OF SERVICE 12/27/19	10.72
03/12/21	PENALTIES	FOR DATE OF SERVICE 01/08/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 01/08/20	21.44
03/12/21	PENALTIES	FOR DATE OF SERVICE 01/15/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 01/15/20	21.44
03/12/21	PENALTIES	FOR DATE OF SERVICE 01/22/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 01/22/20	21.44
03/12/21	PENALTIES	FOR DATE OF SERVICE 01/29/20	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#
04/08/21 79565

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
15D48G247225

Case: -- vs DMS FACILITY SVCS/MERCHANTS
Date Of Injury: 7/31/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/21	INTEREST	FOR DATE OF SERVICE 01/29/20	21.27
03/12/21	PENALTIES	FOR DATE OF SERVICE 02/05/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 02/05/20	20.70
03/12/21	PENALTIES	FOR DATE OF SERVICE 02/10/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 02/10/20	20.36
03/12/21	PENALTIES	FOR DATE OF SERVICE 02/12/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 02/12/20	20.30
03/12/21	PENALTIES	FOR DATE OF SERVICE 02/17/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 02/17/20	19.45
03/12/21	PENALTIES	FOR DATE OF SERVICE 02/19/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 02/19/20	19.23
03/12/21	PENALTIES	FOR DATE OF SERVICE 02/26/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 02/26/20	18.83
03/12/21	PENALTIES	FOR DATE OF SERVICE 03/02/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 03/02/20	18.09
03/12/21	PENALTIES	FOR DATE OF SERVICE 03/06/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 03/06/20	17.86
03/12/21	PENALTIES	FOR DATE OF SERVICE 03/09/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 03/09/20	17.64
03/12/21	PENALTIES	FOR DATE OF SERVICE 03/16/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 03/16/20	17.18
03/12/21	PENALTIES	FOR DATE OF SERVICE 03/11/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 03/11/20	15.94
03/12/21	PENALTIES	FOR DATE OF SERVICE 06/12/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 06/12/20	13.72
03/12/21	PENALTIES	FOR DATE OF SERVICE 06/19/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 06/19/20	13.55
03/12/21	PENALTIES	FOR DATE OF SERVICE 07/03/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 07/03/20	12.87
03/12/21	PENALTIES	FOR DATE OF SERVICE 07/24/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 07/24/20	11.57

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 79565

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
15D48G247225

Case: vs DMS FACILITY SVCS/MERCHANTS
Date Of Injury: 7/31/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/21	PENALTIES	FOR DATE OF SERVICE 07/31/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 07/31/20	11.12
03/12/21	PENALTIES	FOR DATE OF SERVICE 08/07/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 08/07/20	10.72
03/12/21	PENALTIES	FOR DATE OF SERVICE 08/14/20	27.00
03/12/21	INTEREST	FOR DATE OF SERVICE 08/14/20	10.09
03/18/21	PMT BY CHECK	DOS 3/12/21* # 115655 MERCHANTS	-1500.00
03/22/21	PMT BY CHECK	DOS 1/25-19-1/15/20* =#0032801215 LIBERTY	-2200.00
04/01/21	PMT BY CHECK	DOS 3/12/21 # 0148930537 CCMSI	-1300.00
04/08/21	BLCE OFF SET	BALANCE OFF SET	-2318.22

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.

Merchants Building
Maintenance

Worker's Compensation Program Administered by ClaimQuest

Payee: Altman Interpreters Inc, Joyce
ProviderID: 330956713
Check Number: 115655
Date of Check: 3/18/2021
Invoice Number:
Invoice Date: 3/12/2021

Description	Claim Number	Injury Date	Claimant	From Date	To Date	Memo	Amount
Medical Misc Exp - Interpreting / Mileage /Transportation	300501011901530	7/31/2019		3/12/2021	3/12/2021	-	\$1,500.00

PAID MAR 22 2021

Direct Questions/Injuries to ClaimQuest, Inc (909) 594-9400

Merchants Building Maintenance

Workers Compensation Program
Administered by ClaimQuest, Inc.
675 S Brea Canyon Rd, Suite 4
Walnut, CA 91789-3065
(909) 594-9400

Bank of America
333 S. Hope Street
Los Angeles, CA 90071

16-66
1220

DATE	CHECK NO
3/18/2021	115655

AMOUNT
\$ **\$1,500.00**

VOID AFTER 180 DAYS

PAY One Thousand Five Hundred Dollars and No Cents*****

TO THE ORDER OF Altman Interpreters Inc, Joyce
PO Box 4165
Tustin, CA 927814165

Two Signatures Required over \$5,000

11 1 1 56 55 11 11 2 2000 66 11

11 4 59 46 6 36 7 11

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742



B. CODE
288

CHECK REFERENCE	CHECK DATE
0032801215	03/22/21
CHECK AMOUNT	BLOCK NUMBER
***\$3500.00	015971

PAGE 1 OF 6
OSN:MM0301032211-006839

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO
EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT ACCT. #	DATES OF SERVICE	CUST/EXTERNAL BILL #	TOTAL BILL CHARGES	TOTAL PAID
NA	03/09/21-03/09/21	1109225564	1,300.00	1,300.00
76967	09/25/19-01/22/20	2000985247	2,480.00	2,200.00

MAR 26 2021

TOTAL BILLS COMBINED: 2

3,500.00

CCMSI obo Strategic Outsourcing, Inc ACE
2 East Main Street, Suite 208
Danville, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

Check No. 0148930537

Date: 04/01/2021

Batch#: 304356443

Amount

*****1,300.00

Void After 180 Days

Amount: ONE THOUSAND THREE HUNDRED AND 00 / 100*****

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

Bradley J. Golden

⑈0148930537⑈ ⑆071000039⑆ 8666622642⑈

Claim#DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
15D48G247225		1,300.00	0.00	1,300.00		KORDONEZ
06/10/2015					Stip Order re Graciela Sanchez	IRVINE

79565

Batch#: 304356443

Loc: SA6785 DMS DIVERSIFIED MAINT SVS INC.

Check# 148930537

Check Amount: *****1,300.00

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 62999

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-140022406

Case: vs BARRETT BUSINESS SERVICES/BBSI
Date Of Injury: 5/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/14	INITIAL ACUP	-W/ACUPUNCT REBECCA MCLEAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
06/18/14	INITIAL EXAM	-DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/26/14	INITIAL EXAM	-DR MIRZABEIGI @ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/09/14	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL @ ADV CARE-INITIAL*	150.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
07/14/14	FOLLOW-UP	-W/ACUPUNCT R. MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 30196	0.00
07/16/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
07/21/14	FOLLOW-UP	-W/ACUPUNCT R. MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
07/28/14	FOLLOW-UP	W/ ACUPUNCT MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
07/24/14	PR2/REEVAL	-DR MIRZABEIGI @ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/04/14	FOLLOW-UP	-W/ACUPUNCT R. MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
08/12/14	EMG TESTING	-& NCV BY DR GROSS: L/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
08/11/14	FOLLOW-UP	-W/ACUPUNCT R. MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/13/14	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
08/25/14	FOLLOW-UP	-W/ACUPUNCT MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	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 62999

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

EAMS#(s) :

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-140022406

Case: vs BARRETT BUSINESS SERVICES/BBSI
Date Of Injury: 5/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/10/14	INITIAL EXAM	-DR CHRIS ATAMIAN @ ACS* (AMENDED)	230.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
09/17/14	FOLLOW-UP	-W/ ACUPUNCT MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
09/22/14	FOLLOW-UP	-W/ACUPUNCT MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/24/14	FOLLOW-UP	-W/ACUPUNCT MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/06/14	FOLLOW-UP	-W/ACUPUNCT KIM/HAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
10/08/14	PR2/REEVAL	-DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/13/14	FOLLOW-UP	-W/ACUPUNCT KIM/HAN @ ACS*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
10/20/14	FOLLOW-UP	-W/ ACUPUNCT KIM/HAN @ ACS*	180.00
/ /	INTERPRETER:	LISBETH CALDERON # 101080	0.00
10/29/14	INITIAL EXAM	DR ALLEN FONSECA @ ACS*	230.00
/ /	INTERPRETER:	ELIZABETH HERERRA # 301231	0.00
11/05/14	INITIAL EXAM	-DR MENDELSON & PR-2 -W/DR ATAMIAN @ ACS*	230.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/12/14	FOLLOW-UP	-W/ ACUPUNCT KIM/HAN @ ACS*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/06/15	PR2/REEVAL	-DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/17/14	FOLLOW-UP	-W/ ACUPUNCT KIM/HAN @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/12/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	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 62999

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-140022406

Case: vs BARRETT BUSINESS SERVICES/BBSI
Date Of Injury: 5/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/01/14	FOLLOW-UP	-W/ACUPUNCT KIM/HAN & INITIAL	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
/ /	INTERPRETER:	(AMENDED)	0.00
11/24/14	FOLLOW-UP	LISBETH CALDERON # 101080	180.00
/ /	INTERPRETER:	-W/ ACUPUNCT KIM/HAN @ ACS*	0.00
03/25/15	PR2/REEVAL	SEAN CRIST # 500186	180.00
/ /	INTERPRETER:	-DR BHARATWAL @ ACS*	0.00
04/28/15	PMT BY CHECK	GLADYS REYNA # 301721	-90.00
12/03/14	PR2/REEVAL	DOS 11/12/14* =# 7400579	180.00
/ /	INTERPRETER:	CORVEL	0.00
04/03/15	PR2/REEVAL	-DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
12/05/14	INITIAL EXAM	-DR MASSIHI @ ACS*	345.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
12/08/14	FOLLOW-UP	-DR A. MASSIHI @ ACS	0.00
/ /	INTERPRETER:	(3H 5M)	180.00
04/16/15	PR2/REEVAL	GLADYS REYNA # 100755	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT KIM/HAN @ ACS*	180.00
12/10/14	FOLLOW-UP	ROBERT MENDOZA # 01408180	0.00
/ /	INTERPRETER:	-DR RAMESHNI @ ADVANCE CARE*	180.00
12/15/14	FOLLOW-UP	JOSE GERRY LUGO # 500049	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT KIM/HAN @ ACS*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
/ /	INTERPRETER:	-W/ACUPUNCT KIM/HAN & PR2 -W/	180.00
/ /	INTERPRETER:	DR MENDELSONH @ ACS*	0.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
12/17/14	FOLLOW-UP	(AMENDED)	0.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	180.00
/ /	INTERPRETER:	-W/ ACUPUNCT KIM/HAN @ ACS*	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 62999

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

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-140022406

Case: vs BARRETT BUSINESS SERVICES/BBSI
Date Of Injury: 5/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH CALDERON # 101080	0.00
04/29/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/08/15	PR2/REEVAL	-DR C. ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/09/15	PR2/REEVAL	-DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/11/15	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL @ ACS W/DR MENDOZA*	150.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358 (FINAL)	0.00
02/05/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/06/15	PR2/REEVAL	-DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/12/15	PR2/REEVAL	-DR MENDELSON @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/18/15	INITIAL EXAM	-DR BIPIN BHARATWAL @ ACS* (AMENDED)	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/23/16	LIEN FIL FEE	LIEN FILING FEE	150.00
07/12/17	PENALTIES	FOR DATE OF SERVICE 06/23/14	34.50
09/22/20	INTEREST	FOR DATE OF SERVICE 06/23/14	155.51
07/12/17	PENALTIES	FOR DATE OF SERVICE 06/18/14	34.50
09/22/20	INTEREST	FOR DATE OF SERVICE 06/18/14	155.51
07/12/17	PENALTIES	FOR DATE OF SERVICE 06/26/14	34.50
09/22/20	INTEREST	FOR DATE OF SERVICE 06/26/14	155.51
07/12/17	PENALTIES	FOR DATE OF SERVICE 10/29/14	34.50
09/22/20	INTEREST	FOR DATE OF SERVICE 10/29/14	147.40
07/12/17	PENALTIES	FOR DATE OF SERVICE 11/05/14	34.50
09/22/20	INTEREST	FOR DATE OF SERVICE 11/05/14	146.96

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 62999

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EAMS#(s) :

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-140022406

Case: vs BARRETT BUSINESS SERVICES/BBSI
Date Of Injury: 5/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/12/17	PENALTIES	FOR DATE OF SERVICE 12/05/14	51.75
09/22/20	INTEREST	FOR DATE OF SERVICE 12/05/14	210.11
05/06/20	PENALTIES	FOR DATE OF SERVICE 07/09/14	22.50
09/22/20	INTEREST	FOR DATE OF SERVICE 07/09/14	101.42
05/06/20	PENALTIES	FOR DATE OF SERVICE 07/14/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 07/14/14	121.70
05/06/20	PENALTIES	FOR DATE OF SERVICE 07/16/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 07/16/14	121.70
05/06/20	PENALTIES	FOR DATE OF SERVICE 07/21/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 07/21/14	121.70
05/06/20	PENALTIES	FOR DATE OF SERVICE 07/28/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 07/28/14	121.70
05/06/20	PENALTIES	FOR DATE OF SERVICE 07/24/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 07/24/14	121.70
05/06/20	PENALTIES	FOR DATE OF SERVICE 08/04/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 08/04/14	121.70
05/06/20	PENALTIES	FOR DATE OF SERVICE 08/12/14	22.50
09/22/20	INTEREST	FOR DATE OF SERVICE 08/12/14	101.42
05/06/20	PENALTIES	FOR DATE OF SERVICE 08/11/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 08/11/14	121.70
05/06/20	PENALTIES	FOR DATE OF SERVICE 08/13/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 08/13/14	121.70
05/06/20	PENALTIES	FOR DATE OF SERVICE 08/25/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 08/25/14	121.70
05/06/20	PENALTIES	FOR DATE OF SERVICE 09/17/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 09/17/14	120.63
05/06/20	PENALTIES	FOR DATE OF SERVICE 09/22/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 09/22/14	120.12
05/06/20	PENALTIES	FOR DATE OF SERVICE 09/24/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 09/24/14	120.12
05/06/20	PENALTIES	FOR DATE OF SERVICE 10/06/14	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#
04/05/21 62999

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

EAMS#(s):7

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-140022406

Case: vs BARRETT BUSINESS SERVICES/BBSI
Date Of Injury: 5/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/22/20	INTEREST	FOR DATE OF SERVICE 10/06/14	118.13
05/06/20	PENALTIES	FOR DATE OF SERVICE 10/08/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 10/08/14	117.73
05/06/20	PENALTIES	FOR DATE OF SERVICE 10/13/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 10/13/14	116.37
05/06/20	PENALTIES	FOR DATE OF SERVICE 10/20/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 10/20/14	116.26
05/06/20	PENALTIES	FOR DATE OF SERVICE 11/12/14	13.50
09/22/20	INTEREST	FOR DATE OF SERVICE 11/12/14	57.14
05/06/20	PENALTIES	FOR DATE OF SERVICE 03/06/15	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 03/06/15	112.97
05/06/20	PENALTIES	FOR DATE OF SERVICE 11/17/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 11/17/14	112.63
05/06/20	PENALTIES	FOR DATE OF SERVICE 03/12/15	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 03/12/15	112.23
05/06/20	PENALTIES	FOR DATE OF SERVICE 11/24/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 11/24/14	111.16
05/06/20	PENALTIES	FOR DATE OF SERVICE 03/25/15	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 03/25/15	111.04
05/06/20	PENALTIES	FOR DATE OF SERVICE 12/03/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 12/03/14	110.59
05/06/20	PENALTIES	FOR DATE OF SERVICE 04/03/15	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 04/03/15	110.36
05/06/20	PENALTIES	FOR DATE OF SERVICE 12/08/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 12/08/14	109.57
05/06/20	PENALTIES	FOR DATE OF SERVICE 04/16/15	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 04/16/15	109.06
05/06/20	PENALTIES	FOR DATE OF SERVICE 12/10/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 12/10/14	109.00
05/06/20	PENALTIES	FOR DATE OF SERVICE 12/15/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 12/15/14	108.83

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#
04/05/21 62999

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-140022406

Case: vs BARRETT BUSINESS SERVICES/BBSI
Date Of Injury: 5/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/06/20	PENALTIES	FOR DATE OF SERVICE 12/17/14	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 12/17/14	108.43
05/06/20	PENALTIES	FOR DATE OF SERVICE 04/29/15	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 04/29/15	108.04
05/06/20	PENALTIES	FOR DATE OF SERVICE 01/08/15	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 01/08/15	107.81
05/06/20	PENALTIES	FOR DATE OF SERVICE 01/09/15	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 01/09/15	107.58
05/06/20	PENALTIES	FOR DATE OF SERVICE 05/11/15	22.50
09/22/20	INTEREST	FOR DATE OF SERVICE 05/11/15	89.61
05/06/20	PENALTIES	FOR DATE OF SERVICE 02/05/15	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 02/05/15	106.79
05/06/20	PENALTIES	FOR DATE OF SERVICE 02/06/15	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 02/06/15	106.62
05/06/20	PENALTIES	FOR DATE OF SERVICE 02/12/15	27.00
09/22/20	INTEREST	FOR DATE OF SERVICE 02/12/15	106.28
07/01/20	PENALTIES	FOR DATE OF SERVICE 09/10/14	34.50
09/22/20	INTEREST	FOR DATE OF SERVICE 09/10/14	13.70
07/01/20	PENALTIES	FOR DATE OF SERVICE 12/01/14	34.50
09/22/20	INTEREST	FOR DATE OF SERVICE 12/01/14	13.70
07/01/20	PENALTIES	FOR DATE OF SERVICE 02/18/15	34.50
09/22/20	INTEREST	FOR DATE OF SERVICE 02/18/15	13.70
03/30/21	PMT BY CHECK	DOS 5/27/14* # 9378375	-4000.00
		CORVEL	
04/05/21	BLCE OFF SET	BALANCE OFF SET	-11577.09

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

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SACRAMENTO, CA 95827

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-140022406

Case: vs BARRETT BUSINESS SERVICES/BBSI
Date Of Injury: 5/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

CORVEL

Bank Code: BBSEC
11-24
(210/8)

CHECK NUMBER
7400579

CHECK DATE
04/28/15

*****\$90.00

PAY EXACTLY: *Ninety and 00/100 Dollars*

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY
TO THE
ORDER
OF

JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppel

⑈0007400579⑈ ⑆121000248⑆ 4121 514012⑈

ETACH HERE →

CORVEL

← DETACH HERE

Employer
Patient:

Explanation of Review

Business Unit: GEM STEEL COMPANY, TEMECULA-9
4187 State St
Montclair, CA 91763

Patient DOB:

PAID MAY 04 2015

Paul Lazcano
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/2382848 - 1
Reprice: CA, 92781
Billed Date: 03/18/2015
Business Rcvd: 04/03/2015
MBR Rcvd: 04/03/2015
MBR Date: 04/27/2015
Date Approved: 04/27/2015
DOS From - To: 06/18/2014 - 11/12/2014

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2018

Treating Provider:
Referring Physician: RAMESHNI
Patient Control #: 62999
Provider Tax Id: 33-0956713

Claim #: BB-14-002408
Processor Initials: RB
DOI: 05/27/2014
RX Number:

Vendor #:
PIN:

Date	Code	Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/18/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1	11	\$230.00		1	\$230.00	\$0.00
These services have been previously objected to. Original bill [2252631.48]								
06/23/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1	11	\$230.00		1	\$230.00	\$0.00
Original bill [2252631.48]								
06/26/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1	11	\$230.00		1	\$230.00	\$0.00
Original bill [2252631.48]								

C O R V E L

07/09/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$150.00				
		1 11		1		\$150.00	\$0.00
	Original bill [2252631.48]						
07/14/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$18.00				
		1 11		1		\$18.00	\$0.00
	Original bill [2252631.48]						
07/16/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$18.00				
		1 11		1		\$18.00	\$0.00
	Original bill [2252631.48]						
07/21/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$18.00				
		1 11		1		\$18.00	\$0.00
	Original bill [2252631.48]						
07/24/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$18.00				
		1 11		1		\$18.00	\$0.00
	Original bill [2252631.48]						
07/28/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$18.00				
		1 11		1		\$18.00	\$0.00
	Original bill [2252631.48]						
08/04/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$18.00				
		1 11		1		\$18.00	\$0.00
	Original bill [2208936.48]						
08/11/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$18.00				
		1 11		1		\$18.00	\$0.00
	Original bill [2252631.48]						
08/12/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$150.00				
		1 11		1		\$150.00	\$0.00
	Original bill [2252631.48]						
08/13/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$18.00				
		1 11		1		\$18.00	\$0.00
	Original bill [2252631.48]						
08/25/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$180.00				
		1 11		1		\$180.00	\$0.00
	Original bill [2252631.48]						
09/10/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$180.00				
		1 11		1		\$180.00	\$0.00
	Original bill [2252631.48]						
09/17/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$180.00				
		1 11		1		\$180.00	\$0.00
	Original bill [2252631.48]						

C O R V E L

09/22/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$180.00	1	\$180.00	\$0.00
		1 11				
	Original bill [2252631.48]					
09/24/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$180.00	1	\$180.00	\$0.00
		1 11				
	Original bill [2252631.48]					
10/06/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$180.00	1	\$180.00	\$0.00
		1 11				
	Original bill [2300618.48]					
10/08/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$180.00	1	\$180.00	\$0.00
		1 11				
	Original bill [2352373.48]					
10/13/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$180.00	1	\$180.00	\$0.00
		1 11				
	Original bill [2352373.48]					
10/20/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$180.00	1	\$180.00	\$0.00
		1 11				
	Original bill [2353183.48]					
10/29/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$230.00	1	\$230.00	\$0.00
		1 11				
	Original bill [2353183.48]					
11/05/14	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$230.00	1	\$230.00	\$0.00
		1 11				
	Original bill [2358697.48]					
11/12/14	T1013 G1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	\$180.00	1	\$90.00	\$90.00
		1 11				

As of 1/1/2013, interpreter services are subject to fee schedule. Please provide the name and/or certificate number of the person who rendered the interpreting service. Please resubmit the requested information with the original billing.

Sub-Totals for Bill: 2382848	\$3394.00	\$3304.00	\$90.00

Totals for Bill: 2382848			\$90.00

Line Item Reason Codes and Descriptions

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.

CORVEL

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.

ICD Diagnosis Code

959.9 Injury Other&Unspec Unspec Site

Questions regarding this bill may be sent to:

CorVel Corporation, Attn: Bill Review
PO Box 279350
Sacramento, CA 95827

Toll free: 800-758-5866
Phone: 916-605-3800
FAX: 866-449-4217

California DWC

Employer Address -

Payer Identification Number - 421704550
Pay- To Provider State License Number - 101143
Rendering Provider ID -
MPN ID - 0409
Carrier Telephone Number -
Bill Frequency Type -
Payment Status Code - 1

Date Paid Information

Method of Payment -
Payment ID Number -
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



Bank Code= BBSEC
11-24
1210(8)

AS ADMINISTRATOR OF:
Barrett Business Services

Claim#: BB-14-002406

CHECK NUMBER
9378375

CHECK DATE
03/30/21

*****\$4,000.00

PAY EXACTLY: Four thousand 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

Ph O'Brien

WELLS FARGO BANK PORTLAND, OR

⑈0009378375⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE



Explanation of Review

Business Unit: GEM STEEL COMPANY, TEMECULA-9
4187 State St
Montclair, CA 91763

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/6390374 - 1
Reprice: CA, 92780
Billed Date: 03/26/2021
Business Rcvd: 03/26/2021
MBR Rcvd: 03/26/2021
MBR Date: 03/30/2021
Date Approved: 03/30/2021
DOS From - To: 05/27/2014 - 03/26/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1872

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

Claim #: BB-14-002406
Processor Initials: DP
DOI: 05/27/2014
RX Number:

Vendor #:
PIN:

Date	Code	Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
05/27/14	MDS10 352, 523, G67	LUMP SUM PAYMENT 1	11	\$8995.00		A	\$4995.00	\$4000.00
03/26/21	MDS10 523, G67	LUMP SUM PAYMENT 1	11	\$0.00		A	\$0.00	\$0.00
Sub-Totals for Bill: 6390374				\$8995.00			\$4995.00	\$4000.00

Totals for Bill: 6390374

\$4000.00

Line Item Reason Codes and Descriptions

352 Network disc not applicable to procedure billed 523 Reduced per administrative rules

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#
04/01/21 63794

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
20142322500

Case: vs SILK APPAREL
Date Of Injury: 4/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/13/14	INITIAL EXAM	-DR RAMESHNI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/08/14	INITIAL EXAM	-W/ ACUPUNCT MCLEAN @ ACS*	230.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
09/10/14	INITIAL EXAM	-DR ATAMIAN @ ADVANCE CARE* (AMENDED)	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/15/14	FOLLOW-UP	-W/ACUPUNCT R. MCLEAN @ ACS*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
09/16/14	EMG TESTING	-& NCV BY DR GROSS: U/E @ ACS*	150.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
09/29/14	PR2/REEVAL	-DR WADE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
10/01/14	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL W/D CONNOLY @ ACS* INIT	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
10/08/14	PR2/REEVAL	-DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/13/14	FOLLOW-UP	-W/ACUPUNCT KIM/HAN @ ACS*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
10/20/14	FOLLOW-UP	-W/ ACUPUNCT KIM/HAN @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/27/14	FOLLOW-UP	-W/ ACUPUNCT KIM/HAN @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/05/14	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/10/14	INITIAL EXAM	-DR LUIS PEREZ & F/U ACUP W/ KIM/HAN @ ACS*	230.00
/ /	INTERPRETER:	VICENT MEJIA # 500309 & PAUL	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#
04/01/21 63794

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
20142322500

Case: vs SILK APPAREL
Date Of Injury: 4/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/14	INITIAL EXAM	LAZCANO#101143 AMEND	230.00
/ /	INTERPRETER:	-DR T. BROWN @ ADVANCE CARE*	0.00
11/17/14	FOLLOW-UP	PAUL LAZCANO # 101143	180.00
/ /	INTERPRETER:	-W/ACUPUNCT KIM/HAN @ ACS*	0.00
11/20/14	INITIAL EXAM	JOSE GERRY LUGO # 500049	230.00
/ /	INTERPRETER:	-DR FONSECA @ ADVANCE CARE*	0.00
12/22/14	FOLLOW-UP	PAUL LAZCANO # 101143	180.00
/ /	INTERPRETER:	-W/ ACUPUNCT KIM/HAN @ ACS*	0.00
12/24/14	FOLLOW-UP	LISBETH CALDERON # 101080	180.00
/ /	INTERPRETER:	-W/ ACUPUNCT KIM/HAN @ ACS*	0.00
12/29/14	FOLLOW-UP	LISBETH CALDERON # 101080	180.00
/ /	INTERPRETER:	-W/ ACUPUNCT KIM/HAN @ ACS*	0.00
01/16/15	INITIAL EXAM	GLADYS REYNA # 500257	230.00
/ /	INTERPRETER:	-DR MALIN/SCHILING @ ACS*	0.00
02/12/15	FOLLOW-UP	(AMENDED)	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/18/15	INITIAL EXAM	-W/ ACUPUNCT Y. RHEE @ ACS*	230.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
02/26/15	FOLLOW-UP	-DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	(AMENDED)	0.00
03/04/15	INITIAL EXAM	GLADYS REYNA # 100755	230.00
/ /	INTERPRETER:	-W/ ACUPUNCT Y. RHEE @ ACS*	0.00
12/10/14	PR2/REEVAL	ELIZABETH VALENCIA # 101087	180.00
/ /	INTERPRETER:	-DR MENDELSONH @ ACS*	0.00
01/15/15	PR2/REEVAL	LIZBETH CALDERON PARRENO	180.00
/ /	INTERPRETER:	# 101080	0.00
03/25/15	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
		ELIZABETH HERRERA # 301231	0.00
		-DR ATAMIAN @ ACS*	180.00
		JESUS A. CASTILLO # 500358	0.00
		-DR BHARATWAL @ ACS*	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#
04/01/21 63794

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
20142322500

Case: vs SILK APPAREL
Date Of Injury: 4/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
03/26/15	FOLLOW-UP	-W/ ACUPUNCT Y. RHEE @ ACS*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
03/05/15	FOLLOW-UP	-W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/18/15	PR2/REEVAL	-DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
04/23/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/29/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/11/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/27/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/28/15	P AND S	-DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/30/15	PR2/REEVAL	-DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/09/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/07/17	LIEN FIL FEE	LIEN FILING FEE	150.00
08/28/17	PENALTIES	FOR DATE OF SERVICE 08/13/14	34.50
06/05/18	INTEREST	FOR DATE OF SERVICE 08/13/14	91.89
08/28/17	PENALTIES	FOR DATE OF SERVICE 09/08/14	34.50
06/05/18	INTEREST	FOR DATE OF SERVICE 09/08/14	91.89
08/28/17	PENALTIES	FOR DATE OF SERVICE 12/15/14	34.50
06/05/18	INTEREST	FOR DATE OF SERVICE 12/15/14	84.28
08/28/17	PENALTIES	FOR DATE OF SERVICE 11/20/14	34.50
06/05/18	INTEREST	FOR DATE OF SERVICE 11/20/14	83.99
08/28/17	PENALTIES	FOR DATE OF SERVICE 03/04/15	34.50

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

*** INVOICE ***
Date NO#
04/01/21 63794

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
20142322500

Case: vs SILK APPAREL
Date Of Injury: 4/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/18	INTEREST	FOR DATE OF SERVICE 03/04/15	83.12
08/28/17	PENALTIES	FOR DATE OF SERVICE 05/28/15	34.50
06/05/18	INTEREST	FOR DATE OF SERVICE 05/28/15	74.13
10/12/17	PENALTIES	FOR DATE OF SERVICE 09/10/14	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 09/10/14	71.91
10/12/17	PENALTIES	FOR DATE OF SERVICE 09/15/14	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 09/15/14	71.91
10/12/17	PENALTIES	FOR DATE OF SERVICE 09/16/14	22.50
06/05/18	INTEREST	FOR DATE OF SERVICE 09/16/14	59.93
10/12/17	PENALTIES	FOR DATE OF SERVICE 09/29/14	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 09/29/14	71.12
10/12/17	PENALTIES	FOR DATE OF SERVICE 10/01/14	22.50
06/05/18	INTEREST	FOR DATE OF SERVICE 10/01/14	58.93
10/12/17	PENALTIES	FOR DATE OF SERVICE 10/08/14	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 10/08/14	70.10
10/12/17	PENALTIES	FOR DATE OF SERVICE 10/13/14	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 10/13/14	68.74
10/12/17	PENALTIES	FOR DATE OF SERVICE 10/20/14	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 10/20/14	68.62
10/12/17	PENALTIES	FOR DATE OF SERVICE 10/27/14	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 10/27/14	67.94
10/12/17	PENALTIES	FOR DATE OF SERVICE 11/10/14	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 11/10/14	66.75
10/12/17	PENALTIES	FOR DATE OF SERVICE 11/17/14	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 11/17/14	65.79
10/12/17	PENALTIES	FOR DATE OF SERVICE 12/22/14	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 12/22/14	65.56
10/12/17	PENALTIES	FOR DATE OF SERVICE 12/24/14	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 12/24/14	65.50
10/12/17	PENALTIES	FOR DATE OF SERVICE 12/29/14	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 12/29/14	65.45

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

*** INVOICE ***

Date NO#
04/01/21 63794

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
20142322500

Case: vs SILK APPAREL
Date Of Injury: 4/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/17	PENALTIES	FOR DATE OF SERVICE 01/16/15	34.50
06/05/18	INTEREST	FOR DATE OF SERVICE 01/16/15	4.57
10/12/17	PENALTIES	FOR DATE OF SERVICE 02/12/15	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 02/12/15	65.33
10/12/17	PENALTIES	FOR DATE OF SERVICE 02/18/15	34.50
06/05/18	INTEREST	FOR DATE OF SERVICE 02/18/15	4.57
10/12/17	PENALTIES	FOR DATE OF SERVICE 02/26/15	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 02/26/15	65.11
10/12/17	PENALTIES	FOR DATE OF SERVICE 12/10/14	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 12/10/14	64.99
10/12/17	PENALTIES	FOR DATE OF SERVICE 01/15/15	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 01/15/15	64.94
10/12/17	PENALTIES	FOR DATE OF SERVICE 03/25/15	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 03/25/15	64.77
10/12/17	PENALTIES	FOR DATE OF SERVICE 03/26/15	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 03/26/15	64.71
10/12/17	PENALTIES	FOR DATE OF SERVICE 04/22/15	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 04/22/15	60.40
10/12/17	PENALTIES	FOR DATE OF SERVICE 03/18/15	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 03/18/15	63.97
10/12/17	PENALTIES	FOR DATE OF SERVICE 4/23/15	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 4/23/15	61.19
10/12/17	PENALTIES	FOR DATE OF SERVICE 04/29/15	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 04/29/15	60.40
10/12/17	PENALTIES	FOR DATE OF SERVICE 02/11/15	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 02/11/15	58.88
10/12/17	PENALTIES	FOR DATE OF SERVICE 05/27/15	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 05/27/15	58.70
10/12/17	PENALTIES	FOR DATE OF SERVICE 11/05/14	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 11/05/14	67.37
10/12/17	PENALTIES	FOR DATE OF SERVICE 07/30/15	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#
04/01/21 63794

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
20142322500

Case: vs SILK APPAREL
Date Of Injury: 4/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/18	INTEREST	FOR DATE OF SERVICE 07/30/15	55.98
10/12/17	PENALTIES	FOR DATE OF SERVICE 09/09/15	27.00
06/05/18	INTEREST	FOR DATE OF SERVICE 09/09/15	55.07
04/13/18	PMT BY CHECK	DOS 8/13/14-9/9/15* =# 11503798	-3330.00
03/29/21	PMT BY CHECK	DOS 3/18/21* =# 32641569	-4500.00
04/01/21	BLCE OFF SET	BALANCE OFF SET	-2858.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS

America's small business insurance specialist®

0000065-0000175 0106 001 699751 EIG



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

APR 17 2013

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Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
Multiple Claims	270192993	349453887 EIG0001003	04/13/2018	\$5940.00	11503798

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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

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



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

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

11503798

04/13/2018

PAY TO THE
ORDER OF

JOYCE ALTMAN INTERPRETERS INC

\$5940.00

FIVE THOUSAND NINE HUNDRED FORTY DOLLARS AND 00/100

DOLLARS

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

VOID AFTER 180 DAYS

MEMO

⑈ 11503798 ⑈ ⑆ 273970116 ⑆ 1700012991 ⑈

EIGOT

349453887

Employers Compensation Insurance Company 501

Process Date: 04/10/2018
Control Number: 304969200
EOR Page 1 of 2
Rev/Aud: SS/CW*

Payment Number: 270192993

Payment Date: 04/13/2018

Claim Number: 2014232500

Claimant:

Provider Tax ID: 330956713

Provider Ref:

Provider License: C488888

Vendor: 5628181#5628181

Geo Zip: 92781

PPO/OSR ID:

NPI Number:

Claimant SSN:

Date Of Injury:

Claims Received Date: 04/05/2018

XXX-XX-

04/23/2014

04/05/2018

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

ICD-DX1: 959.9 Injury-site NOS

63794

MPN Claim: N Region: 02

POS	POS Code	Mod	Service Description	Units	Charge	GR/Rat	PPO/Rat	Other/Rat	Allowance-Reasons
08/13/14	11	MDS10	LUM SUM/MUL BIL	1.000	3,525.00	1,860.00	0.00	0.00	1,665.00 G87,197,6483
09/09/15	11	MDS10	LUM SUM/MUL BIL	1.000	3,525.00	1,860.00	0.00	0.00	1,665.00 G87,197,6483
TOTALS:					7,050.00	3,720.00	0.00	0.00	3,330.00
TOTAL RECOMMENDED ALLOWANCE:									3,330.00

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

DWC CODE DESCRIPTION

G87

-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

44201067

2111-H-868368-0

349453887

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

0000023-0000129 D0106 001 979641 EIG



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

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Claim ID: 2014232500
Client Reference ID: 270344581
VP Trans ID: 1000514289
EIG0001003
Date: 03/29/2021
Amount: \$4,500.00
Check Number: 32641569

Get Paid Faster

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VCard or ACH

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

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Form #: CL_VEN_0033_US Rev. 3/2017

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

VPay
1-855-523-9634

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

32641569

03/29/2021

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

\$4,500.00

FOUR THOUSAND FIVE HUNDRED DOLLARS AND 00/100

DOLLARS

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

VOID AFTER 180 DAYS

MEMO

32641569 273970116 1700012991

EIG_RM_STD.OT

1000514289

[illegible]

(continued)

Security Features Results of Document Examination

Department of Agriculture
Washington, D.C.

1. The first part of the paper discusses the importance of understanding the underlying mechanisms of the observed phenomena. This involves identifying the key variables and their relationships, as well as developing a theoretical framework to guide the analysis.

63794

Employers Compensation Insurance Company 501

Process Date: 03/26/2021
Control Number: 306773397
EOR Page 1 of 2
Rev/Aud: SS/CG

Payment Number: 270344581

Payment Date: 03/29/2021

Claim Number: 2014232500

Claimant:

Provider Tax ID: 330956713

Provider Ref:

Provider License: CA99999

Vendor: 11814449#1181444

Geo Zip: 92781

PPO/OSR ID:

NPI Number:

Claimant SSN: XXX-XX-

Date Of Injury: 04/23/2014

Claims Received Date: 03/23/2021

JOYCE ALTMAN
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
03/18/21	11	MDS10		LUM SUM/MUL BIL	1.000	7,358.50	2,858.50	0.00	0.00	4,500.00	197,G67, 6483,G67
TOTALS:						7,358.50	2,858.50	0.00	0.00	4,500.00	
TOTAL RECOMMENDED ALLOWANCE:										4,500.00	

Rendering Provider Name: JOYCE ALTMAN
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

49271168

2444-H-837368-0

1000514289

Employers Compensation Insurance Company 501

Process Date: 03/26/2021
Control Number: 306773397
EOR Page 2 of 2
Rev/Aud: SS/CG

Payment Number: 270344581

Payment Date: 03/29/2021

Claim Number: 2014232500
Claimant:
Provider Tax ID: 330956713
Provider Ref:
Provider License: CA99999

Vendor: 11814449#1181444
Geo Zip: 92781

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 04/23/2014
Claims Received Date: 03/23/2021

JOYCE ALTMAN
PO BOX 4165
TUSTIN, CA 92781-4165

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

Carrier/Insurer: EMPLOYERS COMPENSATION INSURANCE COMPANY

Employer Name: SLIK APPAREL, LLC (EIG 167398000), Employer ID: EIG 167398000, Employer Address: 7300 SOMERSET BLVD, PARAMOUNT, CA 90723

Payer Name: EMPLOYERS COMPENSATION INSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 030443582

Claimant Address: 8669 SAN CARLOS AVE SOUTH GATE, CA 902803141, Claimant D.O.B.: 08/22/1967

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 *

49271168

2444-H-837368-0

1000514289

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 76310

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
76310

Case:
Date Of Injury: 4/30/19

vs SELECTION SUPPORT/99 CENTS

DOS	SERVICE	DESCRIPTION	AMOUNT
06/19/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO	230.00
/ /	INTERPRETER:	*	
07/15/19	INITIAL ACUP	SANDRA TALANCON # 100802	0.00
/ /	INTERPRETER:	W/ ACUPUNCT MIN JOO KIM @	230.00
08/26/19	FOLLOW-UP	AMERI CHIRO*	
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/09/19	PR2/REEVAL	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/02/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/13/20	FOLLOW-UP	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/15/20	PR2/REEVAL	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/26/20	P AND S	DR FARAH AMERI @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/20/21	LIEN FIL FEE	DR KAHN @ AMERI CHIRO*	180.00
04/06/21	PMT BY CHECK	BLANCA DUARTE # 011036	0.00
		LIEN FILING FEE	150.00
		DOS 6/19/19-2/28/20*	-1540.00
		=# 32842623	
04/09/21	BLCE OFF SET	BALANCE OFF SET	-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#
04/09/21 76310

** THIS SERVES AS DEMAND FOR PAYMENT **

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

EAMS#(s):
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
76310

Case:
Date Of Injury: 4/30/19

vs SELECTION SUPPORT/99 CENTS

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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0000149-0000809 D0106 001 982129 EIG



JOYCE ALTMAN INTERPRETERS INC
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Tustin, CA 92781-4165

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Claim ID: Multiple Claims
Client Reference ID: 241368191
VP Trans ID: 1007192086
EIG0001001
Date: 04/06/2021
Amount: \$1,540.00
Check Number: 32842623

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VCard or ACH

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

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Form #: CL_VEN_0033_US Rev. 3/2017

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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

32842623

04/06/2021

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

\$1,540.00

ONE THOUSAND FIVE HUNDRED FORTY DOLLARS AND 00/100

DOLLARS

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

VOID AFTER 180 DAYS

MEMO

⑈ 3 2 8 4 2 6 2 3 ⑈ ⑆ 2 7 3 9 7 0 1 1 6 ⑆ 1 7 0 0 0 1 2 9 9 1 ⑈

EIG.RM.STD.OT

1007192086

Employers Preferred Insurance Company 505

Process Date: 04/05/2021
Control Number: 306790156
EOR Page 1 of 2
Rev/Aud: SS/CG

Payment Number: 241368191

Payment Date: 04/06/2021

Claim Number: 2019392991
Claimant:
Provider Tax ID: 330956713
Provider Ref:
Provider License: CA99999

Vendor: 5628181#5628181
Geo Zip: 92781

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX-
Date Of Injury: 05/01/2019
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: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
06/19/19	11	MDO10		FINAL ORDR/AWAJ	1.000	770.00	0.00	0.00	0.00	770.00	197,G67, 6483,G67
02/26/20	11	MDO10		FINAL ORDR/AWAJ	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

49321765

2444-H-837920-0



1007192086

Payment Number: 241368191

Payment Date: 04/06/2021

Claim Number: 2019392991

Claimant:

Provider Tax ID: 330956713

Provider Ref:

Provider License: CA99999

Vendor: 5628181#5628181

Geo Zip: 92781

PPO/OSR ID:

NPI Number:

Claimant SSN:

Date Of Injury:

Claims Received Date: 04/02/2021

XXX-XX-

05/01/2019

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

Carrier/Insurer: EMPLOYERS PREFERRED INSURANCE COMPANY

Employer Name: SELECTION SUPPORT GROUP INC (EIG 253475601), Employer ID: EIG 253475601, Employer Address: 18726 S WESTERN AVE,
 GARDENA, CA 90248

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

Claimant Address: 6161 ORCHARD AVE APT E HUNTINGTON PK, CA 902554625, Claimant D.O.B.: 05/28/1964

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.

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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 *

49321765

2444-H-837920-0

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 77371

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: ERIC BRAVERMAN
P.O. BOX 32036
LAKELAND, FL 33802

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2019405304

Case: vs STUDIO 6 ANMOL LLC
Date Of Injury: 8/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/04/19	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/22/20	PR2/REEVAL	W/DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	GETSMANI CALDERON # 101897	0.00
03/11/20	PR2/REEVAL	DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/19/20	PMT BY CHECK	DOS 3/11/20* =# 26172555	-180.00
05/20/20	PR2/REEVAL	DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/01/20	PR2/REEVAL	DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
08/10/20	PR2/REEVAL	DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/21/20	PMT BY CHECK	DOS 8/10/20* =# 28565825	-180.00
09/18/20	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/14/20	FOLLOW-UP	W/ ACUPUNCT BAPTIE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/31/20	P AND S	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/17/21	LIEN FIL FEE	LIEN FILING FEE	150.00
04/02/21	PMT BY CHECK	DOS 11/18/19-10/31/20* =# 32783816	-1540.00
04/06/21	BLCE OFF SET	BALANCE OFF SET	-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#
04/06/21 77371

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P.O. BOX 32036
LAKELAND, FL 33802

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2019405304

Case: vs STUDIO 6 ANMOL LLC
Date Of Injury: 8/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036



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

EMPLOYERS

America's small business insurance specialist®

MAY 26 2020

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: 2019405304
Client Reference ID: 241246784
VP Trans ID: 798151276
EIG0001001
Date: 05/19/2020
Amount: \$180.00
Check Number: 26172555

77371
**Get Paid
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When you sign up for
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support@vpayusa.com
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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



Employers Preferred Insurance Company 505

Process Date: 05/18/2020
Control Number: 306310033
EOR Page 1 of 2
Rev/Aud. SS/SW

Payment Number: 241246784

Payment Date: 05/19/2020

Claim Number: 2019405374
Claimant
Provider Tax ID: 330958713
Provider Ref: 77371 ✓
Provider License: 99999999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number
Claimant SSN: XXX-XX
Date Of Injury: 08/02/2019
Claims Received Date: 05/11/2020

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
03/11/20	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

47915434

2111-H-1108511-0



798151276

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS

America's small business insurance specialist®



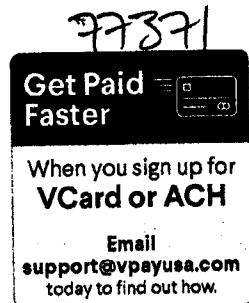
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 92781-4165

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Claim ID: 2019405304
Client Reference ID: 241292100
VP Trans ID: 872400280
EIG0001001

Date: 09/21/2020
Amount: \$180.00
Check Number: 28565825

PAID
SEP 24 2020



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Form #: CL_VEN_0033_US Rev. 3/2017

EIG/RMSTDOT



M

Employers Preferred Insurance Company 505

Process Date: 09/17/2020
Control Number: 308498053
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 241292100

Payment Date: 09/21/2020

Claim Number: 2019405304
Claimant:
Provider Tax ID: 330956713
Provider Ref: 77371 ✓
Provider License: 99999999

Vendor: 9941672#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX-
Date Of Injury: 08/02/2019
Claims Received Date: 09/14/2020

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	Reason
08/10/20	11	T1013		SIGN LANGUAGE	120.000	180.00	0.00	0.00	0.00	180.00	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

48447807

2111-H-1154909-0



872400280

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

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Form #: CL_VEN_0033_US Rev. 3/2017

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

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

⑈32783816⑈ ⑆273970116⑆ 1700012991⑈

EIG_RM STD. CT

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:
Provider License: CA99999

77371
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	PPC/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

49311134

2444-H-837827-0

1005002445

Employers Preferred Insurance Company 505

Process Date: 04/01/2021
Control Number: 306787644
EOR Page 2 of 2
Rev/Aud: SS/CG

Payment Number: 241366886

Payment Date: 04/02/2021

Claim Number: 2019405304

Claimant:

Provider Tax ID: 330956713

Provider Ref:

Provider License: CA99999

Vendor: 5628181#5628181

Geo Zip: 92781

PPO/OSR ID:

NPI Number:

Claimant SSN:

Date Of Injury:

Claims Received Date: 03/31/2021

XXX-XX

08/02/2019

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

Carrier/Insurer: EMPLOYERS PREFERRED INSURANCE COMPANY

Employer Name: ANMOL, LLC (EIG 259301801), Employer ID: EIG 259301801, Employer Address: 7701 E SLAUSON AVE, LOS ANGELES, CA 90040

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

Claimant Address: 6467 DARWELL AVE BELL GARDENS, CA 902011714, Claimant D.O.B.: 10/01/1980

Payment Information: Payment Status Code:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

REQUEST FOR SECOND REVIEW

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billinginquiries@conduent.com

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49311134

2444-H-837827-0

1005002445

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

*** INVOICE ***
Date NO#
04/14/21 77407

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1A953459003753

Case: vs ABM INDUSTRY GROUPS LLC
Date Of Injury: 9/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/04/19	INITIAL EXAM	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/17/19	INITIAL PSYC	EVAL W/DR ANTHONY FRANCISCO PHD @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/15/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/28/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/11/20	PR2/REEVAL	DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/23/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/11/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/22/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/03/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/20/21	LIEN FIL FEE	LIEN FILING FEE	150.00
02/22/21	PMT BY CHECK	DOS 4/11/20* # FE66805864	-180.00
02/22/21	PMT BY CHECK	DOS 5/23/20* # FE66805861	-180.00
02/22/21	PMT BY CHECK	DOS 7/11/20* # FE66805856	-180.00
02/22/21	PMT BY CHECK	DOS 8/22/20* # FE66805870	-180.00
02/22/21	PMT BY CHECK	DOS 10/3/20* # FE66805896	-180.00
04/08/21	PMT BY CHECK	DOS 1/20/21* =# FE67007809	-900.00
04/14/21	BLCE OFF SET	BALANCE OFF SET	-70.00

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 77407

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ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: TINA THOMPSON
P.O. BOX # 6569
SCRANTON, PA 18505

EAMS#(s) :
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1A953459003753

Case: vs ABM INDUSTRY GROUPS LLC
Date Of Injury: 9/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ESIS, INC.

PO BOX 6569

SCRANTON PA 18505-6569

DATE 02/22/21

CHECK NO. FE66805864

STATEMENT

ESIS®

5900C13FE 00 00246 FE66805864

JOYCE ALTMAN INTERPRETERS, INC

ATTN: J. ALTMAN

PO BOX 4165

TUSTIN CA 92781-4165

FILE ID

1A95345900375

DOLLARS

\$*****180.00

* NOT NEGOTIABLE *

Invoice # 77407

Agency Claim # 2019112815322853885336

FOR

04/11/20 THRU 04/11/20 77407

CLAIMANT

DATE OF EVENT

09/15/18

Questions regarding this payment should be referred to the Customer Service Unit of the
Claim Office whose address appears above.

PAID MAR 04 2021

DETACH THIS PORTION BEFORE CASHING



ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

M

DATE 02/22/21
CHECK NO. FE66805861

STATEMENT

ESIS®

5900C13FE 00 00244 FE66805861

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

FILE ID DOLLARS
1A95345900375 \$*****180.00

* NOT NEGOTIABLE *

Invoice # 77407
Agency Claim # 2019112815322853885336

FOR

05/23/20 THRU 05/23/20 77407

CLAIMANT

DATE OF EVENT

09/15/18

Questions regarding this payment should be referred to the Customer Service Unit of the
Claim Office whose address appears above.

PAID MAR 04 2021

DETACH THIS PORTION BEFORE CASHING



ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

M

DATE 02/22/21
CHECK NO. FE66805856

STATEMENT

ESIS®

5900C13FE 00 00243 FE66805856

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

FILE ID DOLLARS
1A95345900375 \$*****180.00

* NOT NEGOTIABLE *

Invoice # 77407
Agency Claim # 2019112815322853885336

FOR

07/11/20 THRU 07/11/20 77407

CLAIMANT

DATE OF EVENT

09/15/18

Questions regarding this payment should be referred to the Customer Service Unit of the
Claim Office whose address appears above.

PAID MAR 04 2021

PDWLDMCD-000939-01-01-00

DETACH THIS PORTION BEFORE CASHING





ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

M

DATE 02/22/21
CHECK NO. FE66805870

STATEMENT

ESIS®

5900C13FE 00 00248 FE66805870

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

FILE ID DOLLARS
1A95345900375 \$*****180.00

* NOT NEGOTIABLE *

Invoice # 77407
Agency Claim # 2019112815322853885336

FOR

08/22/20 THRU 08/22/20 77407

CLAIMANT

DATE OF EVENT

09/15/18

Questions regarding this payment should be referred to the Customer Service Unit of the
Claim Office whose address appears above.

PAID MAR 04 2021

DETACH THIS PORTION BEFORE CASHING



ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

M

DATE 02/22/21
CHECK NO. FE66805896

STATEMENT

ESIS®

5900C13FE 00 00249 FE66805896

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

FILE ID DOLLARS
1A95345900375 \$*****180.00

* NOT NEGOTIABLE *

Invoice # 77407
Agency Claim # 2019112815322853885336

FOR

10/03/20 THRU 10/03/20 77407

CLAIMANT

DATE OF EVENT

09/15/18

Questions regarding this payment should be referred to the Customer Service Unit of the
Claim Office whose address appears above.

PAID MAR 04 2021

PDWLDMCD-000945-01-01-00

DETACH THIS PORTION BEFORE CASHING



ESIS, INC.
PO BOX 6569
SCRANTON, PA 18505-6569

202104070143

Electronic Service Requested

DATE: 04/08/21

CHECK NO: FE67007809

STATEMENT

SINGLE PIECE

2279 0.5486 SP 0.560



JOYCE ALTMAN INTERPRETERS
PO BOX 4615
TUSTIN, CA 92781

154

ESIS®

FILE ID

1A95345900375

DOLLARS

\$ 900.00

* NOT NEGOTIABLE *

INVOICE # XXXXX4552

AGENCY CLAIM # 2019112815322853885336

FOR

SERVICES FROM 01/20/21 THRU 01/20/21

CLAIMANT

DATE OF EVENT

09/15/18

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

EM-BOA10B

DETACH THIS PORTION BEFORE CASHING

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS

A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

ESIS®

64-1278/611 GA

DATE:

04/08/21

FE67007809

FILE ID
1A95345900375

Bank of America

PLEASE DEPOSIT or
CASH WITHIN 90
DAYS

Pay Nine Hundred Dollars

\$ *****\$900.00*

PAY TO THE ORDER OF: JOYCE ALTMAN INTERPRETERS
PO BOX 4615
TUSTIN CA 92781

CLAIMANT

CLIENT
ABM INDUSTRIES, INC.

DATE OF EVENT
09/15/18

FOR SERVICES FROM 01/20/21 THRU 01/20/21

CLAIM OFFICE
NORTHRIDGE

AUTHORIZED SIGNATURE

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

⑈4367007809⑈ ⑆061112788⑆ 003299786410⑈



7655723

ESIS MedBill Impact
P.O. Box 6561; Scranton, PA
18505-6561

Review Analysis 00

Control Number: 20762373
Bill Index Number: X020762373
Date Reviewed: 04/01/2021
Reviewed By: 9023L
Rep/Sup: 215/210



Claim Number: 1A953459003753 Date Of Injury: 09/15/2018
Patient Name: , Patient ID:
Provider Tax ID:330956/13 Patient Account:
Provider NPI: 0 Payor Receipt Date: 04/01/2021
State Jurisdiction:CA Impact Receipt Date: 04/01/2021
MPN Name: MPN ID
PPO Name: Provider Invoice:
PPO ID: (PPOID: 0)

Branch Name: 345
Employer Name:ABM INDUSTRIES, INC.

Provider	Rendering Provider	Insurer
St Lic No	NPI:	TIN:941369354
JOYCE ALTMAN	Company:	ABM Industries
INTERPRETERS	First Name:	
PO BOX 4615	Last Name: JOYCE ALTMAN	
TUSTIN, CA 92781	INTERPRETERS	

ICD Codes: T14.90XA Injury, unspecified, initial encounter
REDUCTION

Date of Billed	Reviewed	Provider	Bill	Recommend
Service Procedure	ProcedureQty	Charges	Review	Allowance
Service Description			PPO	OON
1/20/21	MDS11 00 1	\$1,870.00	\$970.00	\$0.00 \$0.00 \$900.00
Lump Sum Lien Codes Message				Notes 1,2,3,4
		\$1,870.00	\$970.00	\$0.00 \$0.00 \$900.00

Notes/Messages:

- 1 DOS from 12/04/19-10/03/20
- 2 Reviewed per client instructions. (250)
- 3 Rush Bill (E328)
- 4 This payment is a lien agreement that includes any penalties and interest associated with this service. (E336)

REDUCTION

Date of Billed	Reviewed	Provider	Bill	Recommend
Service Procedure	ProcedureQty	Charges	Review	Allowance
Service Description			PPO	OON

Notes
Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under section 5307.1, 5307.3, 5307.6 and/or 5307.9 of the California Labor Code.

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 63581

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: NICHOLE GREEN
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10099919

Case: vs KON-DO PONDS
Date Of Injury: 3/13/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/08	INITIAL EXAM	DR PAYANDEH* @ ADVANCE CARE	230.00
10/08/08	EMG TESTING	BY DR SCHILLING: L/E @ ADVANCED CARE*	150.00
10/22/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
11/19/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
12/10/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
01/07/09	P AND S	DR PAYANDEH @ ADVANCED CARE*	230.00
12/04/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
08/20/19	PMT BY CHECK	DOS 9/24/08-12/4/15* =# 3812136951 FARMER	-630.00
04/06/21	PMT BY CHECK	DOS 3/23/21* =# 3812145326	-470.00
04/13/21	BLCE OFF SET	BALANCE OFF SET	-150.00

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.

FIRE INSURANCE EXCHANGE

Check Number: 3812136951

Date: 08/20/2019

Amount: \$630.00*****

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:

Insured: KANAN HUSSNI

Date of Loss: 03/13/2008

Claim Number: WC10099919

Correspondence Reference: BX#R3B8WN

Claim Representative: Elizabeth Steckler

Office Phone Number: 8185402246

Applicable Coverage: Workers' Compensation

Additional Information:

If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 754-3260 or claims office at the address on the check.

Service From/To
09/24/08 - 12/04/15

Payment For
Interpreter

Paid Amount
\$630.00

PAID
AUG 23 2019

DW.

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW



FARMERS
INSURANCE

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

FIRE INSURANCE EXCHANGE
Westlake

Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10099919

Check No. 3812136951

Date: 08/20/2019

PAY Six Hundred Thirty Dollars And No Cents

\$630.00*****

NOT GOOD AFTER SIX MONTHS

To the order of JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

FARMERS
INSURANCE

Thomas S. Noh

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

⑈3812136951⑈ ⑆031100209⑆

38724469⑈

CORVEL

Explanation of Review

Employer: KANAN K HUSSNI
Patient:

Business Unit: Fire Insurance Exchange - WES
 PO Box 108843
 Oklahoma City, OK 73101-8843

Patient DOB:
Gender:

Joyce Altman Interpreters
 PO Box 4165
 Tustin, CA 92781



LOB: Workers' Compensation
Site/Bill # : 6/13826491 - 1
Reprice: CA, 92781
Billed Date: 07/25/2019
Business Rcvd: 07/30/2019
MBR Rcvd: 08/06/2019
MBR Date: 08/16/2019
Approved Date: 08/19/2019
DOS From - To: 09/24/2008 - 12/04/2015

Network:	Treating Provider:	Claim #: WC10099919
Network Branch:	Referring Physician: PAYANDEH	Processor Initials: YL
Sub Network:	Patient Control #: 63581	DOI: 03/13/2008
Contract:	Provider Tax Id: 33-0956713	RX Number:
Claim Rep.: ELIZABETH.STECKLER		
Vendor #:		
PIN:		
Invoice Number :		
Alt DCN :	1081032106:P8_PROD	
Pay Codes: 19 Interpreter		

Bill Comments
 INVOICE# 63581

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
09/24/2008	T1013 523, G1	SIGN LANGUAGE OR ORAL INTERPRET 1	11	\$230.00	1	\$140.00	\$90.00
10/08/2008	T1013 523, G1	SIGN LANGUAGE OR ORAL INTERPRET 1	11	\$150.00	1	\$60.00	\$90.00
10/22/2008	T1013 523, G1	SIGN LANGUAGE OR ORAL INTERPRET 1	11	\$180.00	1	\$90.00	\$90.00
11/19/2008	T1013 523, G1	SIGN LANGUAGE OR ORAL INTERPRET 1	11	\$180.00	1	\$90.00	\$90.00

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allow. Fe
12/10/2008	T1013	SIGN LANGUAGE OR ORAL INTERPRET		\$180.00		\$90.00	\$90.00
	523, G1	1	11		1		
01/07/2009	T1013	SIGN LANGUAGE OR ORAL INTERPRET		\$230.00		\$140.00	\$90.00
	523, G1	1	11		1		
12/04/2015	T1013	SIGN LANGUAGE/ORAL INTEPR SERVIC		\$100.00		\$10.00	\$90.00
	523, G1	1	11		1		

Sub-Totals for Bill: 13826491

\$1,250.00

\$620.00

\$630.00

Totals for Bill: 13826491

\$630.00

Line Item Reason Codes and Descriptions

523 Reduced per administrative rules

G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

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.

ICD Diagnosis

T14.9 UNSPECIFIED INJURY

Questions regarding this bill may be sent to:

Orange_PR@CorVel.com (underscore before PR)

CorVel Bill Review

1851 E 1st St # 300

Santa Ana, CA 92705

Toll free: (800) 987-1007

Phone: (714) 939-5620

Fax: () -

California DWC

Employer Address -

KANAN K HUSSNI

Payer Identification Number - 956235715

Pay- To Provider State License Number -

Rendering Provider ID -

MPN ID - 1596

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.

Farmers Claims

Check Number: 3812145326

Date: 04/06/2021

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE \$470.00*****

To Joyce Altman Interpreters
the PO Box 4165
order Tustin, CA, 92781-4165
of

Claimant/Patient:
Insured: Kanan Hussni
Date of Loss: 03/13/2008
Claim Number: WC10099919-1
Invoice Number: FRM-FWCA-196351
Check Number: 3812145326
Payment Under Insured's: Workers Comp Medical
Correspondence Reference: DSJMB7ZRW
Print Date: 04/05/2021 10:41 PM
Requested By: Amy V Babel

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW



THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

FIRE INSURANCE EXCHANGE
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Number
WC10099919

Check No. 3812145326

Date: 04/06/2021

PAY Four Hundred Seventy Dollars And No Cents

\$470.00*****

NOT GOOD AFTER SIX MONTHS

To Joyce Altman Interpreters
the PO Box 4165
order Tustin, CA, 92781-4165
of

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

FARMERS
INSURANCE

Thomas S. Hoh

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

3812145326 0311002091

38724469

1. If your previous provider has not informed you of this requirement, you must inform your provider of this requirement. Each Payee Required.

X Any person who knowingly makes a false claim for fraudulent insurance may be guilty of a crime and subject to a fine and/or imprisonment.

Arkansas: WARNING: THIS CHECK IS FOR WORKERS' COMPENSATION RELATED BENEFITS. YOU MUST ADVISE BOTH THE EMPLOYER AND (CARRIER) OF ANY OTHER INCOME RECEIVED OR EARNED, INCLUDING FROM SELF-EMPLOYMENT, WHILE RECEIVING THESE BENEFITS. FAILURE TO DO SO MAY RESULT IN CIVIL AND/OR CRIMINAL LIABILITY.

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

New York: By endorsement of this check, the payee, under penalty of fine and/or imprisonment, certifies entitlement to this payment for benefits or services, circumstance 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.

Utah: Workers' compensation insurance fraud is a crime punishable by Utah law.



Explanation of Review

Client

FARMERS
Farmers
PO Box 108843
Oklahoma City, OK 73101-8843

Bill: FRM-FWCA-196351

Provider

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

Claimant

NPI: 1477186625

Rendering NPI: 1477186625

Tax ID: 330956713

Type: OT Specialty (1): AO

License: 99999999

Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.

Claim Number: WC10099919

DOI/DOL: 03-13-2008

CR Date / BR Date: 03-23-2021 / 03-23-2021

External Claim Number: WC10099919

Social Security Number: XXX-XX

Policy Number: 0917065492

Employer/Insured: Hussni, Kanan

Invoice No: NA

Invoice Date: 03-18-2021

Patient Account: NA

Region: 26

Payment Status Code: 1

Policy Admin Information: 0917065492

Bill Details

Dates of Service: 03-23-2021

Post Date: 04-05-2021

Reviewer: HL/HL

Pay Auth: L

Client Type of Bill: 370

Adjuster: AMY.BABEL

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS Rev./Proc. Code	Dx.	Units	Description	PPO	ONR	OTH	Explanation Code(s)
			Charges	BRV	CBR				ADJ Allow.
1	03-23-2021	11 MDS10	A	1	SETTLEMENT FOR DISPUTE			G67, B14, G1, B92, 961, G57, U00	
			470.00						470.00

Totals	Total Charges:	470.00
	Recommended Allowance:	470.00

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
 B14 THIS PAYMENT SETTLES ALL DATES OF SERVICE AND ANY/ALL P & I (PENALTIES AND INTEREST).
 B92 OVERRIDE DENIED/CONTROVERTED CLAIM FOR THIS PROCEDURE/DATE ONLY.
 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.
 G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.
 U00 THERE WAS NO UR PROCEDURE/TREATMENT REQUEST RECEIVED.

"All date of service from 09/24/2008 to 01/07/2009"

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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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 60565

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
009362010159WC01

Case: vs ABC SCHOOL EQUIPMENT
Date Of Injury: 1/17/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/13	INITIAL ACUP	W/ ACUPUNCT JAE PARK @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/23/13	FOLLOW-UP	W/ ACUPUNCT JAE PARK @ ACS*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/30/13	FOLLOW-UP	W/ ACUPUNCT J. PARK @ ACS*	180.00
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
01/06/14	FOLLOW-UP	W/ ACUPUNCT J. PARK @ ACS*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/13/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/20/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/27/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/29/14	FOLLOW UP	PHYSICAL THERAPY W/DARRELL WILLIAMS @ ACS*	90.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/06/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/07/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/05/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/12/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/19/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/25/14	FOLLOW-UP	W/ ACUPUNCT J. 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#
04/14/21 60565

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
009362010159WC01

Case: vs ABC SCHOOL EQUIPMENT
Date Of Injury: 1/17/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/05/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
02/26/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/12/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/19/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/16/14	PMT BY CHECK	DOS 12/18/13-3/26/14* # 32931363	-90.00
04/16/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/27/14	PMT BY CHECK	DOS 12/18/13-3/19/14* # 32937469	-1620.00
04/23/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/30/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	PATY PARADES NAVA # 101026	0.00
05/06/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/07/14	PMT BY CHECK	DOS 12/18/13-4/16/14* # 32967863	-90.00
05/20/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
07/09/14	PMT BY CHECK	DOS 12/18/13-4/23/14* # 32970019	-90.00
05/28/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	AURORA SINGER # 500169	0.00
06/03/14	FOLLOW-UP	W/ ACUPUNCT J. PARK @ ACS*	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#
04/14/21 60565

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
009362010159WC01

Case: vs ABC SCHOOL EQUIPMENT
Date Of Injury: 1/17/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/25/14	PMT BY CHECK	DOS 12/18/12-4/30/14* =# 32983255	-90.00
08/06/14	PMT BY CHECK	DOS 12/18/13-5/6/14* =# 32991005	-90.00
06/10/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/17/14	FOLLOW-UP	W/ ACUPUNCT J. PARK*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/18/14	FOLLOW UP	PHYSICAL TX W/D. WILLIAMS @ ACS*	90.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/09/14	PMT BY CHECK	DOS 12/18/13-6/3/14* =# 33014980	-90.00
08/28/14	PMT BY CHECK	DOS 12/18/13-5/28/14* =# 33007655	-180.00
09/25/14	PMT BY CHECK	DOS 12/18/13-6/18/14* =# 33027603	-270.00
11/25/15	LIEN FIL FEE	LIEN FILING FEE	150.00
04/07/21	PMT BY CHECK	DOS 4/6/21* # 0170151635	-2240.00
04/14/21	BLCE OFF SET	BALANCE OFF SET	-150.00

			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.



NATIONAL SURETY CORPORATION
2995 PROSPECT PARK DRIVE
SUITE 200
RANCHO CORDOVA CA 95670



Policy No. WZC 81000662

Claim No. B005C13048160

Insured ABC SCHOOL EQUIPMENT, INC

HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

Explanation For ORIG: \$2960.00 /FIRST H RED: \$2870.00 N
26G41251122400

60565

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name URBI SCOTT

Phone No. (916)852-3706

From 12/18/13 Thru 03/26/14 IRS# R330956713
Processor ID 780FFHN

Check Distribution M

Check Amount

\$90.00

Producer Name SULLIVAN CURTIS MONROE INSURAN
Producer City IRVINE

St. CA

Check No. 32931363

EOR FORM ATTACHED

Date of Loss 01/17/13
Issue Date 05/16/14

PAID MAY 27 2014

Detach And Retain For Your Records

* 0 0088 0 000089 0 0 19E*
CDCG.A160.G 008

CF60S



WORKERS COMPENSATION DIVISION
P.O. BOX 24506
TUCSON, AZ 85734

EXPLANATION OF REVIEW
PROVIDER COPY

BILL ID: FIREDI-05/05/2014-0056-0005

JACKESIS

PAGE: 4

CONTROL NUMBER: 26141251122400 DATE PROCESSED: 05/14/14

PATIENT NAME:

BILLING NAME AND ADDRESS:
JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 927811460

CLAIM NUMBER: 00513048160

PATIENT ID #:

BILLING TAX ID: 330956713

BILLING NPI:

DATE OF INJURY: 01/17/13

PATIENT ACCT #: 60565

PAYOR RECEIPT DATE: 04/28/14

PRESCRIPTION DATE:

INFO 1: 4

INFO 2: 279

RENDERING NAME: JOYCE ALTMAN INTERPRETE

RENDERING NPI:

MPN NAME:

MPN ID:

PAYMENT STATUS CODE: 1

BILLING PROV LIC #:

BILLING PROV TAXONOMY:

BILL FREQUENCY TYPE:

POLICY #/ID: WZC81000662J48W000

CONDITION CODES:

SURGICAL PROCEDURE 1:

SURGICAL PROCEDURE 2:

SURGICAL PROCEDURE 3:

VERSION: SURGERY DATE 1:

VERSION: SURGERY DATE 2:

VERSION: SURGERY DATE 3:

TPA:

EMPLOYER: ABC SCHOOL EQUIPMENT INC
1451 E SIXTH STREET
CORONA, CA 92880

PAYOR: NATIONAL SURETY CORPORATION
33 WEST MONROE STREET, SUITE 1200
CHICAGO, IL 606030000
Phone: (800)562-4221
ATTENDING LIC #:
PRESCRIB LIC #:

DATES OF SERVICE	PROCEDURE/ MDC CODE	RVWD UNITS	BILLED UNITS	BILL CHARGES	FS/ UCR	BILL RVW RDCNTNS	NTWRK RDCNTNS	OON RDCNTNS
SALES TAX	DESCRIPTION OF SERVICE	DISP FEE	DME PURCHASE	ADJ QTY	PRSCRPTN NO	NOTES	ST NOTES	ALLOWANCE
REND PROV NAME				REND PROV LIC #	DME RENTAL	DME INDICATOR	CONTRACT CODE	
02/19/14	T1013	0000008	0000001	180.00	0.00	180.00	0.00	0.00
	SIGN LANGUAGE/ORAL INTEPR SE			0000007		1	1	0.00
	0.00	0.00	0.00	0.00	0.00			
02/25/14	T1013	0000008	0000001	180.00	0.00	180.00	0.00	0.00
	SIGN LANGUAGE/ORAL INTEPR SE			0000007		1	1	0.00
	0.00	0.00	0.00	0.00	0.00			
03/05/14	T1013	0000008	0000001	180.00	0.00	180.00	0.00	0.00
	SIGN LANGUAGE/ORAL INTEPR SE			0000007		1	1	0.00
	0.00	0.00	0.00	0.00	0.00			
03/26/14	T1013	0000008	0000001	180.00	90.00	90.00	0.00	0.00
	SIGN LANGUAGE/ORAL INTEPR SE			0000007		23	2	90.00
	0.00	0.00	0.00	0.00	0.00			

CONTINUED ON NEXT PAGE



NATIONAL SURETY CORPORATION
2995 PROSPECT PARK DRIVE
SUITE 200
RANCHO CORDOVA CA 95670

Policy No. WZC 81000662

Claim No. B005C13048160

Insured ABC SCHOOL EQUIPMENT, INC

HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

Explanation For ORIG: \$3140.00 /FIRST H RED: \$1520.00 N
26041251121300

PAID JUN 02 2014

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name URBI SCOTT

Phone No. (916)852-3706

From 12/18/13 Thru 03/19/14 IRS# R330956713
Processor ID 780FFHN

Check Distribution M

Check Amount

\$1,620.00

60565

Producer Name
Producer City

SULLIVAN CURTIS MONROE INSURAN
IRVINE

St. CA

Check No. 32937469

Date of Loss 01/17/13
Issue Date 05/27/14

EOR FORM ATTACHED

* 0 0087 1 000080 1 0 04P
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records



NATIONAL SURETY CORPORATION
2995 PROSPECT PARK DRIVE
SUITE 200
RANCHO CORDOVA CA 95670

Policy No. WZC 81000662

Claim No. B005C13048160

Insured ABC SCHOOL EQUIPMENT, INC

HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

PAID JUL 15 2014

60565

Explanation For ORIG: \$3320.00 /FIRST H RED: \$3230.00 N
26G41682573500

Please contact our office with questions concerning this payment or claim. Any error in
payee name, address or tax identification number should be reported immediately.

Representative Name URBI SCOTT

Phone No. (916)852-3706

From 12/18/13 Thru 04/16/14 IRS# R330956713
Processor ID 780FFHN Check Amount

Check Distribution M

\$90.00

Producer Name SULLIVAN CURTIS MONROE INSURAN
Producer City IRVINE

St. CA

Check No. 32967863

EOR FORM ATTACHED

Date of Loss 01/17/13
Issue Date 07/07/14

00077 1 000075 1 0 11G
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records



WORKERS COMPENSATION DIVISION
P.O. BOX 24506
TUCSON, AZ 85734

EXPLANATION OF REVIEW
PROVIDER COPY

BILL ID: FIREDI-06/17/2014-0048-0013

WILLIAC3

PAGE: 5

CONTROL NUMBER: 26141682573500 DATE PROCESSED: 07/02/14

PATIENT NAME:

BILLING NAME AND ADDRESS:
JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 927814165

CLAIM NUMBER: 00513048160

PATIENT ID #:

BILLING TAX ID: 330956713

BILLING NPI:

DATE OF INJURY: 01/17/13

PATIENT ACCT #: MISSING

PAYOR RECEIPT DATE: 06/05/14

PRESCRIPTION DATE:

INFO 1: 4

INFO 2: 279

RENDERING NAME: JOYCE ALTMAN INTERPRETE

RENDERING NPI:

MPN NAME:

MPN ID:

PAYMENT STATUS CODE: 1

BILLING PROV LIC #:

BILLING PROV TAXONOMY:

BILL FREQUENCY TYPE:

POLICY #/ID: WZC81000662J48W000

CONDITION CODES:

SURGICAL PROCEDURE 1:

SURGICAL PROCEDURE 2:

SURGICAL PROCEDURE 3:

VERSION: SURGERY DATE 1:

VERSION: SURGERY DATE 2:

VERSION: SURGERY DATE 3:

TPA:

EMPLOYER: ABC SCHOOL EQUIPMENT INC
1451 E SIXTH STREET
CORONA, CA 92880

PAYOR: NATIONAL SURETY CORPORATION
33 WEST MONROE STREET, SUITE 1200
CHICAGO, IL 606030000
Phone: (800)562-4221
ATTENDING LIC #:
PRESCRIB LIC #:

DATES OF PROCEDURE/ SERVICE	RVWD NDC CODE	BILLED UNITS	BILL CHARGES	FS/ UCR	BILL RVW RDCTNS	NTWRK RDCTNS	OON RDCTNS
DESCRIPTION OF SERVICE	SALES TAX	DISP FEE	DME PURCHASE	DME RENTAL	NOTES	ST NOTES	ALLOWANCE
REND PROV NAME	REND PROV LIC #				DME INDICATOR	CONTRACT CODE	
03/12/14 T1013	0000008	0000001	180.00	0.00	180.00	0.00	0.00
SIGN LANGUAGE/ORAL INTEPR SE	0000007				1	1	0.00
0.00	0.00	0.00	0.00	0.00			
03/19/14 T1013	0000008	0000001	180.00	0.00	180.00	0.00	0.00
SIGN LANGUAGE/ORAL INTEPR SE	0000007				1	1	0.00
0.00	0.00	0.00	0.00	0.00			
04/16/14 T1013	0000008	0000001	180.00	90.00	90.00	0.00	0.00
SIGN LANGUAGE/ORAL INTEPR SE	0000007				23	2	90.00
0.00	0.00	0.00	0.00	0.00			
TOTALS:			3320.00	90.00	3230.00	0.00	90.00

NOTES / MESSAGES:

STATE NOTES

CONTINUED ON NEXT PAGE



NATIONAL SURETY CORPORATION
2995 PROSPECT PARK DRIVE
SUITE 200
RANCHO CORDOVA CA 95670

Policy No. WZC 81000662

Claim No. B005C13048160

Insured ABC SCHOOL EQUIPMENT, INC

HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

PAID JUL 15 2014

Explanation For ORIG: \$3500.00 /FIRST H RED: \$3410.00 N
26G41772474200

60565

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name URBI SCOTT

Phone No. (916)852-3706

From 12/18/13 Thru 04/23/14 IRS# R330956713
Processor ID 780FFHN Check Amount

Check Distribution M

\$90.00

Producer Name SULLIVAN CURTIS MONROE INSURAN
Producer City IRVINE

St. CA

Check No. 32970019

EOR FORM ATTACHED

Date of Loss 01/17/13
Issue Date 07/09/14

* 0 0131 1 000133 1 0 13G*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records



WORKERS COMPENSATION DIVISION
P.O. BOX 24506
TUCSON, AZ 85734

EXPLANATION OF REVIEW
PROVIDER COPY

BILL ID: FIREDI-06/26/2014-0075-0010

WILLESIS

PAGE: 5

CONTROL NUMBER: 26141772474200 DATE PROCESSED: 07/05/14

PATIENT NAME:

BILLING NAME AND ADDRESS:
JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 927811460

CLAIM NUMBER: 00513048160

PATIENT ID #:

BILLING TAX ID: 330956713

BILLING NPI:

DATE OF INJURY: 01/17/13

PATIENT ACCT #: MISSING

PAYOR RECEIPT DATE: 06/16/14

PRESCRIPTION DATE:

INFO 1: 4

INFO 2: 279

RENDERING NAME: JOYCE ALTMAN INTERPRETE

RENDERING NPI:

MPN NAME:

MPN ID:

PAYMENT STATUS CODE: 1

BILLING PROV LIC #:

BILLING PROV TAXONOMY:

BILL FREQUENCY TYPE:

POLICY #/ID: WZC81000662J48W000

CONDITION CODES:

SURGICAL PROCEDURE 1:

VERSION: SURGERY DATE 1:

SURGICAL PROCEDURE 2:

VERSION: SURGERY DATE 2:

SURGICAL PROCEDURE 3:

VERSION: SURGERY DATE 3:

TPA:

EMPLOYER: ABC SCHOOL EQUIPMENT INC
1451 E SIXTH STREET
CORONA, CA 92880

PAYOR: NATIONAL SURETY CORPORATION
33 WEST MONROE STREET, SUITE 1200
CHICAGO, IL 606030000
Phone: (800)562-4221
ATTENDING LIC #:
PRESCRIB LIC #:

DATES OF PROCEDURE/ SERVICE	NDC CODE	RVWD UNITS	BILLED UNITS	BILL CHARGES	FS/ UCR	BILL RVW RDCTNS	NTWRK RDCTNS	CON RDCTNS
DESCRIPTION OF SERVICE	SALES TAX	DISP FEE	DME PURCHASE	ADJ QTY	PRSCRPTN NO	NOTES	ST NOTES	ALLOWANCE
REND PROV NAME				REND PROV LIC #		DME INDICATOR	CONTRACT CODE	
03/12/14 T1013	0000001	0000001	180.00	0.00	180.00	0.00	0.00	0.00
SIGN LANGUAGE/ORAL INTEPR SE	0000000	0.00	0.00	0.00	1	1		0.00
0.00	0.00	0.00	0.00	0.00				
03/19/14 T1013	0000001	0000001	180.00	0.00	180.00	0.00	0.00	0.00
SIGN LANGUAGE/ORAL INTEPR SE	0000000	0.00	0.00	0.00	1	1		0.00
0.00	0.00	0.00	0.00	0.00				
04/16/14 T1013	0000001	0000001	180.00	0.00	180.00	0.00	0.00	0.00
SIGN LANGUAGE/ORAL INTEPR SE	0000000	0.00	0.00	0.00	1	1		0.00
0.00	0.00	0.00	0.00	0.00				
04/23/14 T1013	0000008	0000001	180.00	90.00	90.00	0.00	0.00	0.00
SIGN LANGUAGE/ORAL INTEPR SE	0000007	0.00	0.00	0.00	23	2		90.00
0.00	0.00	0.00	0.00	0.00				
TOTALS:			3500.00	90.00	3410.00	0.00	0.00	0.00

CONTINUED ON NEXT PAGE



NATIONAL SURETY CORPORATION
2995 PROSPECT PARK DRIVE
SUITE 200
RANCHO CORDOVA CA 95670

Policy No. WZC 81000662

Claim No. B005C13048160

Insured ABC SCHOOL EQUIPMENT, INC

HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

Explanation For ORIG: \$3680.00 /FIRST H RED: \$3590.00 N
26G41950676200

PAID AUG 01 2014

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name URBI SCOTT

Phone No. (916)852-3706

From 12/18/13 Thru 04/30/14 IRS# R330956713
Processor ID 780FFHN Check Amount

Check Distribution M

\$90.00

Producer Name SULLIVAN CURTIS MONROE INSURAN
Producer City IRVINE

St. CA

Check No. 32983255

EOR FORM ATTACHED

Date of Loss 01/17/13
Issue Date 07/25/14

* 0 0088 0 000084 0 0 03H+
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records



WORKERS COMPENSATION DIVISION
P.O. BOX 24506
TUCSON, AZ 85734

EXPLANATION OF REVIEW
PROVIDER COPY

BILL ID: FIREDI-07/14/2014-0027-0002

PITTESIS

PAGE: 6

CONTROL NUMBER: 26141950676200 DATE PROCESSED: 07/23/14

PATIENT NAME:

BILLING NAME AND ADDRESS:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

CLAIM NUMBER: 00513048160

PATIENT ID #:

BILLING TAX ID: 330956713

BILLING NPI:

DATE OF INJURY: 01/17/13

PATIENT ACCT #: 60565

PAYOR RECEIPT DATE: 07/07/14

PRESCRIPTION DATE:

INFO 1: 4

INFO 2: 279

RENDERING NAME: JOYCE ALTMAN INTERPRETE

RENDERING NPI:

MPN NAME:

MPN ID:

PAYMENT STATUS CODE: 1

BILLING PROV LIC #:

BILLING PROV TAXONOMY:

BILL FREQUENCY TYPE:

POLICY #/ID: WZC81000662J48W000

CONDITION CODES:

SURGICAL PROCEDURE 1:

VERSION: SURGERY DATE 1:

SURGICAL PROCEDURE 2:

VERSION: SURGERY DATE 2:

SURGICAL PROCEDURE 3:

VERSION: SURGERY DATE 3:

TPA:

EMPLOYER: ABC SCHOOL EQUIPMENT INC
1451 E SIXTH STREET
CORONA, CA 92880

PAYOR: NATIONAL SURETY CORPORATION
33 WEST MONROE STREET, SUITE 1200
CHICAGO, IL 606030000
Phone: (800)562-4221
ATTENDING LIC #:
PRESCRIB LIC #:

DATES OF PROCEDURE/ SERVICE	NDC CODE	RVWD UNITS	BILLED UNITS	BILL CHARGES	FS/ UCR	BILL RVW RDCTNS	NTWRK RDCTNS	00N RDCTNS
DESCRIPTION		OF SERVICE		ADJ QTY	PRSCRPTN NO	NOTES	ST NOTES	ALLOWANCE
SALES TAX		DISP FEE	DME PURCHASE	DME RENTAL		DME INDICATOR		
REND PROV NAME				REND PROV LIC #		CONTRACT CODE		
04/30/14	T1013	0000008	0000001	180.00	90.00	90.00	0.00	0.00
	SIGN LANGUAGE/ORAL INTEPR SE			0000007		23	2	90.00
	0.00	0.00	0.00	0.00				
			TOTALS:	3680.00	90.00	3590.00	0.00	0.00
								90.00

NOTES / MESSAGES:

STATE NOTES

- (BARC - 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.
- (BARC - G1) The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

BILL REVIEW NOTES/MESSAGES

- This item was previously submitted and reviewed with notification of decision issued to payor, provider (duplicate invoice). (U301)

CONTINUED ON NEXT PAGE



NATIONAL SURETY CORPORATION
3100 ZINFANDEL DRIVE
SUITE 240
RANCHO CORDOVA CA 95670

Policy No. WZC 81000662

Claim No. B005C13048160

Insured ABC SCHOOL EQUIPMENT, INC

HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

Explanation For ORIG: \$3860.00 /FIRST H RED: \$3770.00 N
26G42060681200

60565

Please contact our office with questions concerning this payment or claim. Any error in
payee name, address or tax identification number should be reported immediately.

Representative Name URBI SCOTT

Phone No. (916)852-3706

From 12/18/13 Thru 05/06/14 IRS# R330956713
Processor ID 780FFHN

Check Distribution M

Check Amount

\$90.00

Producer Name SULLIVAN CURTIS MONROE INSURAN
Producer City IRVINE

St. CA

Check No. 32991005

Date of Loss 01/17/13
Issue Date 08/06/14

EOR FORM ATTACHED

PAID AUG 12 2014

CF60S

Detach And Retain For Your Records

* 0 0084 0 000081 0 0 11H*
CDCG.A160.G 008



WORKERS COMPENSATION DIVISION
P.O. BOX 24506
TUCSON, AZ 85734

EXPLANATION OF REVIEW
PROVIDER COPY

WILLESIS

PAGE: 6

CONTROL NUMBER: 26142060681200 DATE PROCESSED: 08/02/14

PATIENT NAME:

BILLING NAME AND ADDRESS:
JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 927811460

CLAIM NUMBER: 00513048160

PATIENT ID #:

BILLING TAX ID: 330956713

BILLING NPI:

DATE OF INJURY: 01/17/13

PATIENT ACCT #: MISSING

PAYOR RECEIPT DATE: 07/17/14

PRESCRIPTION DATE:

INFO 1: 4

INFO 2: 279

RENDERING NAME: JOYCE ALTMAN INTERPRETE

RENDERING NPI:

MPN NAME:

MPN ID:

PAYMENT STATUS CODE: 1

BILLING PROV LIC #:

BILLING PROV TAXONOMY:

BILL FREQUENCY TYPE:

POLICY #/ID: WZC81000662J48W000

CONDITION CODES:

SURGICAL PROCEDURE 1:

VERSION: SURGERY DATE 1:

SURGICAL PROCEDURE 2:

VERSION: SURGERY DATE 2:

SURGICAL PROCEDURE 3:

VERSION: SURGERY DATE 3:

TPA:

EMPLOYER: ABC SCHOOL EQUIPMENT INC
1451 E SIXTH STREET
CORONA, CA 92880

PAYOR: NATIONAL SURETY CORPORATION
33 WEST MONROE STREET, SUITE 1200
CHICAGO, IL 606030000
Phone: (800)562-4221
ATTENDING LIC #:
PRESCRIB LIC #:

DATES OF PROCEDURE/ SERVICE	RVWD NDC CODE	BILLED UNITS	BILL CHARGES	FS/ UCR	BILL RVW RDCTNS	NTWRK RDCTNS	00N RDCTNS
DESCRIPTION OF SERVICE	SALES TAX	DISP FEE	DME PURCHASE	DME RENTAL	NOTES	ST NOTES	ALLOWANCE
REND PROV NAME			REND PROV LIC #		DME INDICATOR	CONTRACT CODE	

04/30/14 T1013	0000008 0000001	180.00	0.00	180.00	0.00	0.00	0.00
SIGN LANGUAGE/ORAL INTEPR SE	0000007	0.00	0.00	0.00	1	1	0.00
0.00	0.00	0.00	0.00	0.00			
05/06/14 T1013	0000008 0000001	180.00	90.00	90.00	0.00	0.00	0.00
SIGN LANGUAGE/ORAL INTEPR SE	0000007	0.00	0.00	0.00	23	2	90.00
0.00	0.00	0.00	0.00	0.00			
TOTALS:		3860.00	90.00	3770.00	0.00	0.00	90.00

NOTES / MESSAGES:

STATE NOTES

- 1 - (BARC - 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.

CONTINUED ON NEXT PAGE



NATIONAL SURETY CORPORATION
3100 ZINFANDEL DRIVE
SUITE 240
RANCHO CORDOVA CA 95670

Policy No. WZC 81000662

Claim No. B005C13048160

Insured ABC SCHOOL EQUIPMENT, INC

HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

60565

Explanation For ORIG: \$4400.00 /FIRST H RED: \$4310.00 N
26G42320643800

PAID SEP 15 2014

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name URBI SCOTT

Phone No. (916)852-3706

From 12/18/13 Thru 06/03/14 IRS# R330956713
Processor ID 780FFHN Check Amount

Check Distribution M

\$90.00

Producer Name SULLIVAN CURTIS MONROE INSURAN
Producer City IRVINE

St. CA

Check No. 33014980

Date of Loss 01/17/13
Issue Date 09/09/14

EOR FORM ATTACHED

* 0 0098 0 00098 0 0 131*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records



WORKERS COMPENSATION DIVISION
P.O. BOX 24506
TUCSON, AZ 85734

EXPLANATION OF REVIEW
PROVIDER COPY

BILL ID: FIREDI-08/20/2014-0017-0011

WILLESIS

PAGE: 7

CONTROL NUMBER: 26142320643800 DATE PROCESSED: 09/05/14

PATIENT NAME:

BILLING NAME AND ADDRESS:
JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 927811460

CLAIM NUMBER: 00513048160

PATIENT ID #:

BILLING TAX ID: 330956713

BILLING NPI:

DATE OF INJURY: 01/17/13

PATIENT ACCT #: MISSING

PAYOR RECEIPT DATE: 08/12/14

PRESCRIPTION DATE:

INFO 1: 4

INFO 2: 279

RENDERING NAME: JOYCE ALTMAN INTERPRETE

RENDERING NPI:

MPN NAME:

MPN ID:

PAYMENT STATUS CODE: 1

BILLING PROV LIC #:

BILLING PROV TAXONOMY:

BILL FREQUENCY TYPE:

POLICY #/ID: WZC81000662J48W000

CONDITION CODES:

SURGICAL PROCEDURE 1:

SURGICAL PROCEDURE 2:

SURGICAL PROCEDURE 3:

VERSION: SURGERY DATE 1:

VERSION: SURGERY DATE 2:

VERSION: SURGERY DATE 3:

TPA:

EMPLOYER: ABC SCHOOL EQUIPMENT INC
1451 E SIXTH STREET
CORONA, CA 92880

PAYOR: NATIONAL SURETY CORPORATION
33 WEST MONROE STREET, SUITE 1200
CHICAGO, IL 606030000
Phone: (800)562-4221
ATTENDING LIC #:
PRESCRIB LIC #:

DATES OF PROCEDURE/ SERVICE	NDC CODE	RVWD UNITS	BILLED UNITS	BILL CHARGES	FS/ UCR	BILL RVW RDCTNS	NTWRK RDCTNS	00N RDCTNS
DESCRIPTION OF SERVICE		ADJ QTY		PRSCRIPTN NO	NOTES	ST NOTES	ALLOWANCE	
SALES TAX	DISP FEE	DME PURCHASE	DME RENTAL	DME INDICATOR	CONTRACT CODE			
REND PROV NAME	REND PROV LIC #							

06/03/14	T1013	0000008	0000001	180.00	90.00	90.00	0.00	0.00
SIGN LANGUAGE/ORAL INTEPR SE		0000007				23	2	90.00
0.00	0.00	0.00	0.00	0.00				
TOTALS:				4400.00	90.00	4310.00	0.00	90.00

NOTES / MESSAGES:

STATE NOTES

- (BARC - 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.
- (BARC - G1) The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

BILL REVIEW NOTES/MESSAGES

- This item was previously submitted and reviewed with notification of decision issued to payor, provider (duplicate invoice). (U301)

CONTINUED ON NEXT PAGE



NATIONAL SURETY CORPORATION
3100 ZINFANDEL DRIVE
SUITE 240
RANCHO CORDOVA CA 95670

Policy No. WZC 81000662

Claim No. B005C13048160

Insured ABC SCHOOL EQUIPMENT, INC

HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

Explanation For ORIG: \$4220.00 /FIRST H RED: \$4040.00 N
26G42250685900

60565

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

PAID SEP 19 2014

Representative Name URBI SCOTT

Phone No. (916)852-3706

From 12/18/13 Thru 05/28/14 IRS# R330956713
Processor ID 780FFHN Check Amount

Check Distribution M

\$180.00

Producer Name SULLIVAN CURTIS MONROE INSURAN
Producer City IRVINE

St. CA

Check No. 33007655

EOR FORM ATTACHED

Date of Loss 01/17/13
Issue Date 08/28/14

* 0 0099 1 000096 1 0 061*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records



WORKERS COMPENSATION DIVISION
P.O. BOX 24506
TUCSON, AZ 85734

EXPLANATION OF REVIEW
PROVIDER COPY

BILL ID: FIREDI-08/13/2014-0025-0005

WILLESIS

PAGE: 6

CONTROL NUMBER: 26142250685900 DATE PROCESSED: 08/26/14

PATIENT NAME:

BILLING NAME AND ADDRESS:
JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 927811460

CLAIM NUMBER: 00513048160

PATIENT ID #:

BILLING TAX ID: 330956713

BILLING NPI:

DATE OF INJURY: 01/17/13

PATIENT ACCT #: MISSING

PAYOR RECEIPT DATE: 08/04/14

PRESCRIPTION DATE:

INFO 1: 4

INFO 2: 279

RENDERING NAME: JOYCE ALTMAN INTERPRETE

RENDERING NPI:

MPN NAME:

MPN ID:

PAYMENT STATUS CODE: 1

BILLING PROV LIC #:

BILLING PROV TAXONOMY:

BILL FREQUENCY TYPE:

POLICY #/ID: WZC81000662J48W000

CONDITION CODES:

SURGICAL PROCEDURE 1:

SURGICAL PROCEDURE 2:

SURGICAL PROCEDURE 3:

VERSION: SURGERY DATE 1:

VERSION: SURGERY DATE 2:

VERSION: SURGERY DATE 3:

TPA:

EMPLOYER: ABC SCHOOL EQUIPMENT INC
1451 E SIXTH STREET
CORONA, CA 92880

PAYOR: NATIONAL SURETY CORPORATION
33 WEST MONROE STREET, SUITE 1200
CHICAGO, IL 606030000
Phone: (800)562-4221

ATTENDING LIC #:

PRESCRIB LIC #:

DATES OF PROCEDURE/	RVWD	BILLED	BILL	FS/	BILL RVW	NTWRK	00N
SERVICE	NDC CODE	UNITS	CHARGES	UCR	RDCTNS	RDCTNS	RDCTNS
DESCRIPTION OF SERVICE	ADJ QTY	PRSCRPTN NO	NOTES	ST	NOTES	ALLOWANCE	
SALES TAX	DISP FEE	DME PURCHASE	DME RENTAL	DME INDICATOR			
REND PROV NAME	REND PROV LIC #			CONTRACT CODE			

04/30/14	T1013	0000008	0000001	180.00	0.00	180.00	0.00	0.00
	SIGN LANGUAGE/ORAL INTEPR SE	0000007			1	1		0.00
	0.00	0.00	0.00	0.00				
05/06/14	T1013	0000008	0000001	180.00	0.00	180.00	0.00	0.00
	SIGN LANGUAGE/ORAL INTEPR SE	0000007			1	1		0.00
	0.00	0.00	0.00	0.00				
05/20/14	T1013	0000008	0000001	180.00	90.00	90.00	0.00	0.00
	SIGN LANGUAGE/ORAL INTEPR SE	0000007			23	2		90.00
	0.00	0.00	0.00	0.00				
05/28/14	T1013	0000008	0000001	180.00	90.00	90.00	0.00	0.00
	SIGN LANGUAGE/ORAL INTEPR SE	0000007			23	2		90.00
	0.00	0.00	0.00	0.00				

TOTALS: 4220.00 180.00 4040.00 0.00 0.00

180.00

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NATIONAL SURETY CORPORATION
3100 ZINFANDEL DRIVE
SUITE 240
RANCHO CORDOVA CA 95670

+

+

Policy No. WZC 81000662

Claim No. B005C13048160

Insured ABC SCHOOL EQUIPMENT, INC

HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

Explanation For ORIG: \$4850.00 /FIRST H RED: \$4580.00 N
26G42541606200

PAID OCT 03 2014

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name URBI SCOTT

Phone No. (916)852-3706

From 12/18/13 Thru 06/18/14 IRS# R330956713
Processor ID 780FFHN Check Amount

Check Distribution M

\$270.00

60565

Producer Name SULLIVAN CURTIS MONROE INSURAN
Producer City IRVINE

St. CA

Check No. 33027603

EOR FORM ATTACHED

Date of Loss 01/17/13
Issue Date 09/25/14

* 0 0088 0 000086 0 0 04J*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records



WORKERS COMPENSATION DIVISION
P.O. BOX 24506
TUCSON, AZ 85734

EXPLANATION OF REVIEW
PROVIDER COPY

BILL ID: FIREDI-09/11/2014-0015-0011

MONEESIS

PAGE: 7

CONTROL NUMBER: 26142541606200 DATE PROCESSED: 09/23/14

PATIENT NAME:

BILLING NAME AND ADDRESS:
JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 927811460

CLAIM NUMBER: 00513048160

PATIENT ID #:

BILLING TAX ID: 330956713

BILLING NPI:

DATE OF INJURY: 01/17/13

PATIENT ACCT #: 60565

PAYOR RECEIPT DATE: 09/04/14

PRESCRIPTION DATE:

INFO 1: 4

INFO 2: 279

RENDERING NAME: JOYCE ALTMAN INTERPRETE

RENDERING NPI:

MPN NAME:

MPN ID:

PAYMENT STATUS CODE: 1

BILLING PROV LIC #:

BILLING PROV TAXONOMY:

BILL FREQUENCY TYPE:

POLICY #/ID: WZC81000662J48W000

CONDITION CODES:

SURGICAL PROCEDURE 1:

VERSION: SURGERY DATE 1:

SURGICAL PROCEDURE 2:

VERSION: SURGERY DATE 2:

SURGICAL PROCEDURE 3:

VERSION: SURGERY DATE 3:

TPA:

EMPLOYER: ABC SCHOOL EQUIPMENT INC
1451 E SIXTH STREET
CORONA, CA 92880

PAYOR: NATIONAL SURETY CORPORATION
33 WEST MONROE STREET, SUITE 1200
CHICAGO, IL 606030000
Phone: (800)562-4221
ATTENDING LIC #:
PRESCRIB LIC #:

DATES OF PROCEDURE/ SERVICE	NDC CODE	RVWD UNITS	BILLED UNITS	BILL CHARGES	FS/ UCR	BILL RVW RDCTNS	NTWRK RDCTNS	OON RDCTNS
DESCRIPTION OF SERVICE	SALES TAX	DISP FEE	DME PURCHASE	ADJ QTY	PRSCRPTN NO	NOTES	ST NOTES	ALLOWANCE
REND PROV NAME				REND PROV LIC #	DME RENTAL	DME INDICATOR	CONTRACT CODE	
06/03/14 T1013	0000008	0000001	180.00	0.00	180.00	0.00	0.00	0.00
SIGN LANGUAGE/ORAL INTEPR SE	0.00	0.00	0.00	0.00	1	1	0.00	0.00
06/10/14 T1013	0000008	0000001	180.00	90.00	90.00	0.00	0.00	0.00
SIGN LANGUAGE/ORAL INTEPR SE	0.00	0.00	0.00	0.00	23	2	90.00	0.00
06/17/14 T1013	0000008	0000001	180.00	90.00	90.00	0.00	0.00	0.00
SIGN LANGUAGE/ORAL INTEPR SE	0.00	0.00	0.00	0.00	23	2	90.00	0.00
06/18/14 T1013	0000008	0000001	90.00	90.00	0.00	0.00	0.00	0.00
SIGN LANGUAGE/ORAL INTEPR SE	0.00	0.00	0.00	0.00			90.00	0.00
TOTALS:			4850.00	270.00	4580.00	0.00	0.00	0.00

CONTINUED ON NEXT PAGE

270.00



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

GALLAGHER BASSETT SERVICES INC
FOR ALLIANZ GLOBAL

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 009362 010159 WC 01 (8100066201)

BRANCH NO.: 502

NO.: 0170151635

CLAIMANT:

ACC DATE: 17Jan13

VN: 0000706425

DESCRIPTION: JOYCE ALTMAN INTERPRETER F&F

DATE: 07Apr21

**

DATES OF SERVICE: 06Apr21 THRU 06Apr21

AMOUNT: 2240.00

BENEFIT PERIOD: THRU

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000021 000373 007 007

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

GALLAGHER BASSETT SERVICES INC
FOR ALLIANZ GLOBAL

CHECK NO. 0170151635 001508
VN. 0000706425
DATE: 07Apr21 62-20/311

CLAIM NO.: 009362 010159 WC 01 (8100066201)

BRANCH NO.: 502

PAY TWO THOUSAND TWO HUNDRED FORTY AND 00/100 DOLLARS*****

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

NOT VALID AFTER 90 DAYS
PAY EXACTLY
\$ **2240.00

Donna M. Korte

AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK, FSB CALIFORNIA

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



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 67463

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001627-103642-WC-01

Case: vs ARROW STAFFING
Date Of Injury: 1/16/13-1/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/15	INITIAL EXAM	-DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/31/15	INITIAL ACUP	-W/ ACUPUNCT S.HAN @ ACS*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/02/15	INITIAL EXAM	-DR MILLMAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/17/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
10/15/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/28/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/19/15	PR2/REEVAL	-DR ROSTAMI/DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/20/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ ENHANCED PRECISION CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/02/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/07/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/10/15	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/11/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/26/16	FOLLOW-UP	-W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/02/16	FOLLOW-UP	-W/ACUPUNCT CHOI @ EPC*	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 67463

** THIS SERVES AS DEMAND FOR PAYMENT **

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001627-103642-WC-01

Case: vs ARROW STAFFING
Date Of Injury: 1/16/13-1/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/10/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
04/04/16	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
05/05/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/02/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/30/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/01/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/29/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/24/16	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/10/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/08/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
12/22/16	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/09/17	PR2/REEVAL	-DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/26/17	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
02/09/17	PR2/REEVAL	-DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/20/17	P AND S	DR BROWN @ EPC*	230.00
/ /	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#
04/06/21 67463

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001627-103642-WC-01

Case: vs ARROW STAFFING
Date Of Injury: 1/16/13-1/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/18	LIEN FIL FEE	LIEN FILING FEE	150.00
04/09/19	PENALTIES	FOR DATE OF SERVICE 08/20/15	34.50
03/29/21	INTEREST	FOR DATE OF SERVICE 08/20/15	136.16
04/09/19	PENALTIES	FOR DATE OF SERVICE 08/31/15	34.50
03/29/21	INTEREST	FOR DATE OF SERVICE 08/31/15	136.16
04/09/19	PENALTIES	FOR DATE OF SERVICE 09/02/15	34.50
03/29/21	INTEREST	FOR DATE OF SERVICE 09/02/15	136.16
04/09/19	PENALTIES	FOR DATE OF SERVICE 02/20/17	34.50
03/29/21	INTEREST	FOR DATE OF SERVICE 02/20/17	107.76
10/16/19	PENALTIES	FOR DATE OF SERVICE 09/17/15	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 09/17/15	106.56
10/16/19	PENALTIES	FOR DATE OF SERVICE 10/15/15	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 10/15/15	106.56
10/16/19	PENALTIES	FOR DATE OF SERVICE 10/28/15	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 10/28/15	106.56
10/16/19	PENALTIES	FOR DATE OF SERVICE 11/19/15	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 11/19/15	106.56
10/16/19	PENALTIES	FOR DATE OF SERVICE 11/20/15	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 11/20/15	106.56
10/16/19	PENALTIES	FOR DATE OF SERVICE 12/02/15	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 12/02/15	41.51
10/16/19	PENALTIES	FOR DATE OF SERVICE 12/04/15	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 12/04/15	41.51
10/16/19	PENALTIES	FOR DATE OF SERVICE 12/07/15	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 12/07/15	106.56
10/16/19	PENALTIES	FOR DATE OF SERVICE 12/10/15	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 12/10/15	106.56
10/16/19	PENALTIES	FOR DATE OF SERVICE 02/11/16	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 02/11/16	105.20
10/16/19	PENALTIES	FOR DATE OF SERVICE 02/26/16	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 02/26/16	104.29

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 67463

** THIS SERVES AS DEMAND FOR PAYMENT **

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001627-103642-WC-01

Case: vs ARROW STAFFING
Date Of Injury: 1/16/13-1/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/19	PENALTIES	FOR DATE OF SERVICE 03/02/16	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 03/02/16	104.24
10/16/19	PENALTIES	FOR DATE OF SERVICE 03/10/16	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 03/10/16	41.51
10/16/19	PENALTIES	FOR DATE OF SERVICE 04/04/16	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 04/04/16	101.63
10/16/19	PENALTIES	FOR DATE OF SERVICE 05/05/16	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 05/05/16	99.87
10/16/19	PENALTIES	FOR DATE OF SERVICE 06/02/16	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 06/02/16	98.74
10/16/19	PENALTIES	FOR DATE OF SERVICE 06/30/16	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 06/30/16	97.15
10/16/19	PENALTIES	FOR DATE OF SERVICE 09/01/16	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 09/01/16	92.72
10/16/19	PENALTIES	FOR DATE OF SERVICE 09/29/16	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 09/29/16	91.31
10/16/19	PENALTIES	FOR DATE OF SERVICE 10/24/16	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 10/24/16	90.51
10/16/19	PENALTIES	FOR DATE OF SERVICE 11/10/16	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 11/10/16	89.55
10/16/19	PENALTIES	FOR DATE OF SERVICE 12/08/16	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 12/08/16	87.68
10/16/19	PENALTIES	FOR DATE OF SERVICE 12/22/16	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 12/22/16	87.11
10/16/19	PENALTIES	FOR DATE OF SERVICE 01/09/17	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 01/09/17	86.49
10/16/19	PENALTIES	FOR DATE OF SERVICE 01/26/17	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 01/26/17	85.69
10/16/19	PENALTIES	FOR DATE OF SERVICE 02/09/17	27.00
03/29/21	INTEREST	FOR DATE OF SERVICE 02/09/17	84.78
03/31/21	PMT BY CHECK	DOS 3/30/21* # 0169988171	-5000.00

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 67463

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001627-103642-WC-01

Case: vs ARROW STAFFING
Date Of Injury: 1/16/13-1/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/21	BLCE OFF SET	GALLAGHER BALANCE OFF SET	-4483.65

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

001627

PAGE 1 OF 1 005984



MDG2009 00003271 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

67463

CLAIM NO.: 001627 103642 WC 01 (0252-2)

CLAIMANT:

DESCRIPTION: FULL AND FINAL FOR ALL DATES OF SERVICE

DATES OF SERVICE: 30Mar21 THRU 30Mar21

BENEFIT PERIOD: THRU

BRANCH NO.: 174

ACC DATE: 16Jan14

NO.: 0169988171

VN: 0003198083

DATE: 31Mar21

AMOUNT: 5000.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003271 003517 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. 0169988171 005984
VN. 0003198083
DATE: 31Mar21 62-207311

CLAIM NO.: 001627 103642 WC 01 (0252-2)

BRANCH NO.: 174

PAY FIVE THOUSAND AND 00/100 DOLLARS*****

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

NOT VALID AFTER 90 DAYS
PAY EXACTLY
\$ **5000.00

Dona M. Korte

OR PAYABLE AT
CITIBANK, FSB CALIFORNIA

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

AUTHORIZED SIGNATURE



0169988171 0311002091

40074901

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

*** INVOICE ***
Date NO#
04/30/21 69204

** THIS SERVES AS DEMAND FOR PAYMENT **

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

EAMS#(s) :

SS # : XXX-XX.
DOB :
Terms: 60 days
Claim #(s):
001068010227WC-01

Case: vs PAYLESS SHOE SOURCE
Date Of Injury: CT: 5/1/99-11/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/16	INITIAL EXAM	-DR JYRKI SUUTARI @ GOGNUNG CHIRO*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
04/11/16	INITL CHIRO	TREATMENT W/DR SUUTARI @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
05/02/16	PR2/REEVAL	-DR SUUTARI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
05/09/16	INITIAL ACUP	-W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
05/10/16	INITIAL EXAM	-DR MASSIHI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/24/16	INITIAL EXAM	-DR ERIC GOFNUNG & -PR2 W/DR MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/01/16	PR2/REEVAL	-DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/06/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/07/16	SHOCK WAVE	THERAPY W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	150.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/13/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/21/16	SHOCK WAVE	-THERAPY W/DR GOFNUNG*	150.00
/ /	INTERPRETER:	GLADYS REYNA PINEDA # 301721	0.00
06/28/16	PR2/REEVAL	-DR MASSIHI @ GOFNUNG CHIRO*	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#
04/30/21 69204

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
001068010227WC-01

Case: vs PAYLESS SHOE SOURCE
Date Of Injury: CT: 5/1/99-11/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/16	F/U CHIRO TX	-CHIRO TREATMENT W/DR GOFNUNG	90.00
/ /	INTERPRETER:	*	
07/07/16	FOLLOW-UP	MARIA SALINAS # 100942	0.00
/ /	INTERPRETER:	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
07/11/16	FOLLOW-UP	IRIS JANET GALVEZ # 100727	0.00
/ /	INTERPRETER:	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
07/14/16	FOLLOW-UP	IRIS J. GALVEZ # 100727	0.00
/ /	INTERPRETER:	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
07/25/16	PR2/REEVAL	IRIS JANET GALVEZ # 100727	0.00
/ /	INTERPRETER:	-DR GOFNUNG @ GOFNUNG CHIRO*	180.00
07/26/16	PR2/REEVAL	IRIS JANET GALVEZ # 100727	0.00
/ /	INTERPRETER:	-DR MASSIHI @ GOFNUNG CHIRO*	180.00
08/01/16	FOLLOW-UP	U	
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/08/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
08/22/16	F/U CHIRO TX	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/12/16	FOLLOW-UP	-CHIRO TX W/DR AZADEH YAGHMAI	90.00
/ /	INTERPRETER:	@ GOFNUNG*	
09/13/16	PR2/REEVAL	MARIA SALINAS # 100942	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
09/30/16	F/U CHIRO TX	IRIS J. GALVEZ # 100727	0.00
/ /	INTERPRETER:	-DR MASSIHI @ EPC*	180.00
10/10/16	FOLLOW-UP	GLADYS REYNA # 301721	0.00
/ /	INTERPRETER:	-CHIRO TREATMENT W/DR GOFNUNG	90.00
10/14/16	FOLLOW-UP	GABRIELA DAVIS # 100541	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
		IRIS J. GALVEZ # 100727	0.00
		-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
		MARIA E. SALINAS # 100942	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 69204

** THIS SERVES AS DEMAND FOR PAYMENT **

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001068010227WC-01

Case: vs PAYLESS SHOE SOURCE
Date Of Injury: CT: 5/1/99-11/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/21/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/25/16	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/31/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 500341	0.00
11/04/16	PR2/REEVAL	-DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/07/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/14/16	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/13/16	PR2/REEVAL	-DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/09/17	FINAL ACUPT	-W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/24/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/24/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
02/28/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
03/08/17	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/13/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
03/06/17	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
03/22/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/11/17	PR2/REEVAL	-DR MASSIHI @ 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#
04/30/21 69204

** THIS SERVES AS DEMAND FOR PAYMENT **

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
001068010227WC-01

Case: vs PAYLESS SHOE SOURCE
Date Of Injury: CT: 5/1/99-11/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
05/08/17	FOLLOW-UP	-W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/10/17	P AND S	-DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/26/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/08/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/20/17	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/26/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG* (INJECTION)	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/14/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/12/17	PR2/REEVAL	-DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
07/09/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ 100727	0.00
12/20/19	LIEN FIL FEE	LIEN FILING FEE	150.00
04/22/21	PENALTIES	FOR DATE OF SERVICE 04/04/16	34.50
04/22/21	INTEREST	FOR DATE OF SERVICE 04/04/16	117.10
04/22/21	PENALTIES	FOR DATE OF SERVICE 04/11/16	13.50
04/22/21	INTEREST	FOR DATE OF SERVICE 04/11/16	45.82
04/22/21	PENALTIES	FOR DATE OF SERVICE 05/09/16	34.50
04/22/21	INTEREST	FOR DATE OF SERVICE 05/09/16	117.10
04/22/21	PENALTIES	FOR DATE OF SERVICE 05/10/16	34.50
04/22/21	INTEREST	FOR DATE OF SERVICE 05/10/16	117.10
04/22/21	PENALTIES	FOR DATE OF SERVICE 05/24/16	34.50
04/22/21	INTEREST	FOR DATE OF SERVICE 05/24/16	117.10

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 69204

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-X
DOB :
Terms: 60 days
Claim #(s):
001068010227WC-01

Case: vs PAYLESS SHOE SOURCE
Date Of Injury: CT: 5/1/99-11/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/21	PENALTIES	FOR DATE OF SERVICE 01/09/17	34.50
04/22/21	INTEREST	FOR DATE OF SERVICE 01/09/17	112.25
04/22/21	PENALTIES	FOR DATE OF SERVICE 05/10/17	34.50
04/22/21	INTEREST	FOR DATE OF SERVICE 05/10/17	103.63
04/23/21	PMT BY CHECK	DOS 4/21/21* # 0170524486	-8300.00
04/30/21	BLCE OFF SET	BALANCE OFF SET	-1500.60

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.



MDG2009 00004720 1 MB .450

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



GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

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

CLAIM NO.: 001068 010227 WC 01 (2941)

CLAIMANT:

DESCRIPTION: FULL AND FINAL FOR ALL DOS

DATES OF SERVICE: 21Apr21 THRU 21Apr21

BENEFIT PERIOD: THRU

BRANCH NO.: 138

ACC DATE: 18Nov15

NO.: 0170524486

VN: 0000349882

DATE: 23Apr21

AMOUNT: 8300.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004720 005079 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

CHECK NO. 0170524486 007522
VN. 0000349882
DATE: 23Apr21 62-20/311

CLAIM NO.: 001068 010227 WC 01 (2941)

BRANCH NO.: 138

PAY EIGHT THOUSAND THREE HUNDRED AND 00/100 DOLLARS*****

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

NOT VALID AFTER 90 DAYS
PAY EXACTLY
\$ **8300.00

Donna M. Korte

OR PAYABLE AT
CITIBANK, FSB CALIFORNIA

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

AUTHORIZED SIGNATURE



0170524486 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#
04/02/21 72987

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

EAMS#(s) :

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
009044004864WC01

Case: vs GRUMA CORPORATION
Date Of Injury: 10/8/99 - 9/26/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/30/17	INITIAL EXAM	DR MICHAEL PRICE/JOE TRUJILLO , PA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/18/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS THERAPY	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
12/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/04/18	PR2/REEVAL	DR ATEF RAFLA/GARET DAVIS @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/03/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA 003693	0.00
01/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/08/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/15/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/24/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/29/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/31/18	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#
04/02/21 72987

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
009044004864WC01

Case: vs GRUMA CORPORATION
Date Of Injury: 10/8/99 - 9/26/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/02/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/01/18	PR2/REEVAL	DR AMIR FRIEDMAN/FRANKE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
02/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/19/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/21/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/26/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/05/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/12/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/19/18	FOLLOW-UP	W/ ACUPUNCT 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#
04/02/21 72987

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

EAMS#(s) :

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
009044004864WC01

Case: vs GRUMA CORPORATION
Date Of Injury: 10/8/99 - 9/26/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/26/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/28/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/02/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/04/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/05/18	PR2/REEVAL	DR JOHN XIAO TIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/09/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/11/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/16/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/18/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/23/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/25/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/30/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/02/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/03/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ 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#
04/02/21 72987

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

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
009044004864WC01

Case: vs GRUMA CORPORATION
Date Of Injury: 10/8/99 - 9/26/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/09/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/14/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/16/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/21/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/23/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/25/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/30/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/04/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BAROSA # 500267	0.00
06/06/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/11/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/13/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/18/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/20/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/26/18	PR2/REEVAL	DR QIAN/FRANKE @ 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#
04/02/21 72987

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
009044004864WC01

Case: , vs GRUMA CORPORATION
Date Of Injury: 10/8/99 - 9/26/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/31/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/23/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/20/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/18/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/13/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/11/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/17/20	LIEN FIL FEE	LIEN FILING FEE	150.00
07/09/20	PENALTIES	FOR DATE OF SERVICE 11/30/17	34.50
03/04/21	INTEREST	FOR DATE OF SERVICE 11/30/17	108.34
07/09/20	PENALTIES	FOR DATE OF SERVICE 12/18/17	34.50
03/04/21	INTEREST	FOR DATE OF SERVICE 12/18/17	108.34
03/25/21	PMT BY CHECK	DOS 3/4/21* # 0169851202	-9000.00
04/02/21	BLCE OFF SET	BALANCE OFF SET	-3415.68

			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.



MDG2009 00003195 1 MB .450

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



GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 909-581-1919
GALLAGHER BASSETT-LA/ONTARIO
PO BOX 2934
CLINTON IA 52733-2934

72987

CLAIM NO.: 009044 004864 WC 01 (100950)

CLAIMANT:

DESCRIPTION: LIEN RESOLUTION 03/04/21

DATES OF SERVICE: 04Mar21 THRU 04Mar21

BENEFIT PERIOD: THRU

BRANCH NO.: 164

ACC DATE: 26Sep17

NO.: 0169851202

VN: 0000218125

DATE: 25Mar21

AMOUNT: 9000.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003195 003437 001 002

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

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INSURANCE CO

CHECK NO. 0169851202 001988
VN. 0000218125
DATE: 25Mar21 62-20/311

CLAIM NO.: 009044 004864 WC 01 (100950)

BRANCH NO.: 164

PAY NINE THOUSAND AND 00/100 DOLLARS

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

NOT VALID AFTER 90 DAYS
PAY EXACTLY
\$ **9000.00

Donna M. Korte

OR PAYABLE AT
CITIBANK FSB CALIFORNIA

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

AUTHORIZED SIGNATURE



0169851202 0311002091

40074901

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

*** INVOICE ***
Date NO#
04/12/21 76880

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

EAMS#(s):

BILL TO:

THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: BRYCE BOMBECK
P.O. BOX 14475
LEXINGTON, KY 40512

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C98583

Case: vs JD-CMC INC
Date Of Injury: 7/31/17 - 7/31/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/13/19	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/17/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/20/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/24/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/27/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/01/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/08/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/11/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/15/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/18/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/22/19	F/U CHIRO TX	CHIRO TX KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/25/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/29/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/01/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/05/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	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#
04/12/21 76880

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: BRYCE BOMBECK
P.O. BOX 14475
LEXINGTON, KY 40512

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C98583

Case: vs JD-CMC INC
Date Of Injury: 7/31/17 - 7/31/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/08/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/12/19	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 KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/19/19	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 KRAVCHENKO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/26/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/03/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/14/20	P AND S	DR MAYYA KRAVCHENKO @ GOFNUNG	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/02/21	LIEN FIL FEE	LIEN FILING FEE	150.00
04/06/21	PMT BY CHECK	DOS 4/6/21* # 132546145 8	-2630.00
		THE HARTFORD	

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.



Centralized Workers Compensation Claim Center
PO Box 14267
Lexington KY 40512-4267
8664019222 x2309383

MB 01 001390 58582 B 6 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

Page 1 of 2

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
07/31/2018	72WEC AC6641 Y67C 98583	JD-CMC. INC.		\$2,630.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 04/06/2021 04/06/2021	\$2,630.00
Claim Handler: RENE MARTINEZ 8664019222 x2309383 Centralized Workers Compensation Claim Center PO Box 14267 Lexington, KY 40512-4267			Additional Comments: full and final settlement of lien	

Issue Date	04/06/2021	Check Number	132546145 8	Total Check Amount	\$2,630.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

123713390



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

56-1544
441

Check Number: 132546145 8

Issue Date: 04/06/2021

\$*****2,630.00

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay

TWO THOUSAND SIX HUNDRED THIRTY DOLLARS AND 00/100

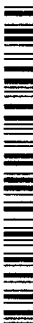
TO THE JOYCE ALTMAN INTERPRETERS INC
ORDER PO BOX 4165
OF TUSTIN, CA 92781

The Hartford
Authorized Signature

1325461458 1044115443

632559738

001390 1/1



123713390

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 77166

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: SHERI LYNN ANGELLO
P.O. BOX 14475
LEXINGTON, KY 40512

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y2EC11633

Case: vs TFC MANUFACTURING INC.
Date Of Injury: 4/4/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/19	INITIAL EXAM	-DR NEGIN RAMESHNI @ FMR*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/19/19	F/U PHYSIO	-THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/02/19	FOLLOW-UP	-W/ ACUPUNCT CYNTHIA BIRKHIME R @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/11/19	PR2/REEVAL	-DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/16/19	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/13/20	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/28/20	PR2/REEVAL	-DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/30/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/13/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN* (AMENDED)	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/18/20	FOLLOW-UP	-W/ ACUPUNCT HWANG/KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	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
03/12/20	F/U PHYSIO	-THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	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 77166

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:

THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: SHERI LYNN ANGELLO
P.O. BOX 14475
LEXINGTON, KY 40512

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y2EC11633

Case: vs TFC MANUFACTURING INC.
Date Of Injury: 4/4/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/20	PR2/REEVAL	-DR RUSSMAN/PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/07/20	FOLLOW-UP	-W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/15/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN @FMR	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/20/20	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
05/05/20	PR2/REEVAL	-DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/07/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN @	180.00
/ /	INTERPRETER:	FMR*	
05/12/20	FOLLOW-UP	BLANCA DUARTE # 011036	0.00
/ /	INTERPRETER:	-W/ ACUPUNCT SANGWON HWANG @	180.00
05/14/20	FOLLOW-UP	FMR*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/19/20	FOLLOW-UP	-W/ ACUPUNCT SANGWON HWANG @	180.00
/ /	INTERPRETER:	FMR*	
09/04/20	LIEN FIL FEE	ELISA L. MEDINA # 003693	0.00
01/06/21	PENALTIES	ELISA MEDINA # 003693	150.00
02/25/21	INTEREST	LIEN FILING FEE	34.50
04/14/21	PMT BY CHECK	FOR DATE OF SERVICE 10/30/20	22.39
		FOR DATE OF SERVICE 10/30/20	
		DOS 4/4/19-7/20/20*	-4100.00
		# 132569199 2	

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

*** INVOICE ***
Date NO#
04/20/21 77166

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y2EC11633

Case: vs TFC MANUFACTURING INC.
Date Of Injury: 4/4/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/20/21	BLCE OFF SET	BALANCE OFF SET	-206.89

BALANCE 0.00

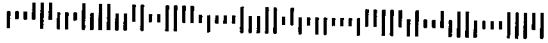
* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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.



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

MB 01 000928 67152 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

Page 1 of 2

Invoice Number/ Date of Loss	Policy Number/ Claim Number	77166	Insured Name/ Claimant Name	Amount Paid
04/04/2019	72WE AC5YBP Y2EC 11633	TFC MANUFACTURING INC		\$4,100.00
Nature of Benefits: Doctor	Nature of Payment: Payment Reason - Doctor	Service Dates 04/04/2019 07/20/2020		\$4,100.00
Claim Handler: SHERI ANGELLO 8664019222 x2304177 Centralized Workers Compensation Claim Center PO Box 14267 Lexington, KY 40512-4267			Additional Comments:	
Issue Date	04/14/2021	Check Number	132569199 2	Total Check Amount \$4,100.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

121750335



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

56-1544
441

Check Number: 132569199 2

Issue Date: 04/14/2021

\$*****4,100.00

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
FOUR THOUSAND ONE HUNDRED DOLLARS AND 00/100

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

The Hartford
Authorized Signature

1325691992 044115443

632559738

121750335

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 74573

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: CHRISTINA BUGAJ
P.O. BOX # 509039
SAN DIEGO, CA 92150

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2018016046

Case: vs MONTE ALLEN
Date Of Injury: 8/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/29/18	POST-OP	-DR MICHAEL FELDMAN @ HAND & ORTHO CTR SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/07/18	POST-OP	-DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/14/18	PR2/REEVAL	-DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/05/18	PR2/REEVAL	-DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/02/18	PR2/REEVAL	-DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/07/18	PR2/REEVAL	-DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/04/19	PR2/REEVAL	-DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/01/19	PR2/REEVAL	-DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/01/19	PR2/REEVAL	-DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/02/19	PR2/REEVAL	-DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/02/19	PMT BY CHECK	DOS 3/1/19* =# 2580521	-180.00
04/30/19	P AND S	-DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/06/19	PMT BY CHECK	DOS 4/2/19* =# 2623047	-180.00
05/24/19	PMT BY CHECK	DOS 4/30/19* =# 2650704	-230.00
09/24/20	LIEN FIL FEE	LIEN FILING FEE	150.00
03/26/21	PMT BY CHECK	DOS 8/24/18-3/22/21* # 3539690	-1400.00
04/06/21	BLCE OFF SET	BALANCE OFF SET	-190.00

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 74573

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: CHRISTINA BUGAJ
P.O. BOX # 509039
SAN DIEGO, CA 92150

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2018016046

Case: vs MONTE ALLEN
Date Of Injury: 8/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/02/2019
Check Number: 2580521
Check Amount: \$180.00

11/9/18 3:44 PM 3 0000834 20180403 DD13L102 JOP-FEC 1 or DOM DD13L10000*181281 CK



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



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, 7PXFBJ

74573

Payment Summary

				2018016046	08/24/2018	\$1,620.00	\$1,440.00	\$180.00
Category	Stub Notes							Stub Amount
180	PARTIAL DUPLICATE IWCA 3041619\n\nNO INTERPRETING							\$0.00

PAID
APR 09 2019

PP.

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
 PO BOX 4165
 TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2580521
Check Date: 04/02/2019



Claim #: 2018016046 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 08/29/2018 **Through:** 03/01/2019 **Adjuster:** Bugaj, Kristina
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 08/24/2018
Reviewed By: V5 **Date Received:** 03/16/2019 **Date Reviewed:** 03/25/2019 **Bill Review #:** FIC-IWCA-3087145
Patient Acct #: 74573 **Bill Control #:** FIC-IWCA-3087145 **PPO Subnet:**
Employer: MONTE ALLEN INTERIORS INC

Diagnosis Codes: T14.90

Date of Service	Line	Procedure	Qty	Charged	Fee Schedule	--- Reductions ---				Explanation Codes
		POS Code/Mod				PPO	Prior Paid	Other	Allowed	
08/29/2018	001	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
09/07/2018	002	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
09/14/2018	003	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
10/05/2018	004	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
11/02/2018	005	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
12/07/2018	006	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
01/04/2019	007	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
02/01/2019	008	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
03/01/2019	009	11 T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
Totals:				1,620.00	1,440.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUPLICATE IWCA 3041619

NO INTERPRETING TIME WAS NOTED ON THE BILLING.

If you disagree with the above, you may object to the Explanation of Review and adjudicate this in front of the Workers' Compensation Appeals Board. Pursuant to Labor Code section 4622(c) and 8 CCR 10451.1(c)(2), you may object to this denial within 90 days of service of the explanation of review. If you object to this denial within 90 days of the service of the Explanation of Review, we shall file a Petition for Determination of Non-IBR Medical-Legal Dispute and a Declaration of Readiness to Proceed within 60 days of the service of your objection, as required by Labor Code section 4322(c) and 8 CCR 10451.1(c)(2)(B). If you fail to object to this denial within 90 days, neither the employer nor the employee shall be liable for the amount that was denied. If a non-IBR medical-legal expense dispute is resolved in your favor, then any outstanding issue over the amount payable under an Official Medical Fee Schedule shall be resolved through IBR per Labor Code 4622(b)(1), if applicable. 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:

3R	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
102			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
32	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
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 Section 1603.5 and 5307.1.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 05/06/2019
Check Number: 2623047
Check Amount: \$180.00



74573

M

11/01/18 3:44 PM 3 0001345 20190507 0E289103 JOP-FEC 1 oz DOM 0E28910000* 181281 CK



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



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, FHY0CW

Payment Summary

2018016046		08/24/2018	\$1,800.00	\$1,620.00	\$180.00
Category	Stub Notes	Stub Amount			
180	PARTIAL DUP IWCA 3041619 3087145hNO INTERPRETING	\$0.00			

F A T T
MAY 14 2019

BY:

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
 PO BOX 4165
 TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2623047
Check Date: 05/06/2019



Claim #: 2018016046 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 08/29/2018 **Through:** 04/02/2019 **Adjuster:** Bugaj, Kristina
Claimant: **SS#:** XXX-XX-
Reviewed By: 2N **Date Received:** 04/18/2019 **Date Reviewed:** 04/25/2019 **Date of Injury:** 08/24/2018
Patient Acct #: 74573 **Bill Control #:** FIC-IWCA-3134771 **Bill Review #:** FIC-IWCA-3134771
Employer: MONTE ALLEN INTERIORS INC **PPO Subnet:**

Diagnosis Codes: T14.90

Date of Service	Line	POS Code/Mod	Procedure	Qty	Charged	Fee Schedule	--- Reductions ---	PPO	Prior Paid	Other	Allowed	Explanation Codes
08/29/2018	001	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.												
09/07/2018	002	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.												
09/14/2018	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.												
10/05/2018	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.												
11/02/2018	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.												
12/07/2018	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.												
01/04/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	0.00	402, 224
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.												
02/01/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.												
03/01/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.												
04/02/2019	010	11	T1013	1	180.00	0.00	0.00	0.00	0.00	0.00	180.00	790, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.												
Totals:					1,800.00	1,620.00	0.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA 3041619 3087145

NO INTERPRETING TIME WAS NOTED ON THE BILLING.

If you disagree with the above, you may object to the Explanation of Review and adjudicate this in front of the Workers' Compensation Appeals Board. Pursuant to Labor Code section 4622(c) and 8 CCR 10451.1(c)(2), you may object to this denial within 90 days of service of the explanation of review. If you object to this denial within 90 days of the service of the Explanation of Review, we shall file a Petition for Determination of Non-IBR Medical-Legal Dispute and a Declaration of Readiness to Proceed within 60 days of the service of your objection, as required by Labor Code section 4322(c) and 8 CCR 10451.1(c)(2)(B). If you fail to object to this denial within 90 days, neither the employer nor the employee shall be liable for the amount that was denied. If a non-IBR medical-legal expense dispute is resolved in your favor, then any outstanding issue over the amount payable under an Official Medical Fee Schedule shall be resolved through IBR per Labor Code 4622(b)(1), if applicable.

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
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
224	G2		A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402	G56	18	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

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.
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.

ANSI Claim Adjustment Reason Codes:

Code	Description
18	Exact duplicate claim/service
P12	Workers' compensation jurisdictional fee schedule adjustment.

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 05/24/2019
Check Number: 2650704
Check Amount: \$230.00

M



JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

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, FZ1BCY

Payment Summary

2018016046		74573	08/24/2018	\$2,030.00	\$1,800.00	\$230.00
Category	Stub Notes					Stub Amount
180	PARTIAL DUP IWCA 3041619 3087145 3134771\wNO INTER					\$0.00

PAID
JUN 04 2019

RV.

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
 PO BOX 4165
 TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2650704
Check Date: 05/24/2019



Claim #: 2018016046 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 08/29/2018 **Through:** 04/30/2019 **Adjuster:** Bugaj, Kristina
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 08/24/2018
Reviewed By: 2N **Date Received:** 05/11/2019 **Date Reviewed:** 05/16/2019 **Bill Review #:** FIC-IWCA-3172263
Patient Acct #: 74573 **Bill Control #:** FIC-IWCA-3172263 **PPO Subnet:**
Employer: MONTE ALLEN INTERIORS INC

Diagnosis Codes: T14.90

Date of Service	Line	Procedure POS Code/Mod	Qty	Charged	Fee Schedule	--- Reductions ---				Explanation Codes
						PPO	Prior Paid	Other	Allowed	
08/29/2018	001	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
09/07/2018	002	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
09/14/2018	003	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
10/05/2018	004	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
11/02/2018	005	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
12/07/2018	006	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
01/04/2019	007	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
02/01/2019	008	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
03/01/2019	009	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
04/02/2019	010	11 T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
04/30/2019	011	11 T1013	1	230.00	0.00	0.00	0.00	0.00	230.00	790, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.										
Totals:				2,030.00	1,800.00	0.00	0.00	0.00	230.00	

Comments:

PARTIAL DUP IWCA 3041619 3087145 3134771

NO INTERPRETING TIME WAS NOTED ON THE BILLING.

If you disagree with the above, you may object to the Explanation of Review and adjudicate this in front of the Workers' Compensation Appeals Board. Pursuant to Labor Code section 4622(c) and 8 CCR 10451.1(c)(2), you may object to this denial within 90 days of service of the explanation of review. If you object to this denial within 90 days of the service of the Explanation of Review, we shall file a Petition for Determination of Non-IBR Medical-Legal Dispute and a Declaration of Readiness to Proceed within 60 days of the service of your objection, as required by Labor Code section 4322(c) and 8 CCR 10451.1(c)(2)(B). If you fail to object to this denial within 90 days, neither the employer nor the employee shall be liable for the amount that was denied. If a non-IBR medical-legal expense dispute is resolved in your favor, then any outstanding issue over the amount payable under an Official Medical Fee Schedule shall be resolved through IBR per Labor Code 4622(b)(1), if applicable.

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
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

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.

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 03/26/2021
Check Number: 3539690
Check Amount: \$1,400.00

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, 14NPMS

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

74573

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2018016046		08/24/2018		180	08/24/2018	03/22/2021	\$1,400.00
Category	Stub Notes						Stub Amount
180	per agreement dated 3/22/21						\$0.00

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

DATE	CHECK NO
03/26/2021	3539690
CHECK AMOUNT	
\$1,400.00	

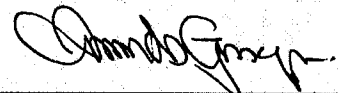
PAY: ONE THOUSAND FOUR HUNDRED & 00 / 100 DOLLARS*****

VOID AFTER 90 DAYS

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#: 2018016046



⑈3539690⑈ ⑆122000661⑆ 1459539943⑈

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 77473

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: OWEN LORD
P.O. BOX # 509039
SAN DIEGO, CA 92150

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019020432

Case: vs BUDDY BAR CASTING INC
Date Of Injury: 9/26/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/19	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/28/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER	230.00
/ /		/SEUNG AHN @ FMR*	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/04/20	FOLLOW-UP	W/ ACUPUNCT AHN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/11/20	FOLLOW-UP	W/ ACUPUNCT AHN @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/18/20	FOLLOW-UP	W/ ACUPUNCT CHO BO @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/15/21	LIEN FIL FEE	LIEN FILING FEE	150.00
04/19/21	PENALTIES	FOR DATE OF SERVICE 12/11/19	34.50
04/19/21	INTEREST	FOR DATE OF SERVICE 12/11/19	26.81
04/19/21	PENALTIES	FOR DATE OF SERVICE 12/28/19	34.50
04/19/21	INTEREST	FOR DATE OF SERVICE 12/28/19	26.81
04/28/21	PMT BY CHECK	DOS 12/11/19-1/18/20*	-950.00
		# 0002800749	
04/30/21	BLCE OFF SET	BALANCE OFF SET	-322.62

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.

Insurance Company of the West
PO Box 509039
San Diego, CA 92150-9039
1-800-877-1111

0002800749
**\$950.00

Mail JOYCE ALTMAN INTERPRETERS INC
TO : PO BOX 4165
TUSTIN, CA 92781 USA

Claim# 2019020432
Loss Date 09/26/2019
Invoice#
From 12/11/2019

Claimant Name
Payment ID# 21057927
Oper mmiley
Through 01/18/2020

492 Misc Expense
Full and final satisfaction for all liens
for all dates of service, penalties, and
interest.

Billed Amount \$950.00

Total Paid: \$950.00

Insurance Company of the West

PO Box 509039
San Diego, CA 92150-9039

Bank of America

Corporate Banking Group 1450 16-56/1220
450 B Street Suite 100
San Diego, CA 92101

Check Date Check Number
04/28/2021 0002800749

PAY *** NINE HUNDRED FIFTY and ZERO/100 ***

**\$950.00

TO THE JOYCE ALTMAN INTERPRETERS INC

ORDER
OF

Loss Date Sym-Policy-Mod Claim Number Insd BUDDY BAR CASTING INC
09/26/2019 WSD-5028145-04 2019020432 Clmt

VOID AFTER SIX MONTHS

THE ORIGINAL DOCUMENT HAS A TRUE WATERMARK ON THE BACK. HOLD TO LIGHT TO VIEW WHEN CHECKING THE ENDORSEMENT.

0002800749 12200066 1452000001

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

*** INVOICE ***
Date NO#
04/15/21 62412

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

EAMS#(s):

BILL TO:
LIBERTY MUTUAL (ROCKLIN779008)
W. C. DEPARTMENT
ATTN: JENNIFER KLEMMI
P.O. BOX 779008
ROCKLIN, CA 95677

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-A46602

Case: vs OLIVE GARDEN
Date Of Injury: 10/31/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/14	INITIAL EXAM	W/ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/14/14	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL W/D KHAN @ AMERI* INITL	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/02/14	PR2-RE/EVAL	-W/ACUPUNCTURIST LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	CESAR TERAN # 500150	0.00
07/11/14	PR2/REEVAL	-DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/28/14	PR2/REEVAL	-DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/09/14	PR2/REEVAL	-DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/19/14	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL W/D KHAN @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/24/14	F/U CHIRO TX	CHIRO TREATMENT W/DR KHAN* @ AMERI	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/30/15	P AND S	-DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/19/15	PMT BY CHECK	DOS 05/08/14-1/30/15* =# 0029128881	-90.00
07/13/16	LIEN FIL FEE	LIEN FILING FEE	150.00
07/15/20	PENALTIES	FOR DATE OF SERVICE 05/08/14	34.50
01/06/21	INTEREST	FOR DATE OF SERVICE 05/08/14	162.47
07/15/20	PENALTIES	FOR DATE OF SERVICE 01/30/15	21.00
01/06/21	INTEREST	FOR DATE OF SERVICE 01/30/15	87.78
04/09/21	PMT BY CHECK	DOS 4/7/21* =# 0032826225	-1400.00

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

*** INVOICE ***
Date NO#
04/15/21 62412

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:

LIBERTY MUTUAL (ROCKLIN779008)
W. C. DEPARTMENT
ATTN: JENNIFER KLEMMI
P.O. BOX 779008
ROCKLIN, CA 95677

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC608-A46602

Case: vs OLIVE GARDEN
Date Of Injury: 10/31/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/21	BLCE OFF SET	BALANCE OFF SET	-535.75

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.



PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

B. CODE
288

CHECK REFERENCE	CHECK DATE
0029128881	08/19/15
CHECK AMOUNT	BLOCK NUMBER
*****\$90.00	012761

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 1 OF 3

CLAIM NO. WC 608-A46602 HOD
CONTRACT NO: WA7-C4D-004161-102-34
DOCUMENT NO: 1M2121500490004

OSN: MM0801081911-001444
BANK: 288
CHECK REF: 0029128881 DATE: 08/19/15 AMT: 90.00
INTERNAL BILL NO: 109972842 MSR: N0117065
CUST/EXTERNAL BILL NO: 26152190675600
BR PROVIDER #: 05933095671310

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

PATIENT ACCT. #: 62412
SSN: XXX-XX-1
DOI: 10/31/12
PATIENT:

PROVIDER: JOYCE ALTMAN

AGENCY CLAIM #(BOARD COMM #): 2012110915131629724373
DIAG CODES: 799.8

EMPLOYER: OLIVE GARDEN USA
ADDRESS: 582 N LONE HILL AVE
SAN DIMAS, CA 91773

DATES OF SERVICE: 05/08/14-01/30/15
AUDIT DATE: 08/13/15

LOCATION CODE: 254407

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
05/08/14	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00	G56 U301
05/14/14	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00	G56 U301
07/02/14	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301
07/11/14	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301
10/28/14	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301
12/09/14	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301
12/19/14	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00	G56 U301
12/24/14	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	90.00	N/A	N/A	0.00	0.00	G56 U301
01/30/15	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	90.00	N/A	0.00	90.00	G1 ZC93 P300

TOTAL CHARGES: 1570.00
TOTAL PREVIOUSLY PAID: 0.00
TOTAL CURRENT PAYABLE: 90.00
TOTAL WITHHOLDING - (FEDERAL AND STATE): 0.00
TOTAL AMOUNT PAID: 90.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742



B. CODE
288

CHECK REFERENCE	CHECK DATE
0032826225	04/09/21
CHECK AMOUNT	BLOCK NUMBER
***\$1940.00	020694

PAGE 1 OF 5
OSN:MM0301040911-007787

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO
EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT ACCT #	DATES OF SERVICE	CUST/EXTERNAL BILL #	TOTAL BILL CHARGES	TOTAL PAID
NA 62412 ✓	04/07/21-04/07/21	1109519134	1,400.00	1,400.00
75564	03/08/19-04/05/19	2001006263	540.00	540.00

TOTAL BILLS COMBINED: 2

1,940.00

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.

MPA *002468*
LIBERTY MUTUAL - GAINESVILLE
P.O. BOX 7070
LONDON, KY 40742



CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0032826225
62-20/311
38621945

B.CODE OFFICE NUMBER PAYMENT IDENTIFICATION
288 570 COMBINED PAYMENT

CHECK DATE
04/09/21

\$ *****1,940.00

VOID IF NOT PRESENTED WITHIN
90 DAYS OF DATE OF CHECK

PAY ONE THOUSAND NINE HUNDRED FORTY AND 00/100 DOLLARS*****

TO THE
ORDER
OF

JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781-4165

Handwritten signature

0032826225 031100209 38621945

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742



BLOCK NUMBER
020695

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 2 OF 5

CLAIM NO. WC 608-A46602 HOD
CONTRACT NO: WA7-C4D-004161-102
DOCUMENT NO: 11095191340

OSN: MM0301040911-007788
BANK: 288
CHECK REF: 0032826225 DATE: 04/09/21 AMT: 1,400.00
INTERNAL BILL NO: 131292376 MSR: N0343175
CUST/EXTERNAL BILL NO: 1109519134
BR PROVIDER #: 330956713-0003

62412

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

PATIENT ACCT. #: NA
SSN: XXX-XX-
DOI: 10/31/12
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 2012110915131629724373
DIAG CODES: R68.89

EMPLOYER: OLIVE GARDEN USA
ADDRESS: 582 N LONE HILL AVE
SAN DIMAS, CA 91773

DATES OF SERVICE: 04/07/21-04/07/21
AUDIT DATE: 04/08/21

LOCATION CODE: 254407

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
04/07/21	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	1400.00	1400.00	N/A	0.00	1400.00	G1 876
TOTAL CHARGES:							1400.00			
TOTAL PREVIOUSLY PAID:							0.00			
TOTAL CURRENT PAYABLE:							1400.00			
TOTAL WITHHOLDING - (FEDERAL AND STATE):							0.00			
TOTAL AMOUNT PAID:							1400.00			

EXPLANATION CODE DESCRIPTIONS:

- G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
- 876 FEE SCHEDULE AMOUNT IS EQUAL TO THE CHARGE
- ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)
- Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)
- Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)
- 5688 TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM:
HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMSBR_1.PDF 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 FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMIBR_1.PDF 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



000000020005020695002468790

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 66726

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:
LIBERTY MUTUAL (GLENDALE)
W. C. DEPARTMENT
ATTN: RENITA HUDSPETH
PO BOX 29073
GLENDALE, CA 91209

SS # :
DOB :
Terms: 60 days
Claim #(s):
608C30878

Case: vs HJ HEINZ
Date Of Injury: 9/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/21/15	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
05/26/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/03/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
06/30/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/01/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/29/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/04/15	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
12/20/16	LIEN FIL FEE	LIEN FILING FEE	150.00
04/21/21	PMT BY CHECK	DOS 4/20/21* # 0032841201	-1310.00
04/27/21	BLCE OFF SET	BALANCE OFF SET	-150.00

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.



PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

B CODE
288

CHECK REFERENCE	CHECK DATE
0032841201	04/21/21
CHECK AMOUNT	BLOCK NUMBER
***\$1310.00	000129

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 1 OF 2

CLAIM NO. WC 608-C30878 HOD
CONTRACT NO: WA7-68D-004065-423
DOCUMENT NO: 11096273230

OSN: MM0301042102-000129

BANK: 288

CHECK REF: 0032841201 DATE: 04/21/21 AMT: 1,310.00

INTERNAL BILL NO: 131401963

MSR: N0343175

CUST/EXTERNAL BILL NO: 1109627323

BR PROVIDER #: 330956713-0007

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

PATIENT ACCT. #: NA

SSN:

DOI:

09/25/14

PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETING INC

AGENCY CLAIM #(BOARD COMM #): 2015052115042151370180

DIAG CODES: R68.89

EMPLOYER: H J HEINZ COMPANY, L.P.
ADDRESS: 9140 LURLINE AVE
CHATSWORTH, CA 91311

DATES OF SERVICE: 04/20/21-04/20/21

AUDIT DATE: 04/20/21

LOCATION CODE: 134310

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
04/20/21	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	1310.00	1310.00	N/A	0.00	1310.00	G1 876
TOTAL CHARGES:							1310.00			
TOTAL PREVIOUSLY PAID:							0.00			
TOTAL CURRENT PAYABLE:							1310.00			
TOTAL WITHHOLDING - (FEDERAL AND STATE):							0.00			
TOTAL AMOUNT PAID:							1310.00			

EXPLANATION CODE DESCRIPTIONS:

- G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
- 876 FEE SCHEDULE AMOUNT IS EQUAL TO THE CHARGE
- ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)
- Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS

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.

MPA *000065*
LIBERTY MUTUAL - GAINESVILLE
P.O. BOX 7070
LONDON, KY 40742



CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0032841201
62-20/311
38621945

B.CODE OFFICE NUMBER PAYMENT IDENTIFICATION
288 570 CLAIM WC 608-C30878 HOD

CHECK DATE
04/21/21

\$ *****1,310.00

VOID IF NOT PRESENTED WITHIN
90 DAYS OF DATE OF CHECK.

PAY ONE THOUSAND THREE HUNDRED TEN AND 00/100 DOLLARS*****

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

Handwritten signature

0032841201 0311002091

38621945

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742



BLOCK NUMBER
000130

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 2 OF 2

CLAIM NO. WC 608-C30878 HOD
CONTRACT NO: WA7-68D-004065-423
DOCUMENT NO: 11096273230

OSN: MM0301042102-000130
BANK: 288
CHECK REF: 0032841201 DATE: 04/21/21 AMT: 1,310.0
INTERNAL BILL NO: 131401963 MSR: N0343175
CUST/EXTERNAL BILL NO: 1109627323
BR PROVIDER #: 330956713-0007

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

PATIENT ACCT. #: NA
SSN:
DOI: 09/25/14
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETING INC

AGENCY CLAIM #(BOARD COMM #): 2015052115042151370180
DIAG CODES: R68.89

EMPLOYER: H J HEINZ COMPANY, L.P.
ADDRESS: 9140 LURLINE AVE
CHATSWORTH, CA 91311

LOCATION CODE: 134310

DATES OF SERVICE: 04/20/21-04/20/21
AUDIT DATE: 04/20/21

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODE
			ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)							
Z850			MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)							
5688			TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMSBR_1.PDF 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 FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMIBR_1.PDF 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.							
5792			TO OBTAIN INFORMATION ABOUT THE STATUS OF YOUR MEDICAL BILL SUBMISSIONS AND TO LEARN ABOUT THE RECONSIDERATION PROCESS, OR THE BENEFITS OF PAPERLESS BILLING & ELECTRONIC PAYMENTS (EFT), VISIT OUR PROVIDER SUPPORT WEBSITE AT WWW.LIBERTYMUTUALPROVIDERSUPPORT.COM.							

NOTES

FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOB, INCLUDE A COPY OF THE EOB, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE APPEALS ONLY ADDRESS LOCATED ON THE LEFT CORNER OF THE EOB. (Z212)

DATE BILL RECEIVED: 04/20/2021 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER PATIENT
DOB: 02/06/1965

PPO/MPN NAME: PPO/MPN ID #: PAY-TO PROVIDER STATE LIC #:

LINE # 1 BILLED UNIT: 1.00 RX #: RENDRG PROV NPI:

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

*** INVOICE ***
Date NO#
04/15/21 75564

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
LIBERTY MUTUAL (LONDON, KY)
W. C. DEPARTMENT
ATTN: JACKIE GUTIERREZ
P.O. BOX 7203
LONDON, KY 40742

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC648-C70222

Case: vs MASSIVE PRINTS
Date Of Injury: 2/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/19	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/15/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/05/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/03/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/31/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/28/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/26/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 100193	0.00
08/23/19	P AND S	DR FELDMAN @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/03/19	PMT BY CHECK	DOS 8/23/19* =# 0032086686	-90.00
02/12/21	LIEN FIL FEE	LIEN FILING FEE	150.00
04/09/21	PMT BY CHECK	DOS 3/8/19-4/5/19* =# 0032826225	-540.00
04/09/21	PMT BY CHECK	DOS 4/8/21* # 0032826226	-660.00
04/15/21	BLCE OFF SET	BALANCE OFF SET	-350.00

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

*** INVOICE ***
Date NO#
04/15/21 75564

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
LIBERTY MUTUAL (LONDON, KY)
W. C. DEPARTMENT
ATTN: JACKIE GUTIERREZ
P.O. BOX 7203
LONDON, KY 40742

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC648-C70222

Case: vs MASSIVE PRINTS
Date Of Injury: 2/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7071
LONDON, KY 40742



B. CODE
288

CHECK REFERENCE	CHECK DATE
0032086686	10/03/19
CHECK AMOUNT	BLOCK NUMBER
*****90.00	010879

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 1 OF 3

CLAIM NO. WC 648-C70222 HOD
CONTRACT NO: WA7-66D-067158-018
DOCUMENT NO: 1J2561901420003

OSN: MM0701100311-001120
BANK: 288
CHECK REF: 0032086686 DATE: 10/03/19 AMT: 90.00
INTERNAL BILL NO: 125057867 MSR: N1501096
CUST/EXTERNAL BILL NO: 1104167389
BR PROVIDER #: 330956713-0003

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

PATIENT ACCT. #: 75564
SSN: XXX-XX-
DOI: 02/22/19
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

PAID
OCT 08 2019

AGENCY CLAIM #(BOARD COMM #): 2019030917333219809073
DIAG CODES: T14.90

EMPLOYER: MASSIVE PRINTS INC
ADDRESS: 2035 EAST VISTA BELLA WAY
COMPTON, CA 90220

LOCATION CODE: 06

DATES OF SERVICE: 03/08/19-08/23/19
AUDIT DATE: 09/27/19

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/08/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/15/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
04/05/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
05/03/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
05/31/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
06/28/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
07/26/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
08/23/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	230.00	90.00	N/A	0.00	90.00	G1 601 G1 5898

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742



B. CODE
288

CHECK REFERENCE	CHECK DATE
0032826225	04/09/21
CHECK AMOUNT	BLOCK NUMBER
***\$1940.00	020694

PAGE 1 OF 5
OSN:MM0301040911-007787

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO
EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT ACCT. #	DATES OF SERVICE	CUST/EXTERNAL BILL #	TOTAL BILL CHARGES	TOTAL PAID
NA	04/07/21-04/07/21	1109519154	1,400.00	1,400.00
75564	03/08/19-04/05/19	2001006263	540.00	540.00

TOTAL BILLS COMBINED: 2

1,940.00

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.

MPA *002468*
LIBERTY MUTUAL - GAINESVILLE
P.O. BOX 7070
LONDON, KY 40742



CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0032826225
62-20/311
38621945

B. CODE OFFICE NUMBER PAYMENT IDENTIFICATION
288 570 COMBINED PAYMENT

CHECK DATE
04/09/21

\$ *****1,940.00

VOID IF NOT PRESENTED WITHIN
90 DAYS OF DATE OF CHECK

PAY ONE THOUSAND NINE HUNDRED FORTY AND 00/100 DOLLARS*****

TO THE ORDER OF
JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781-4165

dc 2 Per

0032826225 031100209

38621945

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742



BLOCK NUMBER
020697

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 4 OF 5

CLAIM NO. WC 648-C70222 HOD
CONTRACT NO: WA7-66D-067158-018
DOCUMENT NO: 2775313

OSN: MM0301040911-007790
BANK: 288
CHECK REF: 0032826225 DATE: 04/09/21 AMT: 540.00
INTERNAL BILL NO: 123671969 MSR: N0343175
CUST/EXTERNAL BILL NO: 2001006263
BR PROVIDER #: 330956713-0003

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

PATIENT ACCT. #: 75564
SSN: XXX-XX-
DOI: 02/22/19
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 2019030917333219809073
DIAG CODES: T14.90

EMPLOYER: MASSIVE PRINTS INC
ADDRESS: 2035 EAST VISTA BELLA WAY
COMPTON, CA 90220

DATES OF SERVICE: 03/08/19-04/05/19
AUDIT DATE: 04/08/21

LOCATION CODE: 06

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/08/19	T1013		SIGN LANG/ORAL INTERPRETE							
03/08/19	MDS10		LUMP SUM SETTLEMENT WHERE	120.00	180.00	180.00	N/A	0.00	180.00	G1 4917
03/15/19	T1013		SIGN LANG/ORAL INTERPRETE							
03/15/19	MDS10		LUMP SUM SETTLEMENT WHERE	120.00	180.00	180.00	N/A	0.00	180.00	G1 4917
04/05/19	T1013		SIGN LANG/ORAL INTERPRETE							
04/05/19	MDS10		LUMP SUM SETTLEMENT WHERE	120.00	180.00	180.00	N/A	0.00	180.00	G1 4917
TOTAL CHARGES:							540.00			
TOTAL PREVIOUSLY PAID:							0.00			
TOTAL CURRENT PAYABLE:							540.00			
TOTAL WITHHOLDING - (FEDERAL AND STATE):							0.00			
TOTAL AMOUNT PAID:							540.00			

EXPLANATION CODE DESCRIPTIONS:

- G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
- 4917 CODE (T1013) CHANGED TO (MDS10) BETTER DEFINING SERVICES PERFORMED.
- ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)
- Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)
- Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)
- 5688 TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM:
HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMSBR_1.PDF 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 FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMIBR_1.PDF 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



000000040005020697002468792

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742



B. CODE
288

CHECK REFERENCE	CHECK DATE
0032826226	04/09/21
CHECK AMOUNT	BLOCK NUMBER
***\$660.00	000333

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 1 OF 2

CLAIM NO. WC 648-C70222 HOD
CONTRACT NO: WA7-66D-067158-018
DOCUMENT NO: 11095256760

OSN: MM0301040902-000333

BANK: 288

CHECK REF: 0032826226 DATE: 04/09/21 AMT: 660.00

INTERNAL BILL NO: 131296998 MSR: N0343175

CUST/EXTERNAL BILL NO: 1109525676

BR PROVIDER #: 330956713-0007

75564

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

PATIENT ACCT. #: NA
SSN: XXX-XX-
DOI: 02/22/19
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETING INC

AGENCY CLAIM #(BOARD COMM #): 2019030917333219809073
DIAG CODES: R68.89

EMPLOYER: MASSIVE PRINTS INC
ADDRESS: 2035 EAST VISTA BELLA WAY
COMPTON, CA 90220

LOCATION CODE: 06

DATES OF SERVICE: 04/08/21-04/08/21
AUDIT DATE: 04/08/21

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
04/08/21	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	660.00	660.00	N/A	0.00	660.00	G1 876
TOTAL CHARGES:							660.00			
TOTAL PREVIOUSLY PAID:							0.00			
TOTAL CURRENT PAYABLE:							660.00			
TOTAL WITHHOLDING - (FEDERAL AND STATE):							0.00			
TOTAL AMOUNT PAID:							660.00			

EXPLANATION CODE DESCRIPTIONS:

- G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
- 876 FEE SCHEDULE AMOUNT IS EQUAL TO THE CHARGE
- ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)
- Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS

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.

MPA *000167*
LIBERTY MUTUAL - GAINESVILLE
P.O. BOX 7070
LONDON, KY 40742



CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0032826226
62-20/311
38621945

B. CODE OFFICE NUMBER PAYMENT IDENTIFICATION
288 570 CLAIM WC 648-C70222 HOD

CHECK DATE
04/09/21

\$ *****660.00

VOID IF NOT PRESENTED WITHIN
90 DAYS OF DATE OF CHECK

PAY SIX HUNDRED SIXTY AND 00/100 DOLLARS*****

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

Handwritten signature: *de 2 Per*

00032826226 0311002091

38621945

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD IT UP TO A LIGHT TO VIEW THE WATERMARK.

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 76097

** THIS SERVES AS DEMAND FOR PAYMENT **

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: ROGER HATHAWAY
P.O. BOX 779008
ROCKLIN, CA 95677

EAMS#(s) :

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-A13054

Case: vs HUBBELL R W LYALL AND COMPANY
Date Of Injury: 3/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/29/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/07/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	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
06/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/01/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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#
04/12/21 76097

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: ROGER HATHAWAY
P.O. BOX 779008
ROCKLIN, CA 95677

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-A13054

Case: vs HUBBELL R W LYALL AND COMPANY
Date Of Injury: 3/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	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
08/02/19	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
08/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/17/19	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#
04/12/21 76097

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: ROGER HATHAWAY
P.O. BOX 779008
ROCKLIN, CA 95677

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-A13054

Case: vs HUBBELL R W LYALL AND COMPANY
Date Of Injury: 3/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/09/19	F/U CHIRO TX	CHIRO TX & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
10/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
10/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/30/20	LIEN FIL FEE	LIEN FILING FEE	150.00
12/14/20	PENALTIES	FOR DATE OF SERVICE 05/29/19	13.50
04/08/21	INTEREST	FOR DATE OF SERVICE 05/29/19	16.05
04/08/21	PENALTIES	FOR DATE OF SERVICE 06/07/19	13.50
04/08/21	INTEREST	FOR DATE OF SERVICE 06/07/19	16.05
04/08/21	PENALTIES	FOR DATE OF SERVICE 06/12/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 06/12/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 06/14/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 06/14/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 06/17/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 06/17/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 06/21/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 06/21/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 06/24/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 06/24/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 07/01/19	13.50
04/08/21	INTEREST	FOR DATE OF SERVICE 07/01/19	16.05
04/08/21	PENALTIES	FOR DATE OF SERVICE 07/05/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 07/05/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 07/08/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 07/08/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 07/12/19	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#
04/12/21 76097

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: ROGER HATHAWAY
P.O. BOX 779008
ROCKLIN, CA 95677

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC608-A13054

Case: vs HUBBELL R W LYALL AND COMPANY
Date Of Injury: 3/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/21	INTEREST	FOR DATE OF SERVICE 07/12/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 07/15/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 07/15/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 07/19/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 07/19/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 07/22/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 07/22/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 07/29/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 07/29/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 08/02/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 08/02/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 08/05/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 08/05/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 08/12/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 08/12/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 08/14/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 08/14/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 08/19/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 08/19/19	32.10
04/08/21	PENALTIES	FOR DATE OF SERVICE 09/11/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 09/11/19	31.93
04/08/21	PENALTIES	FOR DATE OF SERVICE 09/17/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 09/17/19	31.36
04/08/21	PENALTIES	FOR DATE OF SERVICE 09/06/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 09/06/19	30.96
04/08/21	PENALTIES	FOR DATE OF SERVICE 09/09/19	13.50
04/08/21	INTEREST	FOR DATE OF SERVICE 09/09/19	15.48
04/08/21	PENALTIES	FOR DATE OF SERVICE 10/01/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 10/01/19	30.57
04/08/21	PENALTIES	FOR DATE OF SERVICE 10/08/19	27.00
04/08/21	INTEREST	FOR DATE OF SERVICE 10/08/19	30.17

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 76097

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: ROGER HATHAWAY
P.O. BOX 779008
ROCKLIN, CA 95677

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC608-A13054

Case: vs HUBBELL R W LYALL AND COMPANY
Date Of Injury: 3/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/21	PMT BY CHECK	DOS 4/6/21* # 0032824607	-4350.00
04/12/21	BLCE OFF SET	BALANCE OFF SET	-1532.32

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.



PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

B. CODE
288

CHECK REFERENCE	CHECK DATE
0032824607	04/08/21
CHECK AMOUNT	BLOCK NUMBER
***\$4350.00	000201

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 1 OF 2

CLAIM NO. WC 608-D46339 HOD
CONTRACT NO: WA5-61D-004212-217
DOCUMENT NO: 11095074460

OSN: MM0301040802-000201

BANK: 288

CHECK REF: 0032824607 DATE: 04/08/21 AMT: 4,350.00
INTERNAL BILL NO: 131278658 MSR: N0343175
CUST/EXTERNAL BILL NO: 1109507446
BR PROVIDER #: 330956713-0007

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

PATIENT ACCT. #: NA
SSN: XXX-XX-
DOI: 02/26/18
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETING INC

AGENCY CLAIM #(BOARD COMM #): 2018030712505970919442
DIAG CODES: R68.89

EMPLOYER: HUBBELL INCORPORATED
ADDRESS: 2665 RESEARCH DRIVE
CORONA, CA 92882

LOCATION CODE: 041813

DATES OF SERVICE: 04/06/21-04/06/21
AUDIT DATE: 04/07/21

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
04/06/21	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	4350.00	4350.00	N/A	0.00	4350.00	G1 876
TOTAL CHARGES:						4350.00				
TOTAL PREVIOUSLY PAID:						0.00				
TOTAL CURRENT PAYABLE:						4350.00				
TOTAL WITHHOLDING - (FEDERAL AND STATE):						0.00				
TOTAL AMOUNT PAID:						4350.00				

EXPLANATION CODE DESCRIPTIONS:

- G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
- 876 FEE SCHEDULE AMOUNT IS EQUAL TO THE CHARGE
- ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)
- Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS

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.

MPA *000101*
LIBERTY MUTUAL - GAINESVILLE
P.O. BOX 7070
LONDON, KY 40742



CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0032824607
62-20/311
38621945

B. CODE OFFICE NUMBER PAYMENT IDENTIFICATION
288 570 CLAIM WC 608-D46339 HOD

CHECK DATE
04/08/21

\$ *****4,350.00

VOID IF NOT PRESENTED WITHIN
90 DAYS OF DATE OF CHECK

PAY FOUR THOUSAND THREE HUNDRED FIFTY AND 00/100 DOLLARS*****

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

Handwritten signature

0032824607 031100209

38621945

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK

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 79114

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: KATHRINE HERNANDEZ
P.O. BOX # 4555
PORTLAND, OR 97208

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC648-C-8145700

Case: LUVIANO vs GLENAIR
Date Of Injury: 9/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/20	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
10/05/20	F/U CHIRO TX	W/DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
10/12/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
10/19/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
10/26/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
11/02/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
11/11/20	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
11/18/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
11/23/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
11/30/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
02/05/21	LIEN FIL FEE	LIEN FILING FEE	150.00
03/30/21	PMT BY CHECK	DOS 9/25/20-2/5/21* =# 0032812502	-1000.00
04/05/21	BLCE OFF SET	BALANCE OFF SET	-950.00

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 79114

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: KATHRINE HERNANDEZ
P.O. BOX # 4555
PORTLAND, OR 97208

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC648-C-8145700

Case: vs GLENAIR
Date Of Injury: 9/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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



PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

B. CODE
288

CHECK REFERENCE 0032812502	CHECK DATE 03/30/21
CHECK AMOUNT ***\$1950.00	BLOCK NUMBER 007925

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 1 OF 3

CLAIM NO. WC 648-C81457 HOD
CONTRACT NO: WC7-661-037255-019
DOCUMENT NO: 9123025

OSN: MM0301033011-000058
BANK: 288
CHECK REF: 0032812502 DATE: 03/30/21 AMT: 1,950.00
INTERNAL BILL NO: 130926897 MSR: N0343175
CUST/EXTERNAL BILL NO: 2000993665
BR PROVIDER #: 330956713-0003

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

PATIENT ACCT. #: 79114
SSN: XXX-XX-
DOI: 09/23/19
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INCC

AGENCY CLAIM #(BOARD COMM #): 2019122613294616221088
DIAG CODES: T14.90

EMPLOYER: GLENAIR INC
ADDRESS:

LOCATION CODE: 000001

DATES OF SERVICE: 09/25/20-02/05/21
AUDIT DATE: 03/29/21

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/25/20	T1013		SIGN LANG/ORAL INTERPRETE							
09/25/20	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
10/05/20	T1013		SIGN LANG/ORAL INTERPRETE							
10/05/20	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
10/12/20	T1013		SIGN LANG/ORAL INTERPRETE							
10/12/20	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
10/19/20	T1013		SIGN LANG/ORAL INTERPRETE							
10/19/20	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
10/26/20	T1013		SIGN LANG/ORAL INTERPRETE							
10/26/20	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
11/02/20	T1013		SIGN LANG/ORAL INTERPRETE							
11/02/20	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
11/11/20	T1013		SIGN LANG/ORAL INTERPRETE							
11/11/20	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
11/18/20	T1013		SIGN LANG/ORAL INTERPRETE							
11/18/20	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 4917
11/23/20	T1013		SIGN LANG/ORAL INTERPRETE							

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.

MPA *000020*
LIBERTY MUTUAL - GAINESVILLE
P.O. BOX 7070
LONDON, KY 40742



CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0032812502
62-20/311
38621945

CHECK DATE
03/30/21

B.CODE OFFICE NUMBER PAYMENT IDENTIFICATION
288 570 CLAIM WC 648-C81457 HOD

\$ *****1,950.00

VOID IF NOT PRESENTED WITHIN
90 DAYS OF DATE OF CHECK

PAY ONE THOUSAND NINE HUNDRED FIFTY AND 00/100 DOLLARS*****

TO THE ORDER OF
JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781-4165

Handwritten signature

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742



BLOCK NUMBER
007927

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 3 OF 3

CLAIM NO. WC 648-C81457 HOD
CONTRACT NO: WC7-661-037255-019
DOCUMENT NO: 9123025

OSN: MM0301033011-000060
BANK: 288
CHECK REF: 0032812502 DATE: 03/30/21 AMT: 1,950.0
INTERNAL BILL NO: 130926897 MSR: N0343175
CUST/EXTERNAL BILL NO: 2000993665
BR PROVIDER #: 330956713-0003

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

PATIENT ACCT. #: 79114
SSN: XXX-XX-
DOI: 09/23/19
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INCC

AGENCY CLAIM #(BOARD COMM #): 2019122613294616221088
DIAG CODES: T14.90

EMPLOYER: GLENAIR INC
ADDRESS: 1211 AIR WAY
GLENDALE, CA 91201

LOCATION CODE: 000001

DATES OF SERVICE: 09/25/20-02/05/21
AUDIT DATE: 03/29/21

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
5792			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. TO OBTAIN INFORMATION ABOUT THE STATUS OF YOUR MEDICAL BILL SUBMISSIONS AND TO LEARN ABOUT THE RECONSIDERATION PROCESS, OR THE BENEFITS OF PAPERLESS BILLING & ELECTRONIC PAYMENTS (EFT), VISIT OUR PROVIDER SUPPORT WEBSITE AT WWW.LIBERTYMUTUALPROVIDERSUPPORT.COM .							

NOTES

FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOB, INCLUDE A COPY OF THE EOB, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE APPEALS ONLY ADDRESS LOCATED ON THE LEFT CORNER OF THE EOB. (Z212)

DATE BILL RECEIVED: 03/24/2021 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER PATIENT
DOB: 09/21/1967

PPO/MPN NAME:

PPO/MPN ID #:

PAY-TO PROVIDER STATE LIC #: MDCA

LINE #	1 BILLED UNIT:	1.00 RX #:	RENDRG PROV NPI:
LINE #	2 BILLED UNIT:	1.00 RX #:	RENDRG PROV NPI:
LINE #	3 BILLED UNIT:	1.00 RX #:	RENDRG PROV NPI:
LINE #	4 BILLED UNIT:	1.00 RX #:	RENDRG PROV NPI:
LINE #	5 BILLED UNIT:	1.00 RX #:	RENDRG PROV NPI:
LINE #	6 BILLED UNIT:	1.00 RX #:	RENDRG PROV NPI:
LINE #	7 BILLED UNIT:	1.00 RX #:	RENDRG PROV NPI:
LINE #	8 BILLED UNIT:	1.00 RX #:	RENDRG PROV NPI:
LINE #	9 BILLED UNIT:	1.00 RX #:	RENDRG PROV NPI:
LINE #	10 BILLED UNIT:	1.00 RX #:	RENDRG PROV NPI:
LINE #	11 BILLED UNIT:	1.00 RX #:	RENDRG PROV NPI:

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742



BLOCK NUMBER
007926

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

PAGE 2 OF 3

CLAIM NO. WC 648-C81457 HOD
CONTRACT NO: WC7-661-037255-019
DOCUMENT NO: 9123025

OSN: MM0301033011-000059
BANK: 288
CHECK REF: 0032812502 DATE: 03/30/21 AMT: 1,950.0
INTERNAL BILL NO: 130926897 MSR: N0343175
CUST/EXTERNAL BILL NO: 2000993665
BR PROVIDER #: 330956713-0003

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

PATIENT ACCT. #: 79114
SSN: XXX-XX-
DOI: 09/23/19
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INCC

AGENCY CLAIM #(BOARD COMM #): 2019122613294616221088
DIAG CODES: T14.90

EMPLOYER: GLENAIR INC
ADDRESS:

LOCATION CODE: 000001

DATES OF SERVICE: 09/25/20-02/05/21
AUDIT DATE: 03/29/21

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODE:
11/23/20	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 491
11/30/20	T1013		SIGN LANG/ORAL INTERPRETE							
11/30/20	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	180.00	180.00	N/A	0.00	180.00	G1 491
02/05/21	T1013		SIGN LANG/ORAL INTERPRETE							
02/05/21	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	150.00	150.00	N/A	0.00	150.00	G1 491
TOTAL CHARGES:							1950.00			
TOTAL PREVIOUSLY PAID:							0.00			
TOTAL CURRENT PAYABLE:							1950.00			
TOTAL WITHHOLDING - (FEDERAL AND STATE):							0.00			
TOTAL AMOUNT PAID:							1950.00			

EXPLANATION CODE DESCRIPTIONS:

- G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
- 4917 CODE (T1013) CHANGED TO (MDS10) BETTER DEFINING SERVICES PERFORMED.
- ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)
- Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)
- Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)
- 5688 TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM:
HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMSBR_1.PDF 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 FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMIBR_1.PDF 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

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 65544

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
NATIONAL INTERSTATE (RICHF,OH)
W. C. DEPARTMENT
ATTN: SHAWNA FOSS
P.O. BOX # 521
RICHFIELD, OH 44286

SS # : XXX-XX.
DOB :
Terms: 60 days
Claim #(s):
1187249

Case: vs STUDENT TRANS/ SANTA BARBARA T
Date Of Injury: 10/9/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/04/14	INITIAL EXAM	-DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/09/14	INITIAL EXAM	-DR AHMAD @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/15/15	PR2/REEVAL	-DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
01/20/15	INITIAL EXAM	-DR ROBERT HASHEMIYOON @ ACS* AMENDED	230.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
02/11/15	INITIAL EXAM	-DR FONSECA @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	PATY PAREDES NAVA # 101026	0.00
02/12/15	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL W/D CONNOLY @ ACS* INIT	150.00
/ /	INTERPRETER:	LESLIE R. MELTON # 500259	0.00
02/17/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/20/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
03/17/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LESLIE R. MELTON # 500259	0.00
04/02/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/14/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/07/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
05/12/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/18/15	INITIAL ACUP	W/ ACUPUNCT HAN/KIM @ ACS*	230.00
/ /	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#
04/09/21 65544

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:

NATIONAL INTERSTATE (RICHF,OH)
W. C. DEPARTMENT
ATTN: SHAWNA FOSS
P.O. BOX # 521
RICHFIELD, OH 44286

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1187249

Case: vs STUDENT TRANS/ SANTA BARBARA T
Date Of Injury: 10/9/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/09/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/19/15	INITIAL EXAM	-DR SAMIH AHDAB @ ACS*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/07/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
07/10/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/05/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/21/15	P AND S	-DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/13/17	LIEN FIL FEE	LIEN FILING FEE	150.00
07/26/18	PENALTIES	FOR DATE OF SERVICE 12/04/14	34.50
11/23/20	INTEREST	FOR DATE OF SERVICE 12/04/14	133.12
07/26/18	PENALTIES	FOR DATE OF SERVICE 12/09/14	34.50
11/23/20	INTEREST	FOR DATE OF SERVICE 12/09/14	133.12
07/26/18	PENALTIES	FOR DATE OF SERVICE 02/11/15	34.50
11/23/20	INTEREST	FOR DATE OF SERVICE 02/11/15	133.12
07/26/18	PENALTIES	FOR DATE OF SERVICE 05/18/15	34.50
11/23/20	INTEREST	FOR DATE OF SERVICE 05/18/15	133.12
07/26/18	PENALTIES	FOR DATE OF SERVICE 06/19/15	34.50
11/23/20	INTEREST	FOR DATE OF SERVICE 06/19/15	133.12
07/26/18	PENALTIES	FOR DATE OF SERVICE 08/21/15	34.50
11/23/20	INTEREST	FOR DATE OF SERVICE 08/21/15	133.12
04/22/20	PENALTIES	FOR DATE OF SERVICE 01/20/15	34.50
11/23/20	INTEREST	FOR DATE OF SERVICE 01/20/15	133.12
04/05/21	PMT BY CHECK	DOS 4/1/21* # 32835190	-4000.00
04/09/21	BLCE OFF SET	BALANCE OFF SET	-1423.34

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 65544

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

NATIONAL INTERSTATE (RICHF,OH)
W. C. DEPARTMENT
ATTN: SHAWNA FOSS
P.O. BOX # 521
RICHFIELD, OH 44286

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1187249

Case: vs STUDENT TRANS/ SANTA BARBARA T
Date Of Injury: 10/9/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

National Interstate Insurance Company
3250 Interstate Drive
Richfield, OH 44286



NATIONAL
INTERSTATE
INSURANCE

MEMBER OF GREAT AMERICAN INSURANCE GROUP

0000170-0000345 S0106 001 982129 NAT



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

The document you are holding is a payment for services provided. The attached check is sent to you for services rendered on behalf of National Interstate Insurance Company who has partnered with VPay® to process their payments. If you have questions regarding VPay® or would like a faster form of payment (VCard), please contact us at support@vpayusa.com or 1-844-240-5907. If you have questions regarding the payment amount, please contact National Interstate Insurance Company at 1-800-929-0870 option 2. NOTE: This payment is being re-issued to you as the original payment has either expired or has been voided.

Client Reference ID: 10000110757
VP Trans ID: 1006451758
Date: 04/05/2021
Amount: \$4,000.00
BE Number: NAT0004006
Claim Number: 000001187249

IMPORTANT HIPAA NOTICE - The information contained in this VPay® communication contains data considered Protected Health Information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is transmitted subject to HIPAA privacy rules and subsequent penalties for improper use. If the information contained in this communication does not pertain to a current patient at this facility, please (1) notify VPay immediately at (877) 399-5917 and provide the VP Trans ID shown (2) destroy this communication and all attached information.

NAT RM STD



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



NATIONAL
INTERSTATE
INSURANCE

National Interstate Insurance Company
3250 Interstate Drive
Richfield, OH 44286

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

VOID AFTER 180 DAYS

32835190

PAY: *****FOUR THOUSAND AND 00/100 DOLLARS

DATE: 04/05/2021

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC

\$4,000.00

MEMO:

1006451758

⑈32835190⑈ ⑆273970116⑆ 1700012991⑈

Client Reference ID:	10000110757
VP Trans ID:	1006451758
Date:	04/05/2021
Amount:	\$4,000.00
BE Number:	NAT0004006

Date of Loss: 10/09/2014

Invoice Number:

Adjuster Name: DYM - Diane McClellan

Date of Service: 04/01/2021 to 04/01/2021

Memo Description: LIEN SETTLEMENT - ALL DATES OF SERVICE



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

*** INVOICE ***
Date NO#
04/16/21 76147

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:
NEXT LEVEL ADMIN. (FL 1061)
W. C. DEPARTMENT
ATTN: DEANNA WILSON
P.O. BOX 1061
BRADENTON, FL 34206

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
UW1900009634

Case: vs EMPLOYERS SOLUTION/ACS STAFFIN
Date Of Injury: 4/26/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/19	INITIAL EXAM	DR MARINA RUSSMAN/NEGIN	230.00
/ /	INTERPRETER:	RAMESHNI @ FMR*	
06/26/19	PR2/REEVAL	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	DR RUSSMAN @ FMR*	180.00
07/09/19	INITIAL ACUP	ALBERTO VILAGOMEZ # 500341	0.00
/ /	INTERPRETER:	W/ ACUPUNCT CYNTHIA BIRKHIMER	230.00
07/22/19	FOLLOW-UP	@ FMR*	
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/23/19	FOLLOW-UP	W/ ACUPUNCT DA HAE RA @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/25/19	FOLLOW-UP	W/ ACUPUNCT DA HAE RA @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/29/19	FOLLOW-UP	W/ ACUPUNCT DA HAE RA @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/31/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/02/19	PR2/REEVAL	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
		DR RUSSMAN/RAMESHNI @ FMR*	180.00
		IRENE MORA # 101159	0.00
01/25/21	LIEN FIL FEE	LIEN FILING FEE	150.00
04/13/21	PMT BY CHECK	DOS 4/12/21* # 629123	-1720.00
04/16/21	BLCE OFF SET	BALANCE OFF SET	-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#
04/16/21 76147

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
NEXT LEVEL ADMIN. (FL 1061)
W. C. DEPARTMENT
ATTN: DEANNA WILSON
P.O. BOX 1061
BRADENTON, FL 34206

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
UW1900009634

Case: vs EMPLOYERS SOLUTION/ACS STAFFIN
Date Of Injury: 4/26/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Check Date: 04/13/2021

Check #: 629123

REGISTERED 0018 - U.S. PATENT NO. 5530790, 5575009, 5641183, 5785353, 5884354, 6030247
Next Level
Administrators
P.O. Box 1061
Bradenton, FL 34206
1-877-306-6398

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

Claimant DOS From / To	Claim # Invoice	Payment Code Memo	Amount
04/12/2021 TO 04/12/2021	UW1900009634	MED - Translation Medical Full and final satisfaction of all DOS	1720.00

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

United Wisconsin Insurance Company

served by Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206

Fifth Third Bank
999 Vanderbilt Beach Road
Naples, FL 34108

04/13/2021

629123

63-9171

670

THE SUM OF: One Thousand Seven Hundred Twenty and 00/100 Dollars

\$*****1,720.00

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

THIS CHECK WILL NOT BE PAID UNLESS PRESENTED FOR
PAYMENT WITHIN 90 DAYS FROM DATE OF ISSUE.
ENDORSEMENT MUST APPEAR AS PAYEE LISTED.

AUTHORIZED SIGNATURES

000006 29123 067091719 7434398801

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

*** INVOICE ***
Date NO#
04/15/21 79513

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

NEXT LEVEL ADMIN. (FL 1061)
W. C. DEPARTMENT
ATTN: CORIHE ROSE
P.O. BOX 1061
BRADENTON, FL 34206

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
UW190003440

Case: vs RESILIENT STAFFING/KRUSE & ASS
Date Of Injury: 6/26/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/05/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/10/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/12/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/19/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/13/20	INIT PHYSIO	THERAPY DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/20/20	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
01/20/21	LIEN FIL FEE	LIEN FILING FEE	150.00
04/12/21	PMT BY CHECK	DOS 3/3/20-4/22/20* # 628838	-1620.00
04/15/21	BLCE OFF SET	BALANCE OFF SET	-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#
04/15/21 79513

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
NEXT LEVEL ADMIN. (FL 1061)
W. C. DEPARTMENT
ATTN: CORIHE ROSE
P.O. BOX 1061
BRADENTON, FL 34206

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
UW190003440

Case: vs RESILIENT STAFFING/KRUSE & ASS
Date Of Injury: 6/26/19

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Check Date: 04/12/2021

Check #: 628838

REGISTERED 9018 • U.S. PATENT NO. 5,538,290, 5,755,606, 5,641,193, 5,783,353, 5,984,381, 6,030,007
Next Level
Administrators
P.O. Box 1061
Bradenton, FL 34206
1-877-306-6398

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

Claimant DOS From / To	Claim # Invoice	Payment Code Memo	Amount
03/03/2020 TO 04/22/2020	UW1900023441	MED - Translation Medical Lien Resolved/ Minerva Sabido	1620.00

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

United Wisconsin Insurance Company

served by Next Level Administrators

P.O. Box 1061

Bradenton, FL 34206

Fifth Third Bank

999 Vanderbilt Beach Road

Naples, FL 34108

04/12/2021

628838

63-9171

670

THE SUM OF: One Thousand Six Hundred Twenty and 00/100 Dollars

\$*****1,620.00

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

THIS CHECK WILL NOT BE PAID UNLESS PRESENTED FOR
PAYMENT WITHIN 90 DAYS FROM DATE OF ISSUE.
ENDORSEMENT MUST APPEAR AS PAYEE LISTED.

AUTHORIZED SIGNATURES

00000628838 067091719 7434398801

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 75313

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
PACIFIC COMP INS. COMPANY
W. C. DEPARTMENT
ATTN: JANET QUINN
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
66009

Case: vs SELF LOVE
Date Of Injury: 10/22/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/19	INITIAL EXAM	-DR RON MARINARO @ ENHANCED PRECISION CLINIC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/30/19	INITIAL PHYS	-THERAPY W/DR MINA LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/31/19	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/06/19	FOLLOW UP	-PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/21/19	FOLLOW-UP	-W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/23/20	LIEN FIL FEE	LIEN FILING FEE	150.00
07/23/20	PMT BY CHECK	DOS 6/23/20* =# 01254322	-90.00
04/05/21	PENALTIES	FOR DATE OF SERVICE 01/24/19	34.50
04/05/21	INTEREST	FOR DATE OF SERVICE 01/24/19	55.80
04/05/21	PENALTIES	FOR DATE OF SERVICE 01/30/19	13.50
04/05/21	INTEREST	FOR DATE OF SERVICE 01/30/19	21.83
04/05/21	PENALTIES	FOR DATE OF SERVICE 01/31/19	34.50
04/05/21	INTEREST	FOR DATE OF SERVICE 01/31/19	55.50
04/14/21	PMT BY CHECK	DOS 1/24/19-7/23/20* # 01305142	-700.00
04/21/21	BLCE OFF SET	BALANCE OFF SET	-395.63

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 75313

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
PACIFIC COMP INS. COMPANY
W. C. DEPARTMENT
ATTN: JANET QUINN
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
66009

Case: vs SELF LOVE
Date Of Injury: 10/22/18

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

[PAID]
JUL 27 2020

Temporary Return Service Requested

000059-000001-000117 2513989 2320EDC 2

Joyce Altman Interpreters
P.O. Box 4165
Tustin CA 92781-4165

Explanation of Review

Page: 1 of 3

DCN: PC1-0010-0759962

Date of Review: 07/21/2020

Date Bill Received: 07/06/2020

Adjustor: JWADE

File: 000000000010.00 / 000000000000.00 / 000000000

Check No.: 01254322 Bulk \$90.00

Method of Payment: Paper Check

Provider: JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 927814165

Provider State License: 999999999

Provider Invoice: 75313

Rendering Provider: JOYCE ALTMAN INTERPRETERS INC

Rendering Provider ID: 9999999999

Claim: 00086009

Policy: WA00302400

Employer Name: SELF LOVE LLC

DOB: 10/22/2009

Claimant:

Patient: SS

MPN Number: 1018

DX 1: T1490 Injury, unspecified

Tax ID: 330956713 ANC

DOS: 01/24/2019 TO 06/23/2020

Ext ID: 33095671301 114

Payment Status Code: 1

Payment Date: 07/23/2020 Bill Frequency:

JUL 27 2020

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Bill Adjust			Charges	Reductions		Expi. Code(s)
						Units	Units	Qty		Bill Payable	PPO Allowance	
01/24/2019	T1013			SIGN LANGUAGE/ORAL INTEPR		0	1	-1	230.00	230.00	0.00	G56 G1
01/30/2019	T1013			SIGN LANGUAGE/ORAL INTEPR		0	1	-1	90.00	90.00	0.00	G56 G1
01/31/2019	T1013			SIGN LANGUAGE/ORAL INTEPR		0	1	-1	230.00	230.00	0.00	G56 G1
02/06/2019	T1013			SIGN LANGUAGE/ORAL INTEPR		0	1	-1	90.00	90.00	0.00	G56 G1
02/21/2019	T1013			SIGN LANGUAGE/ORAL INTEPR		0	1	-1	180.00	180.00	0.00	G56 G1
06/23/2020	T1013			SIGN LANGUAGE/ORAL INTEPR		1	1	0	150.00	60.00	90.00	G1

SECURITY FEATURES ON THIS DOCUMENT INCLUDE A MICRO-PRINT BORDER AND VOID PANTOGRAPH ON FACE AND A RULED PATTERN AND WHITE WATERMARK ON BACK.

CITY NATIONAL BANK
16620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

CHECK NO: 01254322

DATE: 07/23/2020

16 01606/1220

PacificComp
A CopperPoint Insurance Company

AMOUNT
\$90.00

VOID AFTER 6 MONTHS

PAY: Ninety and 00/100

TO
THE
ORDER
OF
Joyce Altman Interpreters
P.O. Box 4165
Tustin CA 92781-4165

Marc E. Schmeltzer

01254322 122016066 412 118464

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500



Temporary Return Service Requested

000085-000001-000085 2515057 2320EDC 1

Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165



Explanation of Review

Page: 1 of 2

DCN: PC1-0010-0890469

Date of Review: 04/12/2021

Date Bill Received: 04/08/2021

Adjustor: MERODRIGUE

File: 00000000010.00 / 00000000000.00 / 00000000

Check No.: 01305142 Bulk \$700.00

Method of Payment: Paper Check

Provider: JOYCE ALTMAN INTERPRETERS

P.O.BOX 4165

TUSTIN, CA 927814165

Provider State License: 99999999

Provider Invoice:

Rendering Provider: JOYCE ALTMAN INTERPRETERS

Rendering Provider ID: 999999999

Claim: 00066009

Policy: WA00402400

Employer Name: SELF LOVE LLC

DoI: 10/22/2018

Claimant:

Patient SSN:

MPN Number: 1018

Tax ID: 330956713 PHY

DOS: 01/24/2019 TO 07/23/2020

Ext ID: 33095671301 100

Payment Status Code: 1

Payment Date: 04/14/2021 Bill Frequency:

DX 1: T1490 Injury, unspecified

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	***** Reductions *****			Expl. Code(s)
										Bill Review	PPO	Allowance	
01/24/2019	MDS10			LUM SUM/MUL BILL-THE AMNT		1	1	0	547.51	197.51		350.00	1000
07/23/2020	MDS10			LUM SUM/MUL BILL-THE AMNT		1	1	0	547.52	197.52		350.00	1000
Total Charges:									1,095.03				
Bill Review Reductions:										395.03			
Recommended Allowance												700.00	

1000 FULL and FINAL SETTLEMENT

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

SECURITY FEATURES ON THIS DOCUMENT INCLUDE A MICRO-PRINT BORDER AND VOID PANTOGRAPH ON FACE AND A RULED PATTERN AND WHITE WATERMARK ON BACK.



CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01305142

DATE: 04/14/2021

AMOUNT
*****\$700.00

VOID AFTER 6 MONTHS

PAY Seven Hundred and 00/100

TO THE ORDER OF Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Max E. Schmutter

⑈01305142⑈ ⑆122016066⑆ 412⑈ 118464⑈

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 72010

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: LOUIS BARRITO
PO BOX 7099
INDIANAPOLIS, IN 46207

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WD3518

Case: vs EMPLOYERS OUTSOURCING INC
Date Of Injury: 3/31/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/17	INITIAL EXAM	DR GALAL GOUBRAN/ROBERT TAYLOR @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/30/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/10/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/16/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/25/17	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#
04/26/21 72010

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

EAMS#(s):

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: LOUIS BARRITO
PO BOX 7099
INDIANAPOLIS, IN 46207

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WD3518

Case: vs EMPLOYERS OUTSOURCING INC
Date Of Injury: 3/31/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/14/17	PR2/REEVAL	DR MICHAEL PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693 (TRANSFER OF CARE)	0.00
09/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MAWRIA BARBOSA # 500267	0.00
09/29/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/12/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/09/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/17	FOLLOW-UP	W/ ACUPUNCT 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#
04/26/21 72010

** THIS SERVES AS DEMAND FOR PAYMENT **

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: LOUIS BARRITO
PO BOX 7099
INDIANAPOLIS, IN 46207

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WD3518

Case: vs EMPLOYERS OUTSOURCING INC
Date Of Injury: 3/31/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/01/17	FOLLOW-UP	W/ ACUPUNCT WOO HEE CHOI @	180.00
/ /		SIDHU CHIRO*	
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/14/17	PR2/REEVAL	DR PRICE/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/11/18	PR2/REEVAL	DR RAFLA/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/03/19	LIEN FIL FEE	LIEN FILING FEE	150.00
04/19/21	PMT BY CHECK	DOS 6/22/17-1/11/18*	-6220.00
		# 1000162058	
04/26/21	BLCE OFF SET	BALANCE OFF SET	-150.00

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.

Protective Insurance Company
P.O. Box 7099
Indianapolis, IN 46207-7099

April 19, 2021



>002652 7605411 0001 092574 10Z
Joyce Altman Interpreters Inc.
PO Box 4165
Tustin CA 92781

CHECK DATE: 04/19/2021
CHECK NUMBER: 1000162058
CHECK AMOUNT: \$6,220.00

PAGE: 1 OF 1

Invoice Received	Invoice Number	Claim Number	Amount	Adjustments	Amount Paid
01/01/00		WD-00003518	\$6,220.00	\$0.00	\$6,220.00
Claimant Name:					
Loss Date: 03/31/2017					
Payment Transaction: TL-MA					
FROM 06/22/2017 THROUGH 01/11/2018					
TOTAL			\$6,220.00	\$0.00	\$6,220.00

9303R6 (08/16)

Protective Insurance Company
P.O. Box 7099
Indianapolis, IN 46207-7099

1000162058
April 19, 2021

Pay To The Order Of: Joyce Altman Interpreters Inc.
PO Box 4165
Tustin, CA 92781

56 - 389 / 412

VOID AFTER 90 DAYS

*****\$6,220.00****

Amount: SIX THOUSAND TWO HUNDRED AND TWENTY DOLLARS 00/100

Authorized Signature

PNC Bank, N.A. 070/Ashland OH

DOCUMENT CONTAINS COLORED BACKGROUND ON WHITE PAPER, "VOID" FEATURE, SIMULATED WATERMARK (REVERSE SIDE), MICRO-PRINT BORDER.

1000162058 041203895 4239697784

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 78735

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
R00088749

Case: vs ALCOVE INC.
Date Of Injury: 6/27/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/20	INITIAL EXAM	DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/02/20	INITIAL ACUP	W/ ACUPUNCT BRUCE BAPTIE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/28/20	PR2/REEVAL	DR ZAREENA KHAN @ AMERI CHIRO	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/22/21	PMT BY CHECK	DOS 8/17/20-9/28/20* # 3000634430	-300.00
04/27/21	BLCE OFF SET	BALANCE OFF SET	-240.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

Republic Indemnity

Page 1 of 1

Date: 04/22/2021
Check #: 3000634430
Payment Amount: 300.00



002379 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165



Invoice								
Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00088749	NA	04/21/2021	08/17/20	09/28/20		540.00	300.00	
	125 Lien Settled By Payor (RICA)							
	full & final satisfaction of lien							
						Total	300.00	

PLEASE DETACH BEFORE DEPOSITING CHECK

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

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

Republic Indemnity

11-24/1210

Date: 04/22/2021
Check #: 3000634430

Pay Exactly **Three Hundred and 00/100 -US Dollars **

Amount
\$*****300.00

TO THE JOYCE ALTMAN INTERPRETERS INC
ORDER
OF

VOID AFTER 180 DAYS

WELLS FARGO BANK, N.A.

Signature
Authorized Signer

⑈ 3000634430 ⑈ ⑆ 121000248 ⑆ 4584711196 ⑈

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 56317

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MARIA GONZALEZ
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
05839424

Case: vs APOGEE CONTAINERS
Date Of Injury: 9/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/12	INITIAL EXAM	-DR HA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/02/12	INITIAL ACUP	-W/ ACUPUNCT PETER HUANG @	230.00
/ /		SIDHU CHIRO*	
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/05/12	FOLLOW-UP	-W/ACUPUNCT P. HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/12/12	PR2/REEVAL	-DR HA* MARIA BARBOSA #500267	180.00
01/02/13	FOLLOW-UP	-W/ACUPUNCT P. HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/28/13	PR2/REEVAL	-DR HA* MARIA BARBOSA #500267	180.00
02/08/13	FOLLOW-UP	W/ ACUPUNCT P. HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/06/13	FOLLOW-UP	-W/ACUPUNCT P. HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	AURORA SINGER # 500169	0.00
03/27/13	PR2/REEVAL	-DR HA & ACUPUNCTURE W/HUANG	180.00
/ /		@ SIDHU CHIRO*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/03/13	FOLLOW-UP	-W/ACUPUNCT P. HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/17/13	FOLLOW-UP	-W/ ACUPUNCT HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/24/13	FOLLOW-UP	-W/ ACUPUNCT HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/03/13	FOLLOW-UP	-W/ACUPUNCT P. HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500276	0.00
05/08/13	FOLLOW-UP	-W/ACUPUNCT P. HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
05/31/13	FOLLOW-UP	-W/ACUPUNCT P. HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/05/13	FOLLOW-UP	W/ACUPUNCT P. HUANG @ 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 56317

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MARIA GONZALEZ
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
05839424

Case: vs APOGEE CONTAINERS
Date Of Injury: 9/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/05/13	P AND S	-DR HA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/17/13	FOLLOW UP	-PHYS THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/24/13	PENALTIES	FOR DATE OF SERVICE 10/29/12	34.50
04/29/21	INTEREST	FOR DATE OF SERVICE 10/29/12	208.63
09/24/13	PENALTIES	FOR DATE OF SERVICE 11/2/12	34.50
04/29/21	INTEREST	FOR DATE OF SERVICE 11/2/12	208.63
09/24/13	PENALTIES	FOR DATE OF SERVICE 12/5/12	27.00
04/29/21	INTEREST	FOR DATE OF SERVICE 12/5/12	163.27
09/24/13	PENALTIES	FOR DATE OF SERVICE 12/12/12	27.00
04/29/21	INTEREST	FOR DATE OF SERVICE 12/12/12	163.27
09/24/13	PENALTIES	FOR DATE OF SERVICE 1/2/13	27.00
04/29/21	INTEREST	FOR DATE OF SERVICE 1/2/13	163.27
09/24/13	PENALTIES	FOR DATE OF SERVICE 1/28/13	27.00
04/29/21	INTEREST	FOR DATE OF SERVICE 1/28/13	163.27
09/24/13	PENALTIES	FOR DATE OF SERVICE 2/8/13	27.00
04/29/21	INTEREST	FOR DATE OF SERVICE 2/8/13	163.27
09/24/13	PENALTIES	FOR DATE OF SERVICE 3/6/13	27.00
04/29/21	INTEREST	FOR DATE OF SERVICE 3/6/13	163.27
09/24/13	PENALTIES	FOR DATE OF SERVICE 3/27/13	27.00
04/29/21	INTEREST	FOR DATE OF SERVICE 3/27/13	163.27
09/24/13	PENALTIES	FOR DATE OF SERVICE 4/3/13	27.00
04/29/21	INTEREST	FOR DATE OF SERVICE 4/3/13	163.27
09/24/13	PENALTIES	FOR DATE OF SERVICE 4/17/13	27.00
04/29/21	INTEREST	FOR DATE OF SERVICE 4/17/13	163.27
09/24/13	PENALTIES	FOR DATE OF SERVICE 4/24/13	27.00
04/29/21	INTEREST	FOR DATE OF SERVICE 4/24/13	163.27
09/24/13	PENALTIES	FOR DATE OF SERVICE 5/3/13	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 56317

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MARIA GONZALEZ
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05839424

Case: vs APOGEE CONTAINERS
Date Of Injury: 9/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/21	INTEREST	FOR DATE OF SERVICE 5/3/13	163.27
09/24/13	PENALTIES	FOR DATE OF SERVICE 5/8/13	27.00
04/29/21	INTEREST	FOR DATE OF SERVICE 5/8/13	163.10
09/24/13	PENALTIES	FOR DATE OF SERVICE 5/31/13	27.00
04/29/21	INTEREST	FOR DATE OF SERVICE 5/31/13	162.54
09/24/13	PENALTIES	FOR DATE OF SERVICE 6/5/13	27.00
04/29/21	INTEREST	FOR DATE OF SERVICE 6/5/13	162.31
09/24/13	PENALTIES	FOR DATE OF SERVICE 6/5/13	34.50
04/29/21	INTEREST	FOR DATE OF SERVICE 6/5/13	207.40
09/24/13	PENALTIES	FOR DATE OF SERVICE 6/17/13	13.50
04/29/21	INTEREST	FOR DATE OF SERVICE 6/17/13	81.01
06/14/16	LIEN FIL FEE	LIEN FILING FEE	150.00
04/22/21	PMT BY CHECK	DOS 4/16/21* # CP-088945	-4500.00
04/27/21	BLCE OFF SET	BALANCE OFF SET	-2434.59

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Provider Number: XXXXX6713

Check #: CP-088945

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 04/22/21
Doc #: 036302271

Medical

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Charges	Amount Reduced	Reduction Codes	PPO Savings	Allowances
Patient Name: SSN: XXX-XX Employer name: APOGEE CONTAINERS INC Employer ID: 0000009021419120 MPN NAME: State Fund MPN MPN ID: 3136 ICD-10 Code: T14.90 INJURY, UNSPECIFIED									
1	SF1-SFCA-21496717	04/16/21	MDS21	Settlement For Dis	4,500.00	.00	G5 375 G67 961	.00	4,500.00
Total Allowances:									\$4,500.00

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

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.

Please detach and retain the statement page(s) as your record of payment. THANK YOU.

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Medical
SP

Santa Ana District Office
PO BOX 65005
Fresno, CA 93650-5005

CP-088945

Union Bank
Los Angeles, California

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
April 22, 2021	S*****4,500.00

PAY ****Four Thousand Five Hundred and 00/100 Dollars****ONLY

To The
Order Of

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781



Please negotiate at your local Union Bank Branch.

Explanation of Review (EOR)

State Compensation Insurance Fund

PO BOX 65005

Fresno, CA 93650-5005

Questions & Appeals : (888)782-8338

<http://www.statefundca.com/>

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165

Tustin CA 92781

Check #: CP-088945

Issue Date: 04/22/21

Doc #: 036302271

Page 2 of 2

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	PPO Savings	Allowances	Penalty & Interest	Totals
SF1-SFCA-21496717	05839424	LS	4,500.00	.00	.00	4,500.00	.00	4,500.00
Provider NPI:	Rendering Provider NPI:	Rendering Provider:						
Patient Acct #: LS	ReviewerID: DW	Carrier Receive Date: 04/16/21	Review Date: 04/21/21	Payment Code: 1	UB04:			

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.

961 : Allowance reflects the lump sum settlement amount

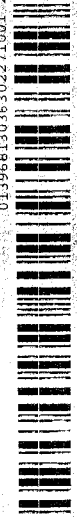
G5 : This charge was adjusted for the reasons set forth in the attached letter.

G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

-SFCA-21496717

375- This Award Order covers date(s) of service 10/29/2012 through 06/17/2013



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 65353

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

EAMS#(s):

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: SHERYL MALKIN
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06057852

Case: vs SOUTH WEST ROOFING CORP.
Date Of Injury: 7/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/02/14	INITIAL EXAM	-DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/12/14	INITIAL EXAM	-DR GHODS @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/17/14	INITIAL EXAM	-DR BIPIN BHARATWAL @ ACS* (AMENDED)	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
03/10/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/11/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/30/15	INITIAL EXAM	-DR P. MENDELSON @ ADANCE CARE*	230.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
04/02/15	INITIAL EXAM	-ACUPUNCTURE W/YOUN ME RHEE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/03/15	INITIAL EXAM	-DR ALLEN MASSIHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
04/08/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/01/15	PR2/REEVAL	-DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/07/15	PR2/REEVAL	-DR N. RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
01/13/15	PR2/REEVAL	-DR R. HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/21/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	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 65353

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: SHERYL MALKIN
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06057852

Case: vs SOUTH WEST ROOFING CORP.
Date Of Injury: 7/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/13/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/18/15	PR2/REEVAL	-DR MENDELSONH @ ADVANCE CARE	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/02/15	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL @	150.00
/ /	INTERPRETER:	ACS W/DR CONNOLLY*	
		JESUS A. CASTILLO # 500358	0.00
		(INITIAL)	
06/10/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/11/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/19/15	INITIAL EXAM	-DR YAGHOOBAN @ ADVANCE CARE	230.00
/ /	INTERPRETER:	JEUS A. CASTILLO # 500358	0.00
07/01/15	PR2/REEVAL	-DR MENDELSONH @ ADVANCE CARE	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/08/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/10/15	PR2/REEVAL	-DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/14/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/12/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/14/15	INITIAL EXAM	-PSYCH EVAL W/DR SALKELD @	230.00
/ /		ACS*	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/26/15	PR2/REEVAL	-DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/16/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	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#
04/19/21 65353

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: SHERYL MALKIN
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06057852

Case: vs SOUTH WEST ROOFING CORP.
Date Of Injury: 7/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/15	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/14/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/03/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /		(TRANFER OF CARE)	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/11/15	PR2/REEVAL	-DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/03/15	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/09/15	PR2/REEVAL	-DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/07/16	PR2/REEVAL	-DR RAMESHNI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/17/16	PR2/REEVAL	-DR BHARATWAL @ ENHANCED	180.00
/ /		PRECISION CARE* EPC	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/15/16	PR2/REEVAL	-DR RAMESHNI @ ENHANCED	180.00
/ /		PRECISION CARE*	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/14/16	PR2/REEVAL	-DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/06/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/21/16	P AND S	-DR RAMESHNI @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/11/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/15/16	PR2/REEVAL	-DR BHARATWAL @ 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#
04/19/21 65353

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: SHERYL MALKIN
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06057852

Case: vs SOUTH WEST ROOFING CORP.
Date Of Injury: 7/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/16	PR2/REEVAL	-DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/03/17	LIEN FIL FEE	LIEN FILING FEE	150.00
02/13/18	PENALTIES	FOR DATE OF SERVICE 12/02/14	34.50
10/08/20	INTEREST	FOR DATE OF SERVICE 12/02/14	139.64
02/13/18	PENALTIES	FOR DATE OF SERVICE 12/12/14	34.50
10/08/20	INTEREST	FOR DATE OF SERVICE 12/12/14	139.64
02/13/18	PENALTIES	FOR DATE OF SERVICE 03/30/15	34.50
10/08/20	INTEREST	FOR DATE OF SERVICE 03/30/15	139.64
02/13/18	PENALTIES	FOR DATE OF SERVICE 04/02/15	34.50
10/08/20	INTEREST	FOR DATE OF SERVICE 04/02/15	139.64
02/13/18	PENALTIES	FOR DATE OF SERVICE 04/03/15	34.50
10/08/20	INTEREST	FOR DATE OF SERVICE 04/03/15	139.64
02/13/18	PENALTIES	FOR DATE OF SERVICE 06/19/15	34.50
10/08/20	INTEREST	FOR DATE OF SERVICE 06/19/15	134.64
02/13/18	PENALTIES	FOR DATE OF SERVICE 08/14/15	34.50
10/08/20	INTEREST	FOR DATE OF SERVICE 08/14/15	133.41
02/13/18	PENALTIES	FOR DATE OF SERVICE 04/21/16	34.50
10/08/20	INTEREST	FOR DATE OF SERVICE 04/21/16	116.60
12/12/19	PENALTIES	FOR DATE OF SERVICE 12/17/14	34.50
10/08/20	INTEREST	FOR DATE OF SERVICE 12/17/14	10.72
12/12/19	PENALTIES	FOR DATE OF SERVICE 03/10/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 03/10/15	109.28
12/12/19	PENALTIES	FOR DATE OF SERVICE 03/11/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 03/11/15	109.28
12/12/19	PENALTIES	FOR DATE OF SERVICE 04/08/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 04/08/15	109.28
12/12/19	PENALTIES	FOR DATE OF SERVICE 05/01/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 05/01/15	109.28
12/12/19	PENALTIES	FOR DATE OF SERVICE 05/07/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 05/07/15	108.72

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 65353

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: SHERYL MALKIN
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06057852

Case: vs SOUTH WEST ROOFING CORP.
Date Of Injury: 7/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/19	PENALTIES	FOR DATE OF SERVICE 01/13/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 01/13/15	108.38
12/12/19	PENALTIES	FOR DATE OF SERVICE 01/21/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 01/21/15	108.15
12/12/19	PENALTIES	FOR DATE OF SERVICE 05/13/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 05/13/15	108.09
12/12/19	PENALTIES	FOR DATE OF SERVICE 05/18/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 05/18/15	107.98
12/12/19	PENALTIES	FOR DATE OF SERVICE 02/02/15	22.50
10/08/20	INTEREST	FOR DATE OF SERVICE 02/02/15	89.79
12/12/19	PENALTIES	FOR DATE OF SERVICE 06/10/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 06/10/15	105.94
12/12/19	PENALTIES	FOR DATE OF SERVICE 06/11/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 06/11/15	105.77
12/12/19	PENALTIES	FOR DATE OF SERVICE 07/01/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 07/01/15	104.92
12/12/19	PENALTIES	FOR DATE OF SERVICE 07/14/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 07/14/15	104.75
12/12/19	PENALTIES	FOR DATE OF SERVICE 08/12/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 08/12/15	104.46
12/12/19	PENALTIES	FOR DATE OF SERVICE 08/26/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 08/26/15	104.01
12/12/19	PENALTIES	FOR DATE OF SERVICE 09/16/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 09/16/15	103.56
12/12/19	PENALTIES	FOR DATE OF SERVICE 09/29/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 09/29/15	102.99
12/12/19	PENALTIES	FOR DATE OF SERVICE 10/14/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 10/14/15	102.37
12/12/19	PENALTIES	FOR DATE OF SERVICE 11/03/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 11/03/15	101.23
12/12/19	PENALTIES	FOR DATE OF SERVICE 11/11/15	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#
04/19/21 65353

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: SHERYL MALKIN
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06057852

Case: vs SOUTH WEST ROOFING CORP.
Date Of Injury: 7/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/20	INTEREST	FOR DATE OF SERVICE 11/11/15	100.55
10/08/19	PENALTIES	FOR DATE OF SERVICE 12/03/15	27.00
07/14/20	INTEREST	FOR DATE OF SERVICE 12/03/15	99.76
12/12/19	PENALTIES	FOR DATE OF SERVICE 12/09/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 12/09/15	99.64
12/12/19	PENALTIES	FOR DATE OF SERVICE 01/07/16	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 01/07/16	97.72
12/12/19	PENALTIES	FOR DATE OF SERVICE 02/17/16	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 02/17/16	95.05
12/12/19	PENALTIES	FOR DATE OF SERVICE 02/15/16	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 02/15/16	94.88
12/12/19	PENALTIES	FOR DATE OF SERVICE 03/14/16	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 03/14/16	93.46
12/12/19	PENALTIES	FOR DATE OF SERVICE 04/06/16	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 04/06/16	91.82
12/12/19	PENALTIES	FOR DATE OF SERVICE 05/11/16	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 05/11/16	89.83
12/12/19	PENALTIES	FOR DATE OF SERVICE 06/15/16	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 06/15/16	88.19
12/12/19	PENALTIES	FOR DATE OF SERVICE 07/20/16	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 07/20/16	86.49
04/02/20	PENALTIES	FOR DATE OF SERVICE 07/08/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 07/08/15	104.80
04/02/20	PENALTIES	FOR DATE OF SERVICE 07/10/15	27.00
10/08/20	INTEREST	FOR DATE OF SERVICE 07/10/15	104.75
04/14/21	PMT BY CHECK	DOS 4/7/21* \$ CP-088300	-5500.00
04/30/21	BLCE OFF SET	BALANCE OFF SET	-8275.74

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 65353

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: SHERYL MALKIN
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06057852

Case: vs SOUTH WEST ROOFING CORP.
Date Of Injury: 7/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

Provider Number: XXXXX6713

Check #: CP-088300

JOYCE ALTMAN INTERPRETERS INC
 Po Box 4165
 Tustin CA 92781

Issue Date: 04/14/21
 Doc #: 036278422

Medical

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Charges	Amount Reduced	Reduction Codes	PPO Savings	Allowances
Patient Name: SSN: XXX-XX- Employer name: SOUTH WEST ROOF-REMOVAL CO MPN NAME: State Fund MPN ICD-10 Code: T14.90 INJURY, UNSPECIFIED 1 SF1-SFCA-21479364 04/07/21 MDS10 Settlement For Dis Claim #: 06057852 Date of Injury: 07/15/14 Employer ID: 0000009086235140 MPN ID: 3136 8,130.00 2,630.00 G67 961 G5 375 Total Allowances:									
								.00	5,500.00
									\$5,500.00

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

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK
State Compensation Insurance Fund

Medical
 SP

Santa Ana District Office
 PO BOX 65005
 Fresno, CA 93650-5005

CP-088300
 Union Bank
 Los Angeles, California

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
April 14, 2021	\$*****5,500.00

PAY **Five Thousand Five Hundred and 00/100 Dollars****ONLY**

To The
 Order Of

JOYCE ALTMAN INTERPRETERS INC
 PO BOX 4165
 TUSTIN CA 92781

[Signature]

Please negotiate at your local
 Union Bank Branch.

5216088300 122241501 9081001043

28149594

01396483036278422001 2

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CP-088300**

JOYCE ALTMAN INTERPRETERS INC
 Po Box 4165
 Tustin CA 92781

Issue Date: 04/14/21
 Doc #: 036278422

Summary

Page 2 of 2

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	PPO Savings	Allowances	Penalty & Interest	Totals
SF1-SFCA-21479364	06057852	LS	8,130.00	2,630.00	.00	5,500.00	.00	5,500.00

Provider NPI: Rendering Provider NPI: Rendering Provider:
 Patient Acct #: LS ReviewerID: D4 Carrier Receive Date: 04/07/21 Review Date: 04/13/21 Payment Code: 1 UB04:

EOR Reduction Code Explanation:

- 375** : PLEASE SEE SPECIAL *NOTE* BELOW.
- 961** : Allowance reflects the lump sum settlement amount
- G5** : This charge was adjusted for the reasons set forth in the attached letter.
- G67** : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-21479364 BR Msg 375: Settlement covers the following dates of service 12/02/14 to 07/14/20.



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 77170

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

EAMS#(s):

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: SOFEM WU
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06481240

Case:
Date Of Injury: 7/2/19

vs PITBULL CLOTHING COMPANY

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/19	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/04/19	F/U CHIRO TX	DR KRAVCHENKO @ GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/06/19	F/U CHIRO TX	DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/11/19	F/U CHIRO TX	DR KRAVCHENKO @ GOFNUNG*	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
11/18/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/22/19	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	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
12/02/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/06/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/09/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/13/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/16/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/06/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
01/13/20	PR2/REEVAL	W/DR KRAVCHENKO @ 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#
04/23/21 77170

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: SOFEM WU
P.O. BOX # 65005
FRESNO, CA 93650

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06481240

Case: vs PITBULL CLOTHING COMPANY
Date Of Injury: 7/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			
		CHIRO*	
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
02/10/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/21/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/06/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/24/20	PMT BY CHECK	DOS 10/30/19-2/21/20* =# CU-470187	-1530.00
06/12/20	PR2/REEVAL	DR ERIC GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
08/05/20	PR2/REEVAL	DR ERIC GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
09/16/20	P AND S	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. ALVAREZ # 100727	0.00
01/15/21	LIEN FIL FEE	LIEN FILING FEE	150.00
04/19/21	PMT BY CHECK	DOS 12/31/20* # CU-494591	-1400.00
04/23/21	BLCE OFF SET	BALANCE OFF SET	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: CU-470187

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 06/24/20
Doc #: 035509830

Medical

77170

Page 1 of 4

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #:	06481240	Date of Injury: 07/02/19			
SSN: XXX-XX-0006		Employer name: PITBULL CLOTHING CO, INC		Employer ID: 0000009244469190					
ICD-10 Code:T14.90 INJURY, UNSPECIFIED									
1	SF1-SFCA-20900586	01/06/20	0999Q2	Interpreter Treatmen	1	180.00	90.00	G5 710	90.00
-	-	-	-	Reviewed As Q00016	-	-	-	-	-
2	SF1-SFCA-20900586	01/13/20	0999Q2	Interpreter Treatmen	1	180.00	90.00	G5 710	90.00
-	-	-	-	Reviewed As Q00016	-	-	-	-	-
3	SF1-SFCA-20900586	02/10/20	0999Q2	Interpreter Treatmen	1	180.00	90.00	G5 710	90.00
-	-	-	-	Reviewed As Q00016	-	-	-	-	-
4	SF1-SFCA-20900586	02/21/20	0999Q2	Interpreter Treatmen	1	180.00	90.00	G5 710	90.00
-	-	-	-	Reviewed As Q00016	-	-	-	-	-
5	SF1-SFCA-20900586	10/30/19	0999Q2	Interpreter Treatmen	1	230.00	140.00	G5 710	90.00
-	-	-	-	Reviewed As Q00016	-	-	-	-	-
6	SF1-SFCA-20900586	11/04/19	0999Q2	Interpreter Treatmen	1	90.00	.00	G5 710	90.00
-	-	-	-	Reviewed As Q00016	-	-	-	-	-
7	SF1-SFCA-20900586	11/06/19	0999Q2	Interpreter Treatmen	1	90.00	.00	G5 710	90.00
-	-	-	-	Reviewed As Q00016	-	-	-	-	-
8	SF1-SFCA-20900586	11/11/19	0999Q2	Interpreter Treatmen	1	90.00	.00	G5 710	90.00
-	-	-	-	Reviewed As Q00016	-	-	-	-	-
9	SF1-SFCA-20900586	11/15/19	0999Q2	Interpreter Treatmen	1	90.00	.00	G5 710	90.00
-	-	-	-	Reviewed As Q00016	-	-	-	-	-
10	SF1-SFCA-20900586	11/18/19	0999Q2	Interpreter Treatmen	1	90.00	.00	G5 710	90.00
-	-	-	-	Reviewed As Q00016	-	-	-	-	-
11	SF1-SFCA-20900586	11/22/19	0999Q2	Interpreter Treatmen	1	180.00	90.00	G5 710	90.00
-	-	-	-	Reviewed As Q00016	-	-	-	-	-
12	SF1-SFCA-20900586	11/27/19	0999Q2	Interpreter Treatmen	1	90.00	.00	G5 710	90.00

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

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Please detach and retain the statement page(s) as your record of payment. THANK YOU

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Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: CU-470187

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 06/24/203
Doc #: 035509830

Medical

Page 2 of 4

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
-				Reviewed As Q00016					
13	SF1-SFCA-20900586	12/02/19	0999Q2	Interpreter Treatmen	1	90.00	.00	G5 710	90.00
-				Reviewed As Q00016					
14	SF1-SFCA-20900586	12/06/19	0999Q2	Interpreter Treatmen	1	90.00	.00	G5 710	90.00
-				Reviewed As Q00016					
15	SF1-SFCA-20900586	12/09/19	0999Q2	Interpreter Treatmen	1	90.00	.00	G5 710	90.00
-				Reviewed As Q00016					
16	SF1-SFCA-20900586	12/13/19	0999Q2	Interpreter Treatmen	1	90.00	.00	G5 710	90.00
-				Reviewed As Q00016					
17	SF1-SFCA-20900586	12/16/19	0999Q2	Interpreter Treatmen	1	180.00	90.00	G5 710	90.00
-				Reviewed As Q00016					
Sub-Totals:						2,210.	00 68		0.00 1,530.00
Adjustment:						-2,210.00	-2,210.00		.00
Adj-Totals:						.00	-1,530.00		1,530.00
Subtotal:									1,530.00
Total Allowances:									\$1,530.00



PAID
JUN 30 2020

PV.

RECEIVED
JUN 29 2020

Ex:

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

Provider Number: XXXXX6713

Check #: CU-494591

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 04/19/21
Doc #: 036290470

Medical

77170

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Charges	Amount Reduced	Reduction Codes	PPO Savings	Allowances
Patient Name: SSN: XXX-XX-0006 Employer name: PITBULL CLOTHING CO, INC Claim #: 06481240 Date of Injury: 07/02/19 MPN NAME: State Fund MPN Employer ID: 0000009244469190 MPN ID: 3136 ICD-10 Code: T14.90 INJURY, UNSPECIFIED 1 SF1-SFCA-21488911 12/31/20 MDS10 Settlement For Dis									
					1,550.00	150.00	G5 375	.00	1,400.00
Total Allowances:									\$1,400.00

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

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Medical
SA

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

CU-494591
Union Bank
Los Angeles, California

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
April 19, 2021	\$*****1,400.00

PAY ****One Thousand Four Hundred and 00/100 Dollars****ONLY

To The
Order Of

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

[Signature]

Please negotiate at your local
Union Bank Branch.

5210494591 12224150 9081001043



28153133

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 63447

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

EAMS#(s):

BILL TO:
SEDGWICK CLAIMS (LEX-14573)
W. C. DEPARTMENT
ATTN: ELIZABETH WALKER
P.O. BOX 14573
LEXINGTON, KY 40512

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
RP13003294

Case: vs MISSION VIEJO COUNTRY CLUB
Date Of Injury: 1/17/03

DOS	SERVICE	DESCRIPTION	AMOUNT
07/25/14	INITIAL EXAM	-DR CLIFFORD BERNSTEIN @ COAS	230.00
/ /	INTERPRETER:	T PAIN MGMT* CPM FRANCISCO SOMOANO # 500263 (AMENDED)	0.00
08/25/14	PR2/REEVAL	-DR MANUEL ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/15/14	EPIDURAL	-DR BERNSTEIN @ CPM*	150.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
09/26/14	PR2/REEVAL	-DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/28/14	PR2/REEVAL	-DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
12/08/14	EPIDURAL	-DR BERNSTEIN @ NEWPORT COAST	150.00
/ /	INTERPRETER:	*	
01/08/15	PR2/REEVAL	MACLOVIA LONG # 101072	0.00
/ /	INTERPRETER:	-DR ROSARIO @ CPM*	180.00
02/11/15	PR2/REEVAL	FELIX SHIELDS # 101192	0.00
/ /	INTERPRETER:	-DR ROSARIO @ CPM*	180.00
03/24/15	PR2/REEVAL	FELIX SHIELDS # 101193	0.00
/ /	INTERPRETER:	-DR BERNSTEIN @ CPM*	180.00
05/20/15	PR2/REEVAL	FELIX SHIELDS # 101192	0.00
/ /	INTERPRETER:	-DR BERNSTEIN @ CPM*	180.00
06/23/15	PR2/REEVAL	FELIX SHIELDS # 101192	0.00
/ /	INTERPRETER:	-DR ROSARIO @ CPM*	180.00
07/02/15	EPIDURAL	FELIX SHIELDS # 101192	0.00
/ /	INTERPRETER:	-DR BERNSTEIN @ NEWPORT COAST	150.00
07/24/15	PR2/REEVAL	SURGERY CTR*	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/01/15	PR2/REEVAL	-DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
	PR2/REEVAL	-DR ROSARIO/RAPHAEL, PA @ CPM*	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 63447

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
SEDGWICK CLAIMS (LEX-14573)
W. C. DEPARTMENT
ATTN: ELIZABETH WALKER
P.O. BOX 14573
LEXINGTON, KY 40512

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
RP13003294

Case: vs MISSION VIEJO COUNTRY CLUB
Date Of Injury: 1/17/03

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
11/03/15	PR2/REEVAL	-DR ROSARIO CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
12/10/15	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
01/13/16	PR2/REEVAL	-DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHEILS # 101192	0.00
02/18/16	PR2/REEVAL	-DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
04/19/16	PR2/REEVAL	-DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
10/04/17	LIEN FIL FEE	LIEN FILING FEE	150.00
08/03/20	PENALTIES	FOR DATE OF SERVICE 07/25/14	34.50
03/02/21	INTEREST	FOR DATE OF SERVICE 07/25/14	164.28
01/12/21	PENALTIES	FOR DATE OF SERVICE 08/25/14	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 08/25/14	128.57
01/12/21	PENALTIES	FOR DATE OF SERVICE 09/15/14	22.50
03/02/21	INTEREST	FOR DATE OF SERVICE 09/15/14	107.14
01/12/21	PENALTIES	FOR DATE OF SERVICE 09/26/14	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 09/26/14	127.83
01/12/21	PENALTIES	FOR DATE OF SERVICE 10/28/14	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 10/28/14	124.54
01/12/21	PENALTIES	FOR DATE OF SERVICE 12/08/14	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 12/08/14	98.92
01/12/21	PENALTIES	FOR DATE OF SERVICE 01/08/15	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 01/08/15	116.94
01/12/21	PENALTIES	FOR DATE OF SERVICE 02/11/15	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 02/11/15	115.58
01/12/21	PENALTIES	FOR DATE OF SERVICE 03/24/15	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 03/24/15	120.34
01/12/21	PENALTIES	FOR DATE OF SERVICE 05/20/15	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#
04/05/21 63447

** THIS SERVES AS DEMAND FOR PAYMENT **

BILL TO:
SEDGWICK CLAIMS (LEX-14573)
W. C. DEPARTMENT
ATTN: ELIZABETH WALKER
P.O. BOX 14573
LEXINGTON, KY 40512

EAMS#(s):
ADJ8885962
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
RP13003294

Case: vs MISSION VIEJO COUNTRY CLUB
Date Of Injury: 1/17/03

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/21	INTEREST	FOR DATE OF SERVICE 05/20/15	116.20
01/12/21	PENALTIES	FOR DATE OF SERVICE 06/23/15	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 06/23/15	113.82
01/12/21	PENALTIES	FOR DATE OF SERVICE 07/02/15	22.50
03/02/21	INTEREST	FOR DATE OF SERVICE 07/02/15	94.47
01/12/21	PENALTIES	FOR DATE OF SERVICE 07/24/15	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 07/24/15	113.14
01/12/21	PENALTIES	FOR DATE OF SERVICE 10/01/15	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 10/01/15	111.04
01/12/21	PENALTIES	FOR DATE OF SERVICE 11/03/15	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 11/03/15	109.23
01/12/21	PENALTIES	FOR DATE OF SERVICE 12/10/15	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 12/10/15	107.58
01/12/21	PENALTIES	FOR DATE OF SERVICE 01/13/16	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 01/13/16	105.88
01/12/21	PENALTIES	FOR DATE OF SERVICE 02/18/16	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 02/18/16	103.27
01/12/21	PENALTIES	FOR DATE OF SERVICE 04/19/16	27.00
03/02/21	INTEREST	FOR DATE OF SERVICE 04/19/16	99.64
04/02/21	PMT BY CHECK	DOS 3/2/21* =# 509743	-2600.00
04/05/21	BLCE OFF SET	BALANCE OFF SET	-3619.91

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 63447

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

SEDGWICK CLAIMS (LEX-14573)
W. C. DEPARTMENT
ATTN: ELIZABETH WALKER
P.O. BOX 14573
LEXINGTON, KY 40512

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
RP13003294

Case: vs MISSION VIEJO COUNTRY CLUB
Date Of Injury: 1/17/03

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512



JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
04/02/2021	2,600.00	509743
PAYEE	TAX ID	
JOYCE ALTMAN INTERPR	*****6713	
SCMS UNIT	PAGE	
523 Sedgwick Claims Management Services, Inc	01 of 01	

Claimant Name	Loss Date	Claim Number
	03/21/2013	RP13003924
Amt Paid: 2,600.00	Description: Interpreter	
Amt Billed: 6,219.91	Invoice:	ICN:6200-964873
Dates: 03/02/2021 - 03/02/2021	Comment:	

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

Republic Underwriters Insurance Co.
Claims Account
Republic Underwriters Insurance Company

ORIGIN
5236200

JP Morgan Chase
Dallas, TX

VOID AFTER 60 DAYS

DATE: 04/02/2021

509743

32-61/1110

*****TWO THOUSAND SIX HUNDRED AND 00/100 DOLLARS

\$2,600.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

MEMO: MP

[Signature]
[Signature]

509743 1110006141 211197056

SWK.RM.SDM.00.NP

1005024536



EXPLANATION OF BILL REVIEW

PAYOR Sedgwick Claims Management Services, Inc		RECEIVED BY VENDOR 03/10/2021	DATE OF INJURY 03/21/2013
BILL ID(ICN) 6200-964873		PROCESSED BY VENDOR 03/31/2021	SOCIAL SECURITY NUMBER
PATIENT NAME (LAST, FIRST, MI)		PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI)	
PROVIDER NAME AND ADDRESS JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781	INJURED ADDRESS	PRESCRIBING PHYSICIAN ADDRESS	
	IMAGE NUMBER (DCN)	PRESCRIPTION (RX) NUMBER 0	
	EMPLOYER NAME Mission Viejo Country Club, Non Profit	CARRIER NAME Republic Underwriters Insurance Company	
TREATING PROVIDER JOYCE ALTMAN INTERPRETERS INC	EMPLOYER ADDRESS Republic Underwriters Insurance Company	CARRIER ADDRESS 5525 LBJ Freeway Dallas, TX 75240 972-788-6800	
PROVIDER TAX ID 330956713			
DATES OF SERVICE 03/02/2021 - 03/02/2021	EMPLOYER CONTRACT NUMBER 6200	PATIENT ACCOUNT NUMBER	
PROVIDER NPI	TPA CLAIM NUMBER RP13003924	TPA TRANSACTION # (MBDCN)	
ICD CODES T14.90			

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
03/02/2021	1	1	MDS11	6,219.91	3,619.91	0.00	0.00	2,600.00	0	0

Description of Service: LUM SUM/MUL BIL-LIABILITY FOR CLAIM DENIED BUT AC
Reason Codes: 5385,45,G4
Group Codes: CO

Explanation of Reason Codes For Detail Lines

- 5385 This payment is being made in full and final satisfaction of the lien per the settlement agreement.
- G4 THIS CHARGE WAS ADJUSTED TO COMPLY WITH THE RATE AND RULES OF THE CONTRACT INDICATED.
- 45 CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.

Explanation of Group Codes For Detail Lines

- CO The amount adjusted due to a contractual obligation between the provider and the payer. It is not the patient's responsibility under any circumstances.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPPropRegs/IBR/FormSBR_1.pdf 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 Form:

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the [Click here link](#).

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
(859) 280-4802 (fax)

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
PO Box 14779
Lexington, KY 40512
Phone: 855-703-9470

Fax: 859-280-3275

EXPLANATION OF BILL REVIEW

PAYOR Sedgwick Claims Management Services, Inc	DATE OF INJURY 03/21/2013	CARRIER NAME Republic Underwriters Insurance Company
INJURED NAME (LAST FIRST MI)		CLAIM NUMBER RP13003924

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code

http://www.dir.ca.gov/dwc/DWCPPropRegs/IBR/FormIBR_1.pdf 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.

This payment is being made in full and final satisfaction of the lien per the settlement agreement.

Totals:	6,219.91	3,619.91	0.00	0.00	2,600.00

* Date Received by Sedgwick: 03/10/2021	* Payment Method: Paper Check
* Date of Review: 03/31/2021	* Check Number: 509743
* Payment Date: 04/02/2021	* Payment Status Code: 1
* Diagnostic Group Code: N/A	

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 71969

** THIS SERVES AS DEMAND FOR PAYMENT **

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: ELSIE HERRERA
PO BOX # 14421
LEXINGTON, KY 40512-4421

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30177677516-0001

Case:
Date Of Injury: 10/1/16

vs ANAHEIM HILTON WORLDWIDE

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/17	INITIAL EXAM	DR GALAL GOUBRAN/JOE TRUJILLO , PA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/06/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/03/17	PR2/REEVAL	DR GOUBRAN/DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/07/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/05/17	PR2/REEVAL	DR MICHAEL PRICE/MILES*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/02/17	PR2/REEVAL	DR PRICE/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/07/17	PR2/REEVAL	DR PRICE/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/04/18	PR2/REEVAL	DR RAFLA/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/01/18	PR2/REEVAL	DR AMIR FRIEDMAN/FRANKE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/18	PR2/REEVAL	DR JOHN XIAO-JIANG QIAN/SAIDE MATIN @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/12/18	PR2/REEVAL	DR JOHN QIAN/JOE TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/17/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/14/18	PR2/REEVAL	DR QIAN/TRUJILLO @ 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#
04/27/21 71969

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: ELSIE HERRERA
PO BOX # 14421
LEXINGTON, KY 40512-4421

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30177677516-0001

Case:

vs ANAHEIM HILTON WORLDWIDE

Date Of Injury: 10/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/06/18	P AND S	DR JOHN QIAN/FRANKE @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/02/20	LIEN FIL FEE	LIEN FILING FEE	150.00
03/23/21	PENALTIES	FOR DATE OF SERVICE 06/01/17	34.50
03/23/21	INTEREST	FOR DATE OF SERVICE 06/01/17	93.12
03/23/21	PENALTIES	FOR DATE OF SERVICE 07/06/17	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 07/06/17	72.88
03/23/21	PENALTIES	FOR DATE OF SERVICE 08/03/17	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 08/03/17	72.88
03/23/21	PENALTIES	FOR DATE OF SERVICE 09/07/17	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 09/07/17	72.88
03/23/21	PENALTIES	FOR DATE OF SERVICE 10/05/17	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 10/05/17	71.29
03/23/21	PENALTIES	FOR DATE OF SERVICE 11/02/17	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 11/02/17	69.42
03/23/21	PENALTIES	FOR DATE OF SERVICE 12/06/17	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 12/06/17	67.43
03/23/21	PENALTIES	FOR DATE OF SERVICE 12/07/17	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 12/07/17	67.37
03/23/21	PENALTIES	FOR DATE OF SERVICE 01/04/18	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 01/04/18	65.79
03/23/21	PENALTIES	FOR DATE OF SERVICE 02/01/18	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 02/01/18	64.14
03/23/21	PENALTIES	FOR DATE OF SERVICE 03/08/18	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 03/08/18	62.38
03/23/21	PENALTIES	FOR DATE OF SERVICE 04/12/18	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 04/12/18	60.57
03/23/21	PENALTIES	FOR DATE OF SERVICE 05/17/18	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 05/17/18	58.30

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 71969

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: ELSIE HERRERA
PO BOX # 14421
LEXINGTON, KY 40512-4421

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30177677516-0001

Case:

vs ANAHEIM HILTON WORLDWIDE

Date Of Injury: 10/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/21	PENALTIES	FOR DATE OF SERVICE 06/14/18	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 06/14/18	56.60
03/23/21	PENALTIES	FOR DATE OF SERVICE 08/02/18	27.00
03/23/21	INTEREST	FOR DATE OF SERVICE 08/02/18	54.22
03/23/21	PENALTIES	FOR DATE OF SERVICE 09/06/18	34.50
03/23/21	INTEREST	FOR DATE OF SERVICE 09/06/18	65.87
04/23/21	PMT BY CHECK	DOS 4/23/21* # 119747383	-4475.00
04/27/21	BLCE OFF SET	BALANCE OFF SET	-177.14

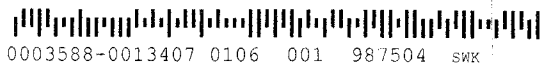
BALANCE

0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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



0003588-0013407 0106 001 987504 SWK



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

DATE	CHECK AMOUNT	CHECK NUMBER
04/23/2021	4,475.00	119747383
PAYEE	TAX ID	
JOYCE ALTMAN INTERPRETERS	*****6713	
SCMS UNIT	PAGE	
600 Sedgwick Claims Management Services, Inc	01 of 01	

Claimant Name	Loss Date	Claim Number
	10/01/2016	30177677516-0001
Amt Paid: 4,475.00	Description: Doctor	
Amt Billed: 4,475.00	Invoice: na	ICN:198846976.11
Dates: 06/01/2017 - 09/06/2018	Comment: In full final settlement of lien for all DOS	

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

HBM Global Risk Corp.
ACE American Insurance Company

ORIGIN Wells Fargo Bank, N.A.
6004263

VOID AFTER 60 DAYS

DATE: 04/23/2021

119747383

62-22
311

PAY: *****FOUR THOUSAND FOUR HUNDRED SEVENTY FIVE AND 00/100 DOLLARS

\$4,475.00

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO

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

119747383 031100275 2029950059203

SWK RM SDM 00 NP



1021103123

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 74009

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
YORK/SEDGWICK CL.(ROSE-619079)
W. C. DEPARTMENT
ATTN: YOHANNA SOTO
P.O. BOX 619079
ROSEVILLE, CA 95661

SS # : XXX-XX.
DOB :
Terms: 60 days
Claim #(s):
6582912

Case: vs SOCAL JIB FOOD/JACK IN THE BOX
Date Of Injury: 10/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/18	INITIAL EXAM	-DR JOHN XIAN TIANG QIAN/DAVE FRANKE @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/14/18	INITIAL ACUP	-W/ ACUPUNCT MIN CHOI @ SIDHU	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/18/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
05/21/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/30/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/01/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/07/18	PR2/REEVAL	-DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/06/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/11/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/13/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/20/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/22/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/29/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/27/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/02/18	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 74009

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
YORK/SEDGWICK CL.(ROSE-619079)
W. C. DEPARTMENT
ATTN: YOHANNA SOTO
P.O. BOX 619079
ROSEVILLE, CA 95661

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6582912

Case: vs SOCAL JIB FOOD/JACK IN THE BOX
Date Of Injury: 10/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/18	PR2/REEVAL	-DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/06/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/13/18	FOLLOW-UP	-W/ ACUPUNCT WOO-HEE CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/18/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/20/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/25/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/27/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/01/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/02/18	PR2/REEVAL	-DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/03/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/08/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/10/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/15/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/22/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/24/18	FOLLOW-UP	-W/ ACUPUNCT 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 74009

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:
YORK/SEDGWICK CL.(ROSE-619079)
W. C. DEPARTMENT
ATTN: YOHANNA SOTO
P.O. BOX 619079
ROSEVILLE, CA 95661

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6582912

Case: vs SOCIAL JIB FOOD/JACK IN THE BOX
Date Of Injury: 10/16/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/29/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA 003693	0.00
09/05/18	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/06/18	PR2/REEVAL	-DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA #500267	0.00
05/16/19	LIEN FIL FEE	LIEN FILING FEE	150.00
09/25/19	PENALTIES	FOR DATE OF SERVICE 05/03/18	34.50
12/09/20	INTEREST	FOR DATE OF SERVICE 05/03/18	65.07
09/25/19	PENALTIES	FOR DATE OF SERVICE 05/14/18	34.50
12/09/20	INTEREST	FOR DATE OF SERVICE 05/14/18	65.07
04/05/21	PMT BY CHECK	DOS 5/3/18* # 123093504	-3800.00
04/13/21	BLCE OFF SET	BALANCE OFF SET	-2589.14

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

0003024-0008727 0106 001 981156



JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
04/05/2021	3,800.00	123093504
PAYEE	TAX ID	
JOYCE ALTMAN INTERPR	*****6713	
SCMS UNIT	PAGE	
665 Sedgwick Claims Management Services, Inc	01 of 01	

Claimant Name	Loss Date	Claim Number
Amt Paid: 3,800.00 Amt Billed: 6,389.00 Dates: 05/03/2018 - 05/03/2018	10/16/2017 Description: Interpreter Invoice: 5320210325021782 Comment:	6582912 ICN:7373-14177

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
Arch Insurance Company -
Restaurant Safety Group
Arch Insurance Company

ORIGIN
6657373

Wells Fargo

VOID AFTER 60 DAYS

DATE: 04/05/2021

123093504

62-22
311

PAY: *****THREE THOUSAND EIGHT HUNDRED AND 00/100 DOLLARS

\$3,800.00

PAY TO
THE
ORDER
OF

JOYCE ALTMAN INTERPR

Debra Dauvenport

[Signature]

MEMO:

MP

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

123093504 031100225 2079950059703

SWK RM SDM 00 NP



1005304190



EXPLANATION OF BILL REVIEW

PROVIDER NAME AND ADDRESS JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781	PAYOR Sedgwick Claims Management Services, Inc	RECEIVED BY VENDOR 03/24/2021	DATE OF INJURY 10/16/2017
	BILL ID(ICN) 7373-14177	PROCESSED BY VENDOR 03/29/2021	SOCIAL SECURITY NUMBER ***
	PATIENT NAME (LAST, FIRST, MI) _____		
TREATING PROVIDER JOYCE ALTMAN INTERPRETERS INC PROVIDER TAX ID 330956713	INJURED ADDRESS _____	PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI) _____	
	IMAGE NUMBER (DCN) 6020210324031945	PRESCRIPTION (RX) NUMBER 0	
	EMPLOYER NAME Restaurant Safety Group Arch	CARRIER NAME Arch Insurance Company	
DATES OF SERVICE 05/03/2018 - 09/06/2018	EMPLOYER ADDRESS 1820 East 1st St. Ste 500 Santa Ana, CA 92705 Arch Insurance Company	CARRIER ADDRESS One Liberty Plaza 53rd Floor New York, NY 10006	
PROVIDER NPI _____	EMPLOYER CONTRACT NUMBER 7373	PATIENT ACCOUNT NUMBER _____	
ICD CODES T14.90	TPA CLAIM NUMBER 6582912	TPA TRANSACTION # (MBDCN) 5320210325021782	

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
05/03/2018	1	1	MDS10	6,389.00	2,589.00	0.00	0.00	3,800.00	0	0

Description of Service: LUM SUM/MUL BILL-THE AMNT OF REIM IN DISPUTE CLAIM

Reason Codes: 5385,45,G4

Group Codes: CO

Explanation of Reason Codes For Detail Lines

5385 This payment is being made in full and final satisfaction of the lien per the settlement agreement.

G4 THIS CHARGE WAS ADJUSTED TO COMPLY WITH THE RATE AND RULES OF THE CONTRACT INDICATED.

45 CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.

Explanation of Group Codes For Detail Lines

CO The amount adjusted due to a contractual obligation between the provider and the payer. It is not the patient's responsibility under any circumstances.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf 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 Form:

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the [Click here link](#).

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
(859) 280-4802 (fax)

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
PO Box 14522
Lexington, KY 40512-4497
Phone: 800-842-8560

Fax: 844-346-1322

EXPLANATION OF BILL REVIEW

PAYOR Sedgwick Claims Management Services, Inc	DATE OF INJURY 10/16/2017	CARRIER NAME Arch Insurance Company
INJURED NAME (LAST FIRST MI)		CLAIM NUMBER 6582912

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code

http://www.dir.ca.gov/dwc/DWCPPropRegs/IBR/FormIBR_1.pdf 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.

This payment is being made in full and final satisfaction of the lien per the settlement agreement.

Totals:	6,389.00	2,589.00	0.00	0.00	3,800.00

* Date Received by Sedgwick: 03/24/2021	* Payment Method: Paper Check
* Date of Review: 03/29/2021	* Check Number: 123093504
* Payment Date: 04/05/2021	* Payment Status Code: 1
* Diagnostic Group Code: N/A	

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 78592

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:

SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: ROSA GODINEZ
P.O. BOX 14440
LEXINGTON, KY 40512

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
40200811B7A8-0001

Case:

vs NORTHGATE GONZALEZ MARKETS INC

Date Of Injury: 9/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/20	INITIAL EXAM	DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	ANA M. MORALES # 004052	0.00
08/06/20	INITIAL ACUP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
08/08/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA M. MORALES # 004052	0.00
08/20/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/22/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA MORALES # 004052	0.00
08/27/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/31/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON @ 101897	0.00
09/04/20	PR2/REEVAL	DR NEGIN RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
09/24/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
10/05/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/10/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/09/20	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
10/01/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
11/02/20	PMT BY CHECK	DOS 7/31/20-9/4/20*	-720.00
		=# 121927773	
11/05/20	PMT BY CHECK	DOS 9/24/20* =# 121927832	-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#
04/19/21 78592

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: ROSA GODINEZ
P.O. BOX 14440
LEXINGTON, KY 40512

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
40200811B7A8-0001

Case: vs NORTHGATE GONZALEZ MARKETS INC
Date Of Injury: 9/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/20	F/U PHYSIO	THERAPY W/DR COOK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/03/20	PMT BY CHECK	DOS 10/15/20* =#122288514	-90.00
12/22/20	PMT BY CHECK	DOS 10/9/20* =# 122288802	-90.00
02/08/21	LIEN FIL FEE	LIEN FILING FEE	150.00
02/08/21	PMT BY CHECK	DOS 9/19/20-11/5/20*	-540.00
		=# 122775337	
04/14/21	PMT BY CHECK	DOS 7/31/20* =# 123903060	-1200.00
04/19/21	BLCE OFF SET	BALANCE OFF SET	-120.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

0000176-0003583 0716 001 935405 SWK



JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
11/02/2020	720.00	121927773
PAYEE	TAX ID	
JOYCE ALTMAN INTERPR	*****6713	
SCMS UNIT	PAGE	
528 Sedgwick Claims Management Services, Inc	01 of 02	

NOV 06 2020

PAID
NOV 10 2020

Claimant Name	Loss Date	Claim Number
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 07/31/2020 - 07/31/2020	Description: Interpreter Invoice: 5320201014020773 Comment:	09/13/2019 4020081B7A8-0001 ICN:9115-19680
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 08/06/2020 - 08/06/2020	Description: Interpreter Invoice: 5320201014020773 Comment:	09/13/2019 4020081B7A8-0001 ICN:9115-19680
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 08/08/2020 - 08/08/2020	Description: Interpreter Invoice: 5320201014020773 Comment:	09/13/2019 4020081B7A8-0001 ICN:9115-19680
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 08/20/2020 - 08/20/2020	Description: Interpreter Invoice: 5320201014020773 Comment:	09/13/2019 4020081B7A8-0001 ICN:9115-19680
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 08/22/2020 - 08/22/2020	Description: Interpreter Invoice: 5320201014020773 Comment:	09/13/2019 4020081B7A8-0001 ICN:9115-19680
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 08/27/2020 - 08/27/2020	Description: Interpreter Invoice: 5320201014020773 Comment:	09/13/2019 4020081B7A8-0001 ICN:9115-19680
Amt Paid: 90.00	Description: Interpreter	09/13/2019 4020081B7A8-0001

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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
Northgate Gonzalez Markets
Safety National Casualty Corporation

ORIGIN Wells Fargo Bank, N.A.
5289115

VOID AFTER 60 DAYS

DATE: 11/02/2020

121927773
62-22
311

PAY: *****SEVEN HUNDRED TWENTY AND 00/100 DOLLARS

\$720.00

PAY TO
THE
ORDER
OF
JOYCE ALTMAN INTERPR

Bob Blankenship
[Signature]

MEMO:

Northgate Gonzalez Markets, Principal
Sedgwick Claims Management Services, Inc., Agent By:

11 121927773 031100225 2079950059703

DATE	CHECK AMOUNT	CHECK NUMBER
11/02/2020	720.00	121927773
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
528 Sedgwick Claims Management Services, Inc		02 of 02

Claimant Name	Loss Date	Claim Number
Amt Billed: 180.00 Dates: 08/31/2020 - 08/31/2020	Invoice: 5320201014020773 Comment: 09/13/2019	ICN:9115-19680 4020081B7A8-0001
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 09/04/2020 - 09/04/2020	Description: Interpreter Invoice: 5320201014020773 Comment:	ICN:9115-19680



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

899209032

0000176-0003585



EXPLANATION OF BILL REVIEW

PAYOR Sedgwick Claims Management Services, Inc		RECEIVED BY VENDOR 10/12/2020	DATE OF INJURY 09/13/2019
BILL ID(ICN) 9115-19680		PROCESSED BY VENDOR 10/30/2020	SOCIAL SECURITY NUMBER
PATIENT NAME (LAST, FIRST, MI)		PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI)	
PROVIDER NAME AND ADDRESS JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781	INJURED ADDRESS	PRESCRIBING PHYSICIAN ADDRESS	
	IMAGE NUMBER (DCN) 5120201012183918	PRESCRIPTION (RX) NUMBER 0	
	EMPLOYER NAME Northgate Market	CARRIER NAME Safety National Casualty Corporation	
TREATING PROVIDER JOYCE ALTMAN INTERPRETERS INC	EMPLOYER ADDRESS	CARRIER ADDRESS 1832 Schuetz Road St. Louis, MO 63146 314-995-5300	
PROVIDER TAX ID 330956713			
DATES OF SERVICE 07/31/2020 - 09/04/2020	EMPLOYER CONTRACT NUMBER 9115	PATIENT ACCOUNT NUMBER 78592	
PROVIDER NPI	TPA CLAIM NUMBER 4020081B7A8-0001	TPA TRANSACTION # (MBDCN) 5320201014020773	
ICD CODES T14.90			

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
07/31/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1 Reduction Codes: N600 Group Codes: OA										
08/06/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1 Reduction Codes: N600 Group Codes: OA										
08/08/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1 Reduction Codes: N600 Group Codes: OA										
08/20/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1 Reduction Codes: N600 Group Codes: OA										
08/22/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1										

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit [Sedgwick.com](https://www.sedgwick.com). Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the [Click here link](#).

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
(859) 280-4802 (fax)

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
P O Box 14440
Lexington, KY 40512-4440
Phone: 866-568-8924

Fax: 859-280-4805

EXPLANATION OF BILL REVIEW

PAYOR Sedgwick Claims Management Services, Inc	DATE OF INJURY 09/13/2019	CARRIER NAME Safety National Casualty Corporation
INJURED NAME (LAST FIRST MI)		CLAIM NUMBER 4020081B7A8-0001

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
Reduction Codes: N600 Group Codes: OA										
08/27/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1 Reduction Codes: N600 Group Codes: OA										
08/31/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1 Reduction Codes: N600 Group Codes: OA										
09/04/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1 Reduction Codes: N600 Group Codes: OA										

Explanation of Reason Codes For Detail Lines

601 CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES
G1 THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

Explanation of Reduction Codes For Detail Lines

N600 Adjusted based on the applicable fee schedule for the region in which the service was rendered.

Explanation of Group Codes For Detail Lines

OA The amount adjusted is due to bundling or unbundling of services.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPPropRegs/IBR/FormSBR_1.pdf 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 Form: http://www.dir.ca.gov/dwc/DWCPPropRegs/IBR/FormIBR_1.pdf 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 employee 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.

Totals: 1,440.00 720.00 0.00 0.00 720.00

* Date Received by Sedgwick: 10/12/2020 * Payment Method: Paper Check
* Date of Review: 10/30/2020 * Check Number: 121927773
* Payment Date: 11/02/2020 * Payment Status Code: 1
* Diagnostic Group Code: N/A

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

0003309-0010023 0106 001 936756



JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
11/05/2020	90.00	121927832
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
528 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name	Loss Date	Claim Number
	09/13/2019	4020081B7A8-0001
Amt Paid: 90.00	Description: Interpreter	
Amt Billed: 180.00	Invoice: 5320201030047956	ICN:9115-20307
Dates: 09/24/2020 - 09/24/2020	Comment:	

PAID
NOV 10 2020

PAID
NOV 10 2020

BY:

BY:

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Sedgwick as agent for
Northgate Gonzalez Markets
Safety National Casualty Corporation

ORIGIN Wells Fargo Bank, N.A.
5289115

VOID AFTER 60 DAYS

DATE: 11/05/2020

121927832

62-22
311

PAY: *****NINETY AND 00/100 DOLLARS

\$90.00

PAY TO
THE
ORDER
OF
JOYCE ALTMAN INTERPR

Bob Blankenship

MEMO:

Northgate Gonzalez Markets, Principal
Sedgwick Claims Management Services, Inc., Agent By:

JJA

121927832 03100225 2079950059703

SVK:RM:SDM:00:NP



902412755



EXPLANATION OF BILL REVIEW

PAYOR Sedgwick Claims Management Services, Inc		RECEIVED BY VENDOR 10/29/2020	DATE OF INJURY 09/13/2019
BILL ID(ICN) 9115-20307		PROCESSED BY VENDOR 11/04/2020	SOCIAL SECURITY NUMBER
PATIENT NAME (LAST, FIRST, MI)		PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI)	
PROVIDER NAME AND ADDRESS JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781	INJURED ADDRESS	PRESCRIBING PHYSICIAN ADDRESS	
	IMAGE NUMBER (DCN) 6020201029042898R000	PRESCRIPTION (RX) NUMBER 0	
	EMPLOYER NAME Northgate Market	CARRIER NAME Safety National Casualty Corporation	
TREATING PROVIDER JOYCE ALTMAN INTERPRETERS INC	EMPLOYER ADDRESS 1201 N. Magnolia Ave Anaheim, CA 92801 Safety National Casualty Corporation	CARRIER ADDRESS 1832 Schuetz Road St. Louis, MO 63146 314-995-5300	
PROVIDER TAX ID 330956713			
DATES OF SERVICE 09/24/2020 - 09/24/2020	EMPLOYER CONTRACT NUMBER 9115	PATIENT ACCOUNT NUMBER 78592	
PROVIDER NPI	TPA CLAIM NUMBER 4020081B7A8-0001	TPA TRANSACTION # (MBDCN) 5320201030047956	
ICD CODES T14.90			

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
09/24/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1 Reduction Codes: N600 Group Codes: OA										

Explanation of Reason Codes For Detail Lines

601 CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES
 G1 THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
 P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

Explanation of Reduction Codes For Detail Lines

N600 Adjusted based on the applicable fee schedule for the region in which the service was rendered.

Explanation of Group Codes For Detail Lines

OA The amount adjusted is due to bundling or unbundling of services.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf 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 Form:

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

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QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
 P.O. Box 14447
 Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
 (859) 280-4802 (fax)

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
 P O Box 14440
 Lexington, KY 40512-4440
 Phone: 866-568-8924

Fax: 859-280-4805

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

0001261-0004965 0106 001 944269



JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

RECEIVED DEC 07 2020

DATE	CHECK AMOUNT	CHECK NUMBER
12/03/2020	90.00	122288514
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
528 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name	Loss Date	Claim Number
	09/13/2019	4020081B7A8-0001
Amt Paid: 90.00	Description: Interpreter	
Amt Billed: 180.00	Invoice: 5320201124017119	ICN:9115-20801
Dates: 10/15/2020 - 10/15/2020	Comment:	

DEC 06 2020

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SWK RM,SDM,CO,NP





EXPLANATION OF BILL REVIEW

PROVIDER NAME AND ADDRESS JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781	PAYOR Sedgwick Claims Management Services, Inc	RECEIVED BY VENDOR 11/23/2020	DATE OF INJURY 09/13/2019
	BILL ID(ICN) 9115-20801	PROCESSED BY VENDOR 12/03/2020	SOCIAL SECURITY NUMBER
	PATIENT NAME (LAST, FIRST, MI)		PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI)
	INJURED ADDRESS 11615 KORNBLUM AVE HAWTHORNE, CA 90250	PRESCRIBING PHYSICIAN ADDRESS	
	IMAGE NUMBER (DCN) 5120201123248271	PRESCRIPTION (RX) NUMBER 0	
	EMPLOYER NAME Northgate Market	CARRIER NAME Safety National Casualty Corporation	
TREATING PROVIDER JOYCE ALTMAN INTERPRETERS INC	EMPLOYER ADDRESS	CARRIER ADDRESS 1832 Schuetz Road St. Louis, MO 63146 314-995-5300	
PROVIDER TAX ID 330956713			
DATES OF SERVICE 10/15/2020 - 10/15/2020	EMPLOYER CONTRACT NUMBER 9115	PATIENT ACCOUNT NUMBER 78592	
PROVIDER NPI	TPA CLAIM NUMBER 4020081B7A8-0001	TPA TRANSACTION # (MBDCN) 5320201124017119	
ICD CODES T14.90			

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
10/15/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0

Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN
Reason Codes: 601,P12,G1
Reduction Codes: N600
Group Codes: OA

Explanation of Reason Codes For Detail Lines

601 CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES
G1 THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

Explanation of Reduction Codes For Detail Lines

N600 Adjusted based on the applicable fee schedule for the region in which the service was rendered.

Explanation of Group Codes For Detail Lines

OA The amount adjusted is due to bundling or unbundling of services.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf 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 Form:

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
(859) 280-4802 (fax)

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
P O Box 14440
Lexington, KY 40512-4440
Phone: 866-568-8924

Fax: 859-280-4805

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

0000046-0000217 0106 001 950446 SWK



JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
12/22/2020	180.00	122288802
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
528 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name	Loss Date	Claim Number
Amt Paid: 90.00 — Amt Billed: 180.00 Dates: 10/09/2020 - 10/09/2020	Description: Interpreter Invoice: 5320201214018972 Comment: 06/18/2020	4020081B7A8-0001 ICN:9115-21255 40200921D34-0001
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 10/29/2020 - 10/29/2020	Description: Interpreter Invoice: 5320201211000687 Comment:	ICN:9115-21207

BY:

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Sedgwick as agent for
Northgate Gonzalez Markets
Safety National Casualty Corporation

ORIGIN Wells Fargo Bank, N.A.
5289115

VOID AFTER 60 DAYS

DATE: 12/22/2020

122288802

62-22
311

PAY: *****ONE HUNDRED EIGHTY AND 00/100 DOLLARS

\$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

MEMO: _____

Northgate Gonzalez Markets, Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship
[Signature]

122288802 031100225 2079950059703



EXPLANATION OF BILL REVIEW

PAYOR Sedgwick Claims Management Services, Inc		RECEIVED BY VENDOR 11/16/2020	DATE OF INJURY 09/13/2019
BILL ID(ICN) 9115-21255		PROCESSED BY VENDOR 12/18/2020	SOCIAL SECURITY NUMBER
PATIENT NAME (LAST, FIRST, MI)		PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI)	
PROVIDER NAME AND ADDRESS JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781	INJURED ADDRESS 11615 KORNBLUM AVE HAWTHORNE, CA 90250	PRESCRIBING PHYSICIAN ADDRESS	
	IMAGE NUMBER (DCN) 5120201116183622	PRESCRIPTION (RX) NUMBER 0	
	EMPLOYER NAME Northgate Market	CARRIER NAME Safety National Casualty Corporation	
TREATING PROVIDER JOYCE ALTMAN INTERPRETERS INC	EMPLOYER ADDRESS	CARRIER ADDRESS 1832 Schuetz Road St. Louis, MO 63146 314-995-5300	
PROVIDER TAX ID 330956713			
DATES OF SERVICE 10/09/2020 - 10/09/2020	EMPLOYER CONTRACT NUMBER 9115	PATIENT ACCOUNT NUMBER 78592	
PROVIDER NPI	TPA CLAIM NUMBER 4020081B7A8-0001	TPA TRANSACTION # (MBDCN) 5320201214018972	
ICD CODES T14.90			

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
10/09/2020	120	120	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN										
Reason Codes: 601,P12,G1										
Reduction Codes: N600										
Group Codes: OA										

Explanation of Reason Codes For Detail Lines

- 601 CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES
- G1 THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
- P12 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

Explanation of Reduction Codes For Detail Lines

N600 Adjusted based on the applicable fee schedule for the region in which the service was rendered.

Explanation of Group Codes For Detail Lines

OA The amount adjusted is due to bundling or unbundling of services.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPPropRegs/IBR/FormSBR_1.pdf 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 Form:

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
(859) 280-4802 (fax)

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
P O Box 14440
Lexington, KY 40512-4440
Phone: 866-568-8924

Fax: 859-280-4805

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440



JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
02/08/2021	540.00	122775337
PAYEE	TAX ID	
JOYCE ALTMAN INTERPR	*****6713	
SCMS UNIT	PAGE	
528 Sedgwick Claims Management Services, Inc	01 of 02	

FEB 16 2021

Claimant Name	Loss Date	Claim Number
Amt Paid: 0.00 Amt Billed: 180.00 Dates: 07/31/2020 - 07/31/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	4020081B7A8-0001 ICN:9115-22211
Amt Paid: 0.00 Amt Billed: 180.00 Dates: 08/06/2020 - 08/06/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	4020081B7A8-0001 ICN:9115-22211
Amt Paid: 0.00 Amt Billed: 180.00 Dates: 08/08/2020 - 08/08/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	4020081B7A8-0001 ICN:9115-22211
Amt Paid: 0.00 Amt Billed: 180.00 Dates: 08/20/2020 - 08/20/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	4020081B7A8-0001 ICN:9115-22211
Amt Paid: 0.00 Amt Billed: 180.00 Dates: 08/22/2020 - 08/22/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	4020081B7A8-0001 ICN:9115-22211
Amt Paid: 0.00 Amt Billed: 180.00 Dates: 08/27/2020 - 08/27/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	4020081B7A8-0001 ICN:9115-22211
Amt Paid: 0.00	Description: Interpreter	4020081B7A8-0001

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

SWK RM SDM DC NP



DATE	CHECK AMOUNT	CHECK NUMBER
02/08/2021	540.00	122775337
PAYEE	TAX ID	
JOYCE ALTMAN INTERPR	*****6713	
SCMS UNIT	PAGE	
528 Sedgwick Claims Management Services, Inc	02 of 02	

Claimant Name	Loss Date	Claim Number
Amt Billed: 180.00 Dates: 08/31/2020 - 08/31/2020	Invoice: 5320210127043505 Comment: 09/13/2019	ICN:9115-22211 4020081B7A8-0001
Amt Billed: 180.00 Dates: 09/04/2020 - 09/04/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	ICN:9115-22211 4020081B7A8-0001
Amt Paid: 0.00 Amt Billed: 180.00 Dates: 09/24/2020 - 09/24/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	ICN:9115-22211 4020081B7A8-0001
Amt Paid: 0.00 Amt Billed: 180.00 Dates: 10/09/2020 - 10/09/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	ICN:9115-22211 4020081B7A8-0001
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 09/19/2020 - 09/19/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	ICN:9115-22211 4020081B7A8-0001
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 10/05/2020 - 10/05/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	ICN:9115-22211 4020081B7A8-0001
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 10/10/2020 - 10/10/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	ICN:9115-22211 4020081B7A8-0001
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 10/01/2020 - 10/01/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	ICN:9115-22211 4020081B7A8-0001
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 11/02/2020 - 11/02/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	ICN:9115-22211 4020081B7A8-0001
Amt Paid: 90.00 Amt Billed: 180.00 Dates: 11/05/2020 - 11/05/2020	Description: Interpreter Invoice: 5320210127043505 Comment: 09/13/2019	ICN:9115-22211 4020081B7A8-0001





EXPLANATION OF BILL REVIEW

PROVIDER NAME AND ADDRESS JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781	PAYOR Sedgwick Claims Management Services, Inc	RECEIVED BY VENDOR 01/26/2021	DATE OF INJURY 09/13/2019
	BILL ID(ICN) 9115-22211	PROCESSED BY VENDOR 02/04/2021	SOCIAL SECURITY NUMBER
	PATIENT NAME (LAST, FIRST, MI)		PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI)
	INJURED ADDRESS	PRESCRIBING PHYSICIAN ADDRESS	
TREATING PROVIDER JOYCE ALTMAN INTERPRETERS INC	IMAGE NUMBER (DCN) 5820210126006277	PRESCRIPTION (RX) NUMBER 0	
	EMPLOYER NAME Northgate Market	CARRIER NAME Safety National Casualty Corporation	
	PROVIDER TAX ID 330956713	CARRIER ADDRESS 1832 Schuetz Road St. Louis, MO 63146 314-995-5300	
DATES OF SERVICE 07/31/2020 - 11/05/2020	EMPLOYER CONTRACT NUMBER 9115	PATIENT ACCOUNT NUMBER 78592	
PROVIDER NPI	TPA CLAIM NUMBER 4020081B7A8-0001	TPA TRANSACTION # (MBDCN) 5320210127043505	
ICD CODES T14.90			

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
07/31/2020	1	1	T1013	180.00	180.00	0.00	0.00	0.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 4207,247,P12,18,G56,G1 Reduction Codes: N600 Group Codes: OA,OA										
08/06/2020	1	1	T1013	180.00	180.00	0.00	0.00	0.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 4207,247,P12,18,G56,G1 Reduction Codes: N600 Group Codes: OA,OA										
08/08/2020	1	1	T1013	180.00	180.00	0.00	0.00	0.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 4207,247,P12,18,G56,G1 Reduction Codes: N600 Group Codes: OA,OA										
08/20/2020	1	1	T1013	180.00	180.00	0.00	0.00	0.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 4207,247,P12,18,G56,G1 Reduction Codes: N600 Group Codes: OA,OA										
08/22/2020	1	1	T1013	180.00	180.00	0.00	0.00	0.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 4207,247,P12,18,G56,G1										

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit [Sedgwick.com](https://www.sedgwick.com). Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the [Click here link](#).

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
(859) 280-4802 (fax)

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
P O Box 14440
Lexington, KY 40512-4440
Phone: 866-568-8924

Fax: 859-280-4805

EXPLANATION OF BILL REVIEW

PAYOR Sedgwick Claims Management Services, Inc	DATE OF INJURY 09/13/2019	CARRIER NAME Safety National Casualty Corporation
INJURED NAME (LAST FIRST MI)		CLAIM NUMBER 4020081B7A8-0001

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
Reduction Codes: N600 Group Codes: OA,OA										
08/27/2020	1	1	T1013	180.00	180.00	0.00	0.00	0.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 4207,247,P12,18,G56,G1 Reduction Codes: N600 Group Codes: OA,OA										
08/31/2020	1	1	T1013	180.00	180.00	0.00	0.00	0.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 4207,247,P12,18,G56,G1 Reduction Codes: N600 Group Codes: OA,OA										
09/04/2020	1	1	T1013	180.00	180.00	0.00	0.00	0.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 4207,247,P12,18,G56,G1 Reduction Codes: N600 Group Codes: OA,OA										
09/24/2020	1	1	T1013	180.00	180.00	0.00	0.00	0.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 4207,247,P12,18,G56,G1 Reduction Codes: N600 Group Codes: OA,OA										
09/19/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1 Reduction Codes: N600 Group Codes: OA										
10/05/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1 Reduction Codes: N600 Group Codes: OA										
10/10/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1 Reduction Codes: N600 Group Codes: OA										
10/09/2020	1	1	T1013	180.00	180.00	0.00	0.00	0.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 4207,247,P12,18,G56,G1 Reduction Codes: N600 Group Codes: OA,OA										
10/01/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1 Reduction Codes: N600 Group Codes: OA										
11/02/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1 Reduction Codes: N600 Group Codes: OA										
11/05/2020	1	1	T1013	180.00	90.00	0.00	0.00	90.00	0	0
Description of Service: SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN Reason Codes: 601,P12,G1										



Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

0001219-0004183 0106 001 984606 SWK



JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
04/14/2021	1,200.00	123903060
PAYEE	TAX ID	
JOYCE ALTMAN INTERPR	*****6713	
SCMS UNIT	PAGE	
528 Sedgwick Claims Management Services, Inc	01 of 01	

Claimant Name	Loss Date	Claim Number
	06/12/2020	4020081B74C-0001
Amt Paid: 1,200.00	Description: Interpreter	
Amt Billed: 1,200.00	Invoice:	ICN:9115-24884
Dates: 07/31/2020 - 07/31/2020	Comment:	

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
Northgate Gonzalez Markets
Safety National Casualty Corporation

ORIGIN
5289115

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 04/14/2021

123903060

62-22
311

PAY: *****ONE THOUSAND TWO HUNDRED AND 00/100 DOLLARS

\$1,200.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

Bob Blankenship

[Signature]

MEMO:

Northgate Gonzalez Markets, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈ 123903060 ⑈ ⑆031100225⑆ 2079950059703⑈

SWK.RM.SDM.00.NP



1013247994



EXPLANATION OF BILL REVIEW

PROVIDER NAME AND ADDRESS JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781	PAYOR Sedgwick Claims Management Services, Inc	RECEIVED BY VENDOR 04/09/2021	DATE OF INJURY 06/12/2020
	BILL ID(ICN) 9115-24884	PROCESSED BY VENDOR 04/13/2021	SOCIAL SECURITY NUMBER
	PATIENT NAME (LAST FIRST MI)		PRESCRIBING PHYSICIAN NAME (LAST, FIRST, MI)
	INJURED ADDRESS	PRESCRIBING PHYSICIAN ADDRESS	
	IMAGE NUMBER (DCN)	PRESCRIPTION (RX) NUMBER 0	
	EMPLOYER NAME Northgate Market	CARRIER NAME Safety National Casualty Corporation	
TREATING PROVIDER JOYCE ALTMAN INTERPRETERS INC	EMPLOYER ADDRESS	CARRIER ADDRESS 1832 Schuetz Road St. Louis, MO 63146 314-995-5300	
PROVIDER TAX ID 330956713			
DATES OF SERVICE 07/31/2020 - 10/15/2020	EMPLOYER CONTRACT NUMBER 9115	PATIENT ACCOUNT NUMBER	
PROVIDER NPI	TPA CLAIM NUMBER 4020081B74C-0001	TPA TRANSACTION # (MBDCN)	
ICD CODES T14.90			

Date of Service	Paid Units	Billed Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance	Days Supply	EAPG Code
07/31/2020	1	1	MDO10	1,200.00	0.00	0.00	0.00	1,200.00	0	0

Description of Service: FINAL ORDR/AWARD WC APPL REQ LUM SUM/MUL BILL-DISP
Reason Codes: 5385,45,G4
Group Codes: CO

Explanation of Reason Codes For Detail Lines

- 5385 This payment is being made in full and final satisfaction of the lien per the settlement agreement.
- G4 THIS CHARGE WAS ADJUSTED TO COMPLY WITH THE RATE AND RULES OF THE CONTRACT INDICATED.
- 45 CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.

Explanation of Group Codes For Detail Lines

- CO The amount adjusted due to a contractual obligation between the provider and the payer. It is not the patient's responsibility under any circumstances.

Explanation of Bill Review:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW Form: http://www.dir.ca.gov/dwc/DWCPropRegs/IBR/FormSBR_1.pdf 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 Form:

QUESTIONS ABOUT OTHER SEDGWICK PAYMENTS?

Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the [Click here link](#).

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill Review
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
(859) 280-4802 (fax)

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

Address: Sedgwick Claims Management Services
P O Box 14440
Lexington, KY 40512-4440
Phone: 866-568-8924

Fax: 859-280-4805

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 74446

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FBA2400

Case: vs MOLDEX METRIC INC.
Date Of Injury: 10/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/18	INITIAL EXAM	DR ARBI MIRZIAN @ PHYSICAL REHAB SVCS (3H 12M)	402.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/29/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/10/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/19/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/21/19	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/10/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/22/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/03/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/14/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/25/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 055115885	0.00
11/15/19	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
07/16/20	LIEN FIL FEE	LIEN FILING FEE	150.00
01/04/21	PENALTIES	FOR DATE OF SERVICE 08/01/18	60.38
04/19/21	INTEREST	FOR DATE OF SERVICE 08/01/18	115.40
04/23/21	PMT BY CHECK	DOS 4/21/21* # 896D 95155841	-2200.00
04/27/21	BLCE OFF SET	BALANCE OFF SET	-328.28

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 74446

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FBA2400

Case: vs MOLDEX METRIC INC.
Date Of Injury: 10/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

SE00593

896D 95155841

TRAVELERS 

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

DATE: 04/23/21
LOSS DATE: 10/23/17
FILE NUMBER: 152 CB FBA5765 R
REFERENCE #: 1028277301SW
EMPLOYEE

ACCOUNT NAME:
MOLDEX-METRIC INC

74446

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 04/21/21

TOTAL PAID: \$2200.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

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

113014186
DETACH CHECK

UNSUMM -11131
OVRPUN2-12129E
DETACH CHECK

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

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

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

896D 95155841 62-20
311

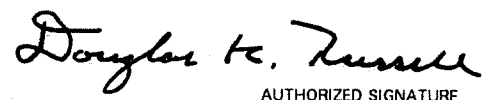
DATE 04/23/21 ACCOUNT NUMBER SO5 FILE NUMBER 152 CB FBA5765 R
TWO THOUSAND TWO HUNDRED AND 00/100

VOID IF NOT PRESENTED WITHIN
ONE YEAR AFTER DATE OF ISSUE

PAY: \$****2,200.00 JAM

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

002895
SE00593


AUTHORIZED SIGNATURE

95155841 031100209

38622892

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 76842

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: SEHAR KHAN
P.O. BOX 660055
DALLAS, TX 75266

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FMV3658

Case: vs LAURA BASCI
Date Of Injury: 8/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/19	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG	230.00
/ /	INTERPRETER:	CHIRO*	
09/25/19	F/U CHIRO TX	IRIS GALVEZ # 100727	0.00
/ /		CHIRO TX W/DR KRAVENCHO @	90.00
/ /		GOFNUNG CHIRO*	
10/07/19	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
/ /	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
10/16/19	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
/ /	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
11/04/19	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
/ /	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
12/09/19	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
/ /	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
01/06/20	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
/ /	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO @	180.00
/ /		GOFNUNG CHIRO*	
02/03/20	INTERPRETER:	IRIS GALVEZ # 100727	0.00
/ /	PR2/REEVAL	-CR KRAVCHENKO @ GOFNUNG*	180.00
03/04/20	INTERPRETER:	IRIS GALVEZ # 100727	0.00
/ /	PR2/REEVAL	-DR GOFNUNG @ GOFNUNG CHIRO*	180.00
06/03/20	INTERPRETER:	IRIS GALVEZ # 100727	0.00
/ /	P AND S	-DR ERIC GOFNUNG @ GOFNUNG*	180.00
09/23/20	INTERPRETER:	IRIS ALVAREZ # 100727	0.00
01/04/21	LIEN FIL FEE	LIEN FILING FEE	150.00
01/04/21	PENALTIES	FOR DATE OF SERVICE 09/11/19	34.50
01/04/21	INTEREST	FOR DATE OF SERVICE 09/11/19	21.23
01/04/21	PENALTIES	FOR DATE OF SERVICE 06/03/20	27.00
01/04/21	INTEREST	FOR DATE OF SERVICE 06/03/20	10.72
04/09/21	PMT BY CHECK	DOS 3/29/21* # 891A 91829522	-1700.00
04/14/21	BLCE OFF SET	BALANCE OFF SET	-213.45

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 76842

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FMV3658

Case: vs LAURA BASCI
Date Of Injury: 8/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

SE00731

891A 91829522

M

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

TRAVELERS

DATE: 04/09/21
LOSS DATE: 08/30/19
FILE NUMBER: 152 CB FMV3658 K
REFERENCE #: 1028087489SW
EMPLOYEE

ACCOUNT NAME:
LAURA BASCI LLC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 03/29/21

TOTAL PAID: \$1700.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

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

099014328
DETACH CHECK

UNSUMM -111311
OVRPUNS2-121295
DETACH CHECK

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

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

TRAVELERS

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

891A 91829522

62-20
311

DATE 04/09/21 ACCOUNT NUMBER J99 FILE NUMBER 152 CB FMV3658 K
ONE THOUSAND SEVEN HUNDRED AND 00/100

VOID IF NOT PRESENTED WITHIN
ONE YEAR AFTER DATE OF ISSUE

PAY: \$****1,700.00

JAM

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

003571
SE00731

Douglas H. Russell
AUTHORIZED SIGNATURE

119182952211

10311002091

3862126711

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

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

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

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

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

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

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

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

** THIS SERVES AS DEMAND FOR PAYMENT **

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

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

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

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

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

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

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

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

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

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

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

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

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

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

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

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

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

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

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

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

SB00432

896D 89186743

TRAVELERS 

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

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

EMPLOYEE

ACCOUNT NAME:
FLYING FOOD FARE INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Other

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

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

APR 03 2017

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

090010463

DETACH CHECK

UNFLYING
DETACH CHECK

American Zurich Ins. Co.

Please Note:

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

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

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781 4165

00342

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0347166 001 ZM	WC 0170500			09/08/15	11/18/16-03/27/21
Check Number	1102455725	Date Issued	03/30/21	Amount	\$\$\$975.00
Insured	Flying Food Group Inc				
Claimant					
Nature of Payment	FULL & FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS PO BOX 4165				
Requested By	Manoj Tiwari				
File Supervisor	Gloria Holmes	Phone Number	818 227-1700		
Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID		
WC MEDICAL	975.00				
TOTAL		\$975.00			

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



ZURICH

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

56-1544/441

PO BOX 968046
SCHAUMBURG IL 60196 8046

Claim Number	Date Issued	CHECK NO.
208-0347166 001 ZM	03/30/21 VOID AFTER 09/26/21	1102455725

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

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

\$\$\$975.00

JPMORGAN CHASE BANK, N.A.
COLUMBUS OH

THE BACKGROUND IS COLORED

1102455725 10441154431

528291201

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

SE00775

896D 95082504

TRAVELERS

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

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

ACCOUNT NAME:
FLYING FOOD FARE INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 03/23/21

TOTAL PAID: \$975.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

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

092013851
DETACH CHECK

UNSUMM -1113
OVRPUN2-12129
DETACH CHECK

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

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

TRAVELERS

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

896D 95082504

62-20
311

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

VOID IF NOT PRESENTED WITHIN
ONE YEAR AFTER DATE OF ISSUE

NINE HUNDRED SEVENTY FIVE AND 00/100

PAY: \$*****975.00

JAM

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

003808
SE00775

Douglas H. Turner
AUTHORIZED SIGNATURE

1195082504 1028066586SW

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

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

** THIS SERVES AS DEMAND FOR PAYMENT **

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

EAMS#(s):

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

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

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

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

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

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:

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

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

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

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

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Claim #(s):
UEF9376790

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

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

BALANCE			0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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



THE BACK OF THIS DOCUMENT

STATE OF CALIFORNIA 66-602178

THE TREASURER OF THE STATE WILL PAY OUT OF THE
IDENTIFICATION NO. 7350

FUND NO. 0571
MO. DAY YR.
04 13 2021

FUND NAME
UNINSURED EMPLOYERS BEN
90-1342/1211
66602178

DOLLARS	CENTS
\$****3283	00

Betty T. Yee
BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-55(1/89) CONTROLLERS WARRANT

TO: 602178

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

1211134231 666021789

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

66-602178

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

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

STUBNOTES ITEMS
5 - IN FULL SATISFACTION OF LIEN
0 - INTERPRETER FEE
NOT TO BE USED FOR MARKET RATE REVIEW

GROSS AMOUNT
3283.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00

TOTAL AMOUNT PAID :

ADJUSTER NAME: RODNEY CADIENTE

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

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

FOR QUESTIONS REGARDING THIS NOTICE OR YOUR
(510) 286-7067

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

*** INVOICE ***
Date NO#
04/30/21 75907

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s) :

BILL TO:
YORK/SEDGWICK CL. (ROSE-619079)
W. C. DEPARTMENT
ATTN: MARRY BAKER
P.O. BOX 619079
ROSEVILLE, CA 95661

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCIH046652;SCIH046640

Case: vs IHSS
Date Of Injury: 10/16/18; 3/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/08/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/25/19	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/01/19	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/08/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/16/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/08/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/28/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
09/19/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/08/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/31/19	PR2/REEVAL	DR PEZESHKIAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/19/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/03/19	FOLLOW-UP	W/ ACUPUNCT SUNGSOO HWANG*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/20/20	PR2/REEVAL	DR RUSSMAN/PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/25/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00

Joyce Altman Interpreters, Inc.
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W. C. DEPARTMENT
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P.O. BOX 619079
ROSEVILLE, CA 95661

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SCIH046652;SCIH046640

Case: vs IHSS
Date Of Injury: 10/16/18; 3/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/27/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/05/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/12/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/21/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RAMESHNI/RUSSMAN* #1	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/09/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/11/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RAMESHNI/RUSSMAN* # 2	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/19/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/19/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	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 @	180.00

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SCIH046652;SCIH046640

Case: vs IHSS
Date Of Injury: 10/16/18; 3/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT
=====			
		FMR*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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
07/07/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
07/13/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/14/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/16/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/20/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	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
07/24/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
07/28/20	FOLLOW-UP	W/ ACUPUNCT CHONG HOON PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K ALDERON # 101897	0.00
07/30/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00

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ROSEVILLE, CA 95661

SS # : XXX-XX-
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Terms: 60 days
Claim #(s):
SCIH046652;SCIH046640

Case: vs IHSS
Date Of Injury: 10/16/18; 3/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/20	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
08/17/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/20/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/21/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	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
09/01/20	FOLLOW-UP	W/ ACUPUNCT CHONG PARK @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/31/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	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
09/08/20	PR2/REEVAL	DR RUSSMAN @ 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
09/16/20	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
09/23/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00

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Date Of Injury: 10/16/18; 3/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/06/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
10/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
09/28/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/20/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/05/20	FOLLOW-UP	W/ACUPUNCT KYUNGMI 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
11/09/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/10/20	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	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
11/18/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO SALAZAR # 101316	0.00
11/30/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/07/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

Joyce Altman Interpreters, Inc.
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Claim #(s):
SCIH046652;SCIH046640

Case: vs IHSS
Date Of Injury: 10/16/18; 3/20/19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/16/20	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ANTONIO N. SALAZAR # 101316	0.00
01/19/21	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/22/21	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/09/21	FOLLOW-UP	W/ ACUPUNCT LEE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
02/12/21	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/26/21	PR2/REEVAL	DR MOHAMED HASSANIN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/27/21	PMT BY CHECK	DOS 3/21/19-4/19/21* # 67-340583	-13000.00
04/30/21	BLCE OFF SET	BALANCE OFF SET	-820.00

BALANCE			0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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



STATE OF CALIFORNIA

WARRANT NUMBER

67-340583

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

FUND NO.

0001

FUND NAME

GENERAL FUND

5180

MO. DAY YR.

04 27 2021

90-1342/1211

67340583

TO: 340583

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

DOLLARS	CENTS
\$***13000.00	

Betty T. Yee
BETTY T. YEE



CALIFORNIA STATE CONTROLLER

FORM CD-85(1/99) CONTROLLERS WARRANT

⑈121113423⑈ 673405839⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

67-340583

ISSUE DATE: 04/27/2021

CLAIM NUMBER: SCIH-046640

CLAIMANT NAME:

DATE OF INJURY: 03-20-2019

PAY DESCRIPTION: SETTLED-PAYMENT IN DISPUTE

PERIOD FROM - PERIOD TO: 03-21-2019 - 04-19-2021

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 76993

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
YORK/SEDGWICK (ROSEVILLE)
W. C. DEPARTMENT
ATTN: ELSA CUVAS
P.O. BOX 619079
ROSEVILLE, CA 95661

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SCIH-047399

Case: vs IHSS
Date Of Injury: CT 6/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/20/19	INITIAL EXAM	-DR MOHAMED HASSANIN @ FMR*	230.00
/ /	INTERPRETER:	EDUARDO REYES # 004539	0.00
10/07/19	FOLLOW-UP	-W/ ACUPUNCT TED PRIEBE @ FMR	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/09/19	FOLLOW-UP	-W/ ACUPUNCT PREIBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/14/19	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/16/19	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/21/19	FOLLOW-UP	-W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/01/19	PR2/REEVAL	-DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/03/19	FOLLOW-UP	-W/ ACUPUNCT SUNGSOO HWANG*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/13/19	INITIAL PSYC	-EVAL ANTHONY FRANCISCO, PH.D	230.00
/ /		& PR2 W/DR HASSANIN*	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	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
12/23/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/13/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN @	180.00
/ /		FMR*	
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/16/20	FOLLOW-UP	-W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON @ 100802	0.00
01/17/20	PR2/REEVAL	-W/DR MOHAMED 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#
04/19/21 76993

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

BILL TO:
YORK/SEDGWICK (ROSEVILLE)
W. C. DEPARTMENT
ATTN: ELSA CUVAS
P.O. BOX 619079
ROSEVILLE, CA 95661

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCIH-047399

Case: vs IHSS
Date Of Injury: CT 6/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	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:	ELISA MEDINA # 003693	0.00
01/22/20	PR2/REEVAL	W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/27/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/28/20	FOLLOW-UP	-W/ ACUPUNCT SANGWAN HWANG @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/29/20	F/U PHYSIO	-THERAPY W/DR PEZESHKIAN @ FM FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/13/20	PR2/REEVAL	-DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/08/20	PR2/REEVAL	-DR RUSSMAN/HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/19/20	FOLLOW-UP	-W/ ACUPUNCT CHONG PARK @ FMR	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
05/21/20	FOLLOW-UP	-W/ ACUPUNCT CHONG HOON PARK FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/29/20	LIEN FIL FEE	LIEN FILING FEE	150.00
10/26/20	PENALTIES	FOR DATE OF SERVICE 09/20/19	34.50
10/26/20	INTEREST	FOR DATE OF SERVICE 09/20/19	7.83
10/26/20	PENALTIES	FOR DATE OF SERVICE 12/13/19	34.50

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

*** INVOICE ***
Date NO#
04/19/21 76993

** THIS SERVES AS DEMAND FOR PAYMENT **

BILL TO:
YORK/SEDGWICK (ROSEVILLE)
W. C. DEPARTMENT
ATTN: ELSA CUVAS
P.O. BOX 619079
ROSEVILLE, CA 95661

EAMS#(s):
ADJ12564551
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SCIH-047399

Case: vs IHSS
Date Of Injury: CT 6/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/20	INTEREST	FOR DATE OF SERVICE 12/13/19	7.83
10/26/20	PENALTIES	FOR DATE OF SERVICE 12/23/19	34.50
10/26/20	INTEREST	FOR DATE OF SERVICE 12/23/19	7.83
04/15/21	PMT BY CHECK	DOS 3/19/21* # 66-615987	-4000.00
04/19/21	BLCE OFF SET	BALANCE OFF SET	-1106.99

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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



STATE OF CALIFORNIA 66-615987

WARRANT NUMBER

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

FUND NO. FUND NAME
0001 GENERAL FUND

5180

MO. DAY YR.
04 15 2021

90-1342/1211

66615987

TO: 615987

--- JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781

DOLLARS	CENTS
\$*****4000.00	


BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-85(1/99) CONTROLLERS WARRANT

⑈121113423⑈ 66615987⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

66-615987

ISSUE DATE: 04/15/2021
CLAIM NUMBER: SCIH-047399
CLAIMANT NAME:
DATE OF INJURY: 06-15-2019
PAY DESCRIPTION: SETTLED-PAYMENT IN DISPUTE
PERIOD FROM - PERIOD TO: 03-19-2021 - 03-19-2021

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 73556

** THIS SERVES AS DEMAND FOR PAYMENT **

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

EAMS#(s)

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080362099

Case: vs AMWARE PALLET SERV, LLC
Date Of Injury: 8/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/18	INITL CHIRO	TREATMENT W/DR MAYA KRAVCHEN-	90.00
/ /	INTERPRETER:	KO @ GOFNUNG*	
03/14/18	F/U CHIRO TX	MARIA E. SALINAS # 100942	0.00
/ /	INTERPRETER:	CHIRO TX W/DR KRAVCHENKO*	90.00
03/19/18	F/U CHIRO TX	IRIS JANET GALVEZ # 100727	0.00
/ /	INTERPRETER:	CHIRO TX W/DR KRAVCHENKO*	90.00
03/21/18	F/U CHIRO TX	IRIS J. GALVEZ # 100727	0.00
/ /	INTERPRETER:	CHIRO TX W/DR KRAVCHENKO*	90.00
04/06/18	F/U CHIRO TX	IRIS J. GALVEZ # 100727	0.00
/ /	INTERPRETER:	CHIRO TX W/DR GOFNUNG*	90.00
04/18/18	PR2/REEVAL	GLADYS REYNA # 301721	0.00
/ /	INTERPRETER:	DR KRAVCHENKO @ GOFNUNG*	180.00
04/23/18	F/U CHIRO TX	IRIS J. GALVEZ # 100727	0.00
/ /	INTERPRETER:	CHIRO TX W/DR KRAVCHENKO*	90.00
04/27/18	F/U CHIRO TX	MARIA SALINAS # 100942	0.00
/ /	INTERPRETER:	CHIRO TX W/DR GOFNUNG*	90.00
04/30/18	F/U CHIRO TX	MARIA SALINAS # 100942	0.00
/ /	INTERPRETER:	CHIRO TX W/DR KRAVCHENKO*	90.00
05/07/18	F/U CHIRO TX	MARIA SALINAS # 100942	0.00
/ /	INTERPRETER:	CHIRO TX W/DR KRAVCHENKO*	90.00
05/11/18	F/U CHIRO TX	IRIS J. GALVEZ # 100727	0.00
/ /	INTERPRETER:	CHIRO TX W/DR GOFNUNG*	90.00
05/16/18	F/U CHIRO TX	GLADYS REYNA # 301721	0.00
/ /	INTERPRETER:	CHIRO TX W/DR GOFNUNG*	90.00
05/18/18	F/U CHIRO TX	IRIS J. GALVEZ # 100727	0.00
/ /	INTERPRETER:	CHIRO TX W/DR GOFNUNG*	90.00
05/23/18	F/U CHIRO TX	GLADYS REYNA # 301721	0.00
/ /	INTERPRETER:	CHIRO TX W/DR GOFNUNG*	90.00
06/06/18	MED-LEGAL	IRIS J. GALVEZ # 100727	0.00
/ /	INTERPRETER:	EVAL W/DR ERIC GOFNUNG*	180.00
		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#
04/19/21 73556

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

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

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080362099

Case: vs AMWARE PALLET SERV, LLC
Date Of Injury: 8/7/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/13/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/10/18	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/28/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/28/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/27/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/10/20	LIEN FIL FEE	LIEN FILING FEE	150.00
03/25/21	PENALTIES	FOR DATE OF SERVICE 03/05/18	13.50
03/25/21	INTEREST	FOR DATE OF SERVICE 03/05/18	28.55
03/25/21	PENALTIES	FOR DATE OF SERVICE 09/10/18	34.50
03/25/21	INTEREST	FOR DATE OF SERVICE 09/10/18	65.65
04/12/21	PMT BY CHECK	DOS 4/5/21* # 1102461656	-2630.00
04/19/21	BLCE OFF SET	BALANCE OFF SET	-142.20

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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5 28 29 1 20 11