Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Language	Type of service	Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Payment Authority
1	77063	10/15/19	11/26/19	Arabic	**Board Appearance (LBO)**	**$ 600.00**	**PYMTS RCVD**	566156836	11/22/19	$ 600.00	**100%**	Broadspire
					TOTAL AMT BILLED =>	**$ 600.00**		**TOTAL AMT PAID =>**		**$ 600.00**		
2	76332	7/3/19	10/2/19	Korean	**C&R Reading**	**$ 485.00**	**PYMTS RCVD**	21104165	9/5/19	$ 156.50	**100%**	Employers
								21597051	9/30/19	$ 328.44		
					TOTAL AMT BILLED =>	**$ 485.00**		**TOTAL AMT PAID =>**		**$ 156.50**		
3	76918	9/24/19 - 12/16/19	1/22/20	Arabic	**Depo Prep ($485), 2 Board Appearances (LBO) ($485 each), Depo Review ($485)**	**$ 1,940.00**	**PYMTS RCVD**	88177449053	12/17/19	$ 970.00	**100%**	Farmers
								8817449053	1/15/20	$ 485.00		
								8817449737	1/16/20	$ 485.00		
					TOTAL AMT BILLED =>	**$ 1,940.00**		**TOTAL AMT PAID =>**		**$ 1,940.00**		

Market Rate Summary Graph

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

	Invoice	Service Date(s)	Invoice Date	Language	Type of service	Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Payment Authority
4	77208	11/7/19	3/23/20	Korean	**Board Appearance (LBO)**	**$ 485.00**	**PYMTS RCVD**	CP-064025	3/18/20	$ 485.00	**100%**	SCIF
					TOTAL AMT BILLED =>	**$ 485.00**		**TOTAL AMT PAID =>**		**$ 485.00**		

Average % of Market Rate paid	100%

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/26/19 77063

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189008786-001

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

Case: vs EASTRIDGE WORKFORCE SOLUTIONS
Date Of Injury: 5/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/19	LEGAL_EXOTIC	TRIAL @ WCAB LONG BEACH LANG: ARABIC	600.00
/ /	INTERPRETER:	MAGDY S. ESKANDAR # 22004879	0.00
11/22/19	PMT BY CHECK	DOS 10/15/19-10/15/19* # 566156836	-600.00

BALANCE 0.00

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

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	11/22/2019
Check Amount	:	$600.00
Check Number	:	5661586836

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
189008786-001 RM Fresno Professional Service	05/01/2019 $600.00 $600.00	Vicki L. Barrows 77063	 10/15/2019-10/15/2019

PAID
NOV 25 2019

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: AIG
INSURER: AMERICAN HOME ASSURANCE

Check Date : 11/22/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.

Amount
*** Six Hundred and 00/100 Dollars **********

Claim Check Number
5661586836
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
********* **$600.00***

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

By

Claim #: 189008786-001

⑈5661586836⑈ ⑆061100790⑆ 8800600242⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/02/19 76332

EAMS#(s):ADJ11333228

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018358087; 2018358092

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

Case: vs A R SUPPER MARKET INC
Date Of Injury: 5/18; 5/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/03/19	LEGAL_EXOTIC	C&R READING @ L/O DENNIS FUSI LANG: KOREAN	485.00
/ /	INTERPRETER:	HAESOON PARK # 301457	0.00
09/05/19	PMT BY CHECK	DOS 7/3/19* =# 21104165	-156.56
09/30/19	PMT BY CHECK	DOS 7/3/19* # 21597051	-328.44

BALANCE 0.00

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

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000049-0000257 D0106 001 822580 EIG

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

EMPLOYERS

America's small business insurance specialist®

76332-1

PAID
SEP 09 2019
BY.....

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

Claim ID:	Multiple Claims
Client Reference ID:	270277150
VP Trans ID:	639779551 EIG0001003
Date:	09/05/2019
Amount:	$1,407.06
Check Number:	21104165

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

EIG.OT

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

EMPLOYERS
America's small business insurance specialist®

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

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

21104165

09/05/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

$1,407.06

ONE THOUSAND FOUR HUNDRED SEVEN DOLLARS AND 06/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

639779551

⑈21104165⑈ ⑆273970116⑆ 17000129941⑈

Employers Compensation Insurance Company 501

Process Date: 09/04/2019
Control Number: 305874237
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 270277150 **Payment Date: 09/05/2019**

Claim Number: 2018358087
Claimant:
Provider Tax ID: 330956713 Vendor: 5628181#5628181 NPI Number:
Provider Ref: 76332 Geo Zip: 90001 Claimant SSN: XXX-XX-
Provider License: 99999999 Date Of Injury: 05/08/2018
PPO/OSR ID:
Claims Received Date: 08/29/2019

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
07/03/19	11	99919		INTERPRETER SE	1.000	485.00	328.44	0.00	0.00	156.56	863,G1
			TOTALS:			**485.00**	**328.44**	**0.00**	**0.00**	**156.56**	
			TOTAL RECOMMENDED ALLOWANCE:							**156.56**	

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

DWC CODE DESCRIPTION

G1 -THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

CARRIER EXPLANATION REASON CODE

863 -REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.

2111-H-1028510-0 46697165

639779551

0000049-0000259

Employers Compensation Insurance Company 501

Process Date: 09/04/2019
Control Number: 305874237
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 270277150 **Payment Date: 09/05/2019**

Claim Number:	2018358087				
Claimant:			PPO/OSR ID:		
Provider Tax ID:	330958713	Vendor: 5628181#5628181	NPI Number:		
Provider Ref:	76332	Geo Zip: 90001	Claimant SSN:	XXX-XX-	
Provider License:	99999999		Date Of Injury:	05/08/2018	
			Claims Received Date:	08/29/2019	

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

Carrier/Insurer: EMPLOYERS COMPENSATION INSURANCE COMPANY

Employer Name: A.R. SUPERMARKET, INC. (EIG 238232401), Employer ID: EIG 238232401, Employer Address: 9580 GARDEN GROVE BLVD STE 300, GARDEN GROVE, CA 92844

Payer Name: EMPLOYERS COMPENSATION INSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 030443592

Claimant Address: 10022 RUSSELL AVE GARDEN GROVE, CA 928433128, Claimant D.O.B.: 12/25/1951

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 ***

2111-H-1028510-0 46697165

639779551

M

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000044-0000215 D0106 001 829937 EIG

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

EMPLOYERS®

America's small business insurance specialist®

RECEIVED
OCT 02 2019
BY:

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:	2018358087
Client Reference ID:	270280458
VP Trans ID:	654895219
	EIG0001003
Date:	09/30/2019
Amount:	$328.44
Check Number:	21597051

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

EIG.OT

Employers Compensation Insurance Company 501

RE-EVALUATION
Process Date: 09/27/2019
Re-Evaluation Control Number: 800290069
Original Control Number: 305874237
EOR Page 1 of 2
Rev/Aud: SS/AW

Payment Number: 270280458 **Payment Date: 09/30/2019**

Claim Number: 2018358087
Claimant:
Provider Tax ID: 330956713 Vendor: 5628181#5628181 PPO/OSR ID:
Provider Ref: 76332 Geo Zip: 90001 NPI Number:
Provider License: CA99999 Claimant SSN: XXX-XX-
Date Of Injury: 05/08/2018
Claims Received Date: 09/25/2019

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Attn:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
07/03/19	11	99919		INTERPRETER SE	1.000	0.00	-328.44	0.00	0.00	328.44	197,1001, G67,G1
				Original Charge/Allowance: $485.00/$156.56							
				TOTALS:		**0.00**	**-328.44**	**0.00**	**0.00**	**328.44**	
				TOTAL RECOMMENDED ALLOWANCE:						**328.44**	

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

DWC CODE DESCRIPTION

G1	-THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G67	-PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

CARRIER EXPLANATION REASON CODE

197	-RECOMMENDED ALLOWANCE BASED ON NEGOTIATED DISCOUNT/RATE.
1001	-BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY THE PROVIDER, WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.

Thank you, Provider Relations

46821274

2111-H-1028510-1

654895219

Employers Compensation Insurance Company 501

RE-EVALUATION
Process Date: 09/27/2019
Re-Evaluation Control Number: 800290069
Original Control Number: 305874237
EOR Page 2 of 2
Rev/Aud: SS/AW

Payment Number: 270280458 **Payment Date: 09/30/2019**

Claim Number: 2018358087
Claimant:
Provider Tax ID: 330856713 Vendor: 5628181#5628181 PPO/OSR ID:
Provider Ref: 76332 Geo Zip: 90001 NPI Number:
Provider License: CA99999 Claimant SSN: XXX-XX
Date Of Injury: 05/08/2018
Claims Received Date: 09/25/2019

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18
Attn:

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Employer Name: A.R. SUPERMARKET, INC. (EIG 238232401), Employer ID: EIG 238232401, Employer Address: 9580 GARDEN GROVE BLVD STE 300, GARDEN GROVE, CA 92844

Payer Name: EMPLOYERS COMPENSATION INSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 030443592

Claimant Address: 10022 RUSSELL AVE GARDEN GROVE, CA 928433128, Claimant D.O.B.: 12/25/1951

Payment Information: Payment Status Code:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT
REQUEST FOR SECOND REVIEW
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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.

2111-H-1028510-1 46821274

*** Workers Compensation ***

654895219

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

*** INVOICE ***
Date NO#
01/22/20 76918

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC-10162049

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

Case: _____ vs NABHAN SIMAAN
Date Of Injury: 5/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/19	LEGAL_EXOTIC	DEPO PREP @ L/O DENNIS FUSI LANG: ARABIC	485.00
/ /	INTERPRETER:	VENUS BIBANI # 100057	0.00
10/21/19	LEGAL_EXOTIC	PRIORITY CONFERENCE @ WCAB LBO	485.00
/ /	INTERPRETER:	NADIA SICKMEIER # 5029512	0.00
12/06/19	LEGAL_EXOTIC	DEPO REVIEW @ L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	VENUS BIBANI # 100057	0.00
12/16/19	LEGAL_EXOTIC	TRIAL @ WCAB LONG BEACH	485.00
/ /	INTERPRETER:	MAGDY ESKANDAR # 22004879	0.00
12/17/19	PMT BY CHECK	DOS N/A # 8817433467	-970.00
01/15/20	PMT BY CHECK	DODS 12/6/19 # 8817449053	-485.00
01/16/20	PMT BY CHECK	DOS 12/16/19 # 8817449737	-485.00

BALANCE 0.00

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

M

Truck Insurance Exchange

Check Number: 8817433467
Date: 12/17/2019

Amount: $970.00******

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

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

76918 -1

Claimant/Patient:		Primary Adjuster:	Leah Sermeno
Insured:	Simaan Nabhan	Toll Free Number:	8884861451
Date of Loss:	05/01/2019	Applicable Coverage:	Workers Compensation
Claim Number:	WC10162049		
Correspondence Reference:	3DD44KAZW		

Additional Information:
If there are questions regarding the cashing of this check, please contact the Primary Adjuster at their toll free telephone number or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
	Non-Attorney Legal Fees	$970.00

PAID
DEC 26 2019
BY .....

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

FARMERS INSURANCE

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

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

Claim #: WC10162049 Check No. 8817433467

Date: 12/17/2019

Payable, if desired, at any Citibank

PAY Nine Hundred Seventy Dollars And No Cents $970.00******

NOT GOOD AFTER SIX MONTHS

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

Thomas S. Toh

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

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

⑈8817433467⑈ ⑆031100209⑆ 3872438⑈

Truck Insurance Exchange

Check Number: 8817449053
Date: 01/15/2020

Amount: $485.00******

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

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

PAID
JAN 2 2 2020

Claimant/Patient:		Primary Adjuster:	Leah Sermeno
Insured:	Simaan Nabhan	Toll Free Number:	8884861451
Date of Loss:	05/01/2019	Applicable Coverage:	Workers Compensation
Claim Number:	WC10162049		
Correspondence Reference:	16B7SLD0W		

Additional Information:
If there are questions regarding the cashing of this check, please contact the Primary Adjuster at their toll free telephone number or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
	Non-Attorney Legal Fees	$485.00

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

Truck Insurance Exchange

Check Number: 8817449737
Date: 01/16/2020

Amount: $485.00******

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

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

PAID
JAN 2 2 2020
BY

Claimant/Patient:		Primary Adjuster:	Leah Sermeno
Insured:	Simaan Nabhan	Toll Free Number:	8884861451
Date of Loss:	05/01/2019	Applicable Coverage:	Workers Compensation
Claim Number:	WC10162049		
Correspondence Reference:	9Z4FSL1WW		

Additional Information:
If there are questions regarding the cashing of this check, please contact the Primary Adjuster at their toll free telephone number or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
	Non-Attorney Legal Fees	$485.00

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

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

*** INVOICE ***
Date NO#
03/23/20 77208

EAMS#(s):ADJ9588710

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06024498

BILL TO:
SCIF (SUISUN CITY)

ATTN: GRACE MACARANAS
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs SHERMAN WAY ADULT DAY HEALTH C
Date Of Injury: 7/10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/07/19	LEGAL_EXOTIC	MSC @ WCAB LONG BEACH LANG: KOREAN	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/18/20	PMT BY CHECK	DOS 3/10/20* # CP-064025	-485.00

BALANCE 0.00

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

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-064025**

Issue Date: 03/18/20
Doc #: 035251354

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06024498		**Date of Injury:** 07/10/14		
SSN: XXX-XX-	Employer name: SHERMAN WAY ADULT DAY HEALTH CARE				Employer ID: 0000009101379140				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SPCA-482244	03/10/20	MDS10	Settlement For Dispu	1	485.00	.00	G5 375 G67 961	485.00
					Total Allowances:				**$485.00**

PAID
MAR 23 2020
BY:

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"

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