Market Rate Summary Graph

Payments for Exotic medical DOS on litigated cases or cases settled in-house at market rate or less than 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	Percentage of market rate paid, including P&I	Payment Authority
1	31306	8/6/08 - 3/2/09	5/12/20	Korean	**2 Initials ($325 each), 9 PR2-s ($325 each), Initial (billed at $625 for 4.25 hrs), Pre-op ($325), Surgery (billed at $650 for a full day - 4.5 hrs), PR-2 after March 2009 ($485), Pre-op after March 2009 ($485)**	**$ 6,145.00**	PYMTS RCVD	0066328503	9/24/08	$ 325.00	Total Amt Paid for medical interpreting ($5,325) / Total Amt Billed for medical interpreting ($6,145)	N/A	Gallagher Bassett
					Lien Activation Fee	$ 100.00		0162967232	5/5/20	$ 5,000.00			
					P& for medical services	$ 217.74							
					TOTAL AMT BILLED =>	**$6,462.74**		**TOTAL AMT PAID =>**		**$ 5,325.00**	**87%**		
3	60271	11/5/13 - 2/24/15	11/4/19	Vietnamese	**MEDICAL TREATMENT** **12 PR-2s ($485 each), EMG Testing ($485)**	**$ 6,305.00**	PYMTS RCVD	662679	10/25/19	$ 11,300.00	Total Amt Paid for medical interpreting ($6,305) / Total Amt Billed for medical interpreting ($6,305)	N/A	Intercare
					LEGAL SERVICES 2 Board Appearances (ANA) ($485 each), Depo Prep ($485), Depo Review ($485)	$ 1,940.00							
					Lien filing fee	$ 150.00							
					P&I for legal services	$ 1,072.61							
					Additional costs	$ 1,832.39							
					TOTAL AMT BILLED =>	**$ 11,300.00**		**TOTAL AMT PAID =>**		**$ 11,300.00**	**100%**		

Average % of Market Rate paid without P&I	**93%**
Average % of Market Rate paid with P&I	**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#
05/12/20 31306

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
001807000899-WC-01

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

Case: vs RING SECURITY AGENCY
Date Of Injury: 12/04/02; 12/6/03

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/08	INITIAL EXAM	DR BOYER* (KOREAN)	325.00
09/24/08	PMT BY CHECK	DOS 8/6/08 # 0066328503	-325.00
10/07/08	PR2/REEVAL	DR EZEQUIEL* (KOREAN)	325.00
11/04/08	PR2/REEVAL	DR EZEQUIEL* (KOREAN)	325.00
12/02/08	PR2/REEVAL	DR EZEQUIEL* (KOREAN)	325.00
12/02/08	INITIAL EXAM	DR CAPEN* (KOREAN)	325.00
11/04/08	PR2/REEVAL	DR CAPEN* (KOREAN)	325.00
01/13/09	INITIAL EXAM	DR SCHAMES (KOREAN) (4HRS 15MIN)	625.00
01/06/09	PR2/REEVAL	DR CAPEN* (KOREAN)	325.00
01/27/09	PR2/REEVAL	DR EZEQUIEL* (KOREAN)	325.00
01/27/09	PR2/REEVAL	DR SCHAMES* (KOREAN)	325.00
02/10/09	PR2/REEVAL	DR CAPEN* (KOREAN)	325.00
02/09/09	PRE-OP	DR LEONI* (KOREAN)	325.00
02/26/09	PR2/REEVAL	DR SCHAMES (KOREAN) (2.5 HRS)	325.00
03/07/09	SURGERY	DR CAPEN (KOREAN) FULL DAY	650.00
03/03/09	PR2/REEVAL	DR CAPEN (KOREAN)	485.00
03/02/09	PRE-OP	DR LEONI* (KOREAN)	485.00
08/18/09	PENALTIES	FOR DATE OF SERVICE 12/02/08	48.75
08/18/09	INTEREST	FOR DATE OF SERVICE 12/02/08	28.57
08/18/09	PENALTIES	FOR DATE OF SERVICE 01/13/09	93.75
08/18/09	INTEREST	FOR DATE OF SERVICE 01/13/09	46.67
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
05/05/20	PMT BY CHECK	DOS 8/6/08-3/7/09* # 0162967232	-5000.00
05/12/20	BLCE OFF SET	BALANCE OFF SET	-1137.74

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#
05/12/20 31306

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
001807000899-WC-01

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

Case: vs RING SECURITY AGENCY
Date Of Injury: 12/04/02; 12/6/03

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. ** THIS SERVES AS DEMAND FOR PAYMENT **

GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

006429 PAGE 1 OF 1 001807

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

GALLAGHER BASSETT SERVICES INC
FOR GE/COSTANZA

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

CLAIM NO: 001807 000899 WC 01 (0001020001)
CLAIMANT:
DESCRIPTION: INV#31306 INITIAL EXAM 2 HOURS 8/6/08

DATES OF SERVICE: 06Aug2008 THRU 06Aug2008
BENEFIT PERIOD: THRU

BRANCH NO.:180
ACC. DATE: 04Dec02

NO.: 0066328503
VN: 0000043419
DATE 24Sep08

325.00

PAID

PO BOX 2934
CLINTON IA 52733-2934

001807 PAGE 1 OF 1 002755

MDG2009 00003859 1 MB .439 1

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

GALLAGHER BASSETT SERVICES INC
FOR GE/COSTANZA

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

CLAIM NO.: 001807 001183 WC 01 (0001020001)
CLAIMANT:
DESCRIPTION: PER STIPULATION 4/30/2020

BRANCH NO.: 164
ACC DATE: 06Oct03

NO.: 0162967232
VN: 0000052327
DATE: 05May20

DATES OF SERVICE: 06Aug08 THRU 07Mar09
BENEFIT PERIOD: THRU

AMOUNT: 5000.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003859 004446 001 002

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

LLAGHER BASSETT SERVICES INC
R GE/COSTANZA

CHECK NO. 0162967232 002755
VN. 0000052327
DATE: 05May20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **5000.00

AIM NO.: 001807 001183 WC 01 (0001020001) BRANCH NO.: 164
Y FIVE THOUSAND AND 00/100 DOLLARS**********

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0162967232⑈ ⑆031100209⑆ 4007490⑈

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#
11/04/19 60271

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
13-071878

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: LISA TRAN
P.O. BOX 5915
ORANGE, CA 92863

Case: _____ vs ORANGE COUNTY TRANSP AUTHORITY
Date Of Injury: 9/9/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/29/13	EMG TESTING	BY DR ALI: U/E @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/14/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/31/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/14/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/25/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/29/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/06/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/10/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	TRANG LE # 301677	0.00
08/11/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/12/14	WCAB SA	TRIAL - LAN TRINH # 100303	485.00
08/19/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/03/14	PR2/REEVAL	DR ALI (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/13/14	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/13/14	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00

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#
11/04/19 60271

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
13-071878

BILL TO:
INTERCARE INS (ORANGE-5915)
W. C. DEPARTMENT
ATTN: LISA TRAN
P.O. BOX 5915
ORANGE, CA 92863

Case: _____ vs ORANGE COUNTY TRANSP AUTHORITY
Date Of Injury: 9/9/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/17/15	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/24/15	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/09/16	LIEN FIL FEE	LIEN FILING FEE	150.00
11/10/17	PENALTIES	FOR DATE OF SERVICE 5/29/14	72.75
01/29/18	INTEREST	FOR DATE OF SERVICE 5/29/14	203.69
11/10/17	PENALTIES	FOR DATE OF SERVICE 6/10/14	72.75
01/29/18	INTEREST	FOR DATE OF SERVICE 6/10/14	198.19
11/10/17	PENALTIES	FOR DATE OF SERVICE 8/11/14	72.75
01/29/18	INTEREST	FOR DATE OF SERVICE 8/11/14	189.94
11/10/17	PENALTIES	FOR DATE OF SERVICE 8/12/14	72.75
01/29/18	INTEREST	FOR DATE OF SERVICE 8/12/14	189.79
10/08/20	COSTS	ADD'L COSTS AWARDED	1832.39
10/25/19	PMT BY CHECK	DOS 9/20/13-10/10/19* # 662679	-11300.00

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 **

P8528028002

HD 20191028020 2

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

Electronic Service Requested

16 OF 18

ENV 8

Joyce Altman Interpeters
PO BOX 4165
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Orange County Transportation Authori
Facility:	Orange County Transportation A
Policy ID:	OCTA - 14
IRS/SSN:	
Administrator:	DGARCIA
Claim Number:	13-071878
Check #:	662679
Check Total:	11,300.00
Check Date:	10/25/2019

Explanation of Benefits

Incident Date	Claim Number Invoice Number	Account Number From/Through Date	Claimant Name Document Number	Description Amount
9/9/2013	13-071878 lien full & Final	09/20/13-10/10/19		Interpreter Fees - Medical Rel 11,300.00

Totals: 11,300.00

PAID
NOV 04 2019
BY: .....