	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)		Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
1	74839	10/17/18 - 7/31/19	10/11/2019	\$ 1,720.00	Initial (\$230), 8 f/u chiro tx, PR-2	\$ 1,170.00	02996942	8/22/2019	100%	Amtrust/ ANA BUI Claims
		10/17/18 - 7/31/19			(\$180)	\$ 550.00	03017888	9/9/2019		
2	75120	8/28/2019	10/2/2019	\$ 180.00	PR-2	\$ 180.00	03045411	9/27/2019	100%	Amtrust/ ANA BUI Claims
3	75873	9/4/2019	10/10/2019	\$ 180.00	F/u acup	\$ 180.00	903982	10/1/2019	100%	Berkshire Hathaway
4	76183	8/28/2019	10/11/2019	\$ 180.00	PR-2	\$ 180.00	900541	9/24/2019	100%	Berkshire Hathaway
5	76049	5/22/19 - 8/5/19	10/9/2019	\$ 4,122.50	Initial chiro, 2 f/u chiro tx, Initial acup (\$230), 20 f/u acup (\$180 each)	\$ 4,122.50	34058353	9/12/2019	100%	AIG/ Chartis
	 	8/7/2019		\$ 180.00	F/u acup	\$ 180.00	34069013	9/18/2019	100%	
		8/13/2019		\$ 180.00	F/u acup	\$ 180.00	34090935	9/28/2019	100%	
		8/20/2019		\$ 180.00	F/u acup	\$ 180.00	34090936	9/28/2019	100%	
6	75948	5/8/2019	9/19/2019	\$ 180.00	F/u acup	\$ 180.00	4434728	9/17/2019	100%	Chubb Group
7	73298	1/31/18 - 2/8/18	9/24/2019	\$ 360.00	2 PR-2s (\$180 each)	\$ 360.00	8914613	9/19/2019	100%	Corvel
8	75612	7/31/2018	9/24/2019	\$ 180.00	PR-2	\$ 180.00	8897168	9/3/2019	100%	Corvel
9	75106	3/6/19 - 8/14/19	9/24/2019	\$ 360.00	2 PR-2s (\$180 each)	\$ 360.00	0157569668	9/18/2019	100%	Gallagher Bassett

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	P	aid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
10	75712	4/5/19 - 8/7/19	9/10/2019	\$ 1,000.00	Initial (\$230), 2 PR-2s (\$180 each), Initial acup (\$230), f/u acup (\$180)	\$	1,000.00	0157135875	8/29/2019	100%	Gallagher Bassett
11	74465	7/29/2019	9/20/2019	\$ 180.00	F/u acup	\$	180.00	2779728	9/5/2019	100%	Ins. Co. of the West
12	75458	8/6/2019	10/8/2019	\$ 180.00	F/u acup	\$	180.00	2792018	9/16/2019	100%	Ins. Co. of the West
	70100	8/9/19 - 8/13/19	10/0/2010	\$ 360.00	F/u acup	\$	360.00	2804603	9/25/2019	10070	1110. 00. 01 1110 11001
		7/24/2019		\$ 180.00	F/u acup	\$	180.00	2769388	8/28/2019		
13	75606	8/7/2019	10/4/2019	\$ 180.00	F/u acup	\$	180.00	2790125	9/13/2019	100%	Ins. Co. of the West
		8/2/2019		\$ 180.00	F/u acup	\$	180.00	2790126	9/13/2019		
		8/14/2019		\$ 180.00	F/u acup	\$	180.00	2804605	9/25/2019		
14	75759	6/19/19- 7/23/19	9/11/2019	\$ 360.00	2 PR-2s (\$180 each)	\$	360.00	2771677	8/29/2019	100%	Ins. Co. of the West
15	75762	8/14/2019	10/3/2019	\$ 180.00	F/u acup	\$	180.00	2804606	9/25/2019	100%	Ins. Co. of the West
16	75826	7/24/2019	9/3/2019	\$ 180.00	PR-2	\$	180.00	2762706	8/22/2019	100%	Ins. Co. of the West
17	75871	7/23/19 - 7/24/19	10/15/2019	\$ 410.00	Initial (\$230), PR- 2 (\$180)	\$	410.00	2778318	9/4/2019	100%	Ins. Co. of the West

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)		P	aid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
18	57970	1/17/13 - 2/25/13	10/2/2019	\$ 985.00	F.C.E. (\$150), 2 Intials (\$230 each), PR-2 (\$180 for 2 hrs - billed at \$225 for 2.5 hrs)	\$	985.00	3267141	9/25/2019	100%	Intercare
19	75891	8/19/2019	10/10/2019	\$ 180.00	F/u acup	\$	180.00	420509	9/25/2019	100%	Mitsui Sumitomo/ Corvel
20	75933	5/8/19 - 8/30/19	10/2/2019	\$ 720.00	4 PR-2s (\$180 each)	\$	720.00	535647	9/26/2019	100%	Next Level Admin.
21	75375	3/20/19 - 5/22/19	9/26/2019	\$ 3,480.00	19 f/u acup, f/u chiro, lien filing fee	\$	3,480.00	10070261	9/6/2019	100%	Packard Claims
22	75709	8/10/19 - 8/23/19	10/8/2019	\$ 410.00	PR-2 (\$180), P&S (\$230)	\$	410.00	6000007415	9/18/2019	100%	Preferred Employers
23	73718	4/3/2018	9/10/2019	\$ 180.00	PR-2	\$	180.00	104700984	9/5/2019	100%	Sedgwick
24	75803	8/15/2019	10/4/2019	\$ 180.00	PR-2	\$	180.00	800530667	9/4/2019	100%	Tokio Marine

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Pa	aid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
25	75942	5/9/19 - 7/16/19	9/5/2019	\$ 590.00	Initial (\$230), 2 PR-2s (\$180 each)	\$	590.00	891A 90533395	8/30/2019	100%	Travelers
26	76117	8/22/2019	9/30/2019	\$ 180.00	PR-2	\$	180.00	896D 92995026	9/13/2019	100%	Travelers
27	73724	4/3/2018	9/3/2019	\$ 180.00	PR-2	\$	180.00	62-293359	8/27/2019	100%	York/ State of California
28	75998	5/15/19 - 7/24/19	10/8/2019	\$ 2,440.00	Initial (\$230), Initial acup (\$230), 9 f/u acup (\$180 each), 2 PR- 2s (\$180 each)	\$	2,440.00	62-411242	9/11/2019	100%	York/ State of California
29	75554	8/6/19 - 9/3/19	10/8/2019	\$ 360.00	2 PR-2s (\$180 each)	\$	360.00	1102094406	9/9/2019	100%	Zurich
30	75881	5/6/19 - 8/8/19	9/25/2019	\$ 3,520.00	Initial (\$230), Initial acup (\$230), 12 f/u acup (\$180 each), 2 PR-2s (\$180 each), Initial physical therapy, 5 f/u physical therapy	\$	3,520.00	110210576	9/17/2019	100%	Zurich
31	76036	5/22/19 - 8/5/19	9/12/2019	\$ 810.00	2 PR-2s (\$180 each), 2 f/u acup (\$180 each), Initial physio therapy	\$	810.00	1102087549	8/30/2019	100%	Zurich

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/11/19 74839

EAMS#(s):

SS # :

DOB :

AMTRUST NORTH AMERICA (89404)

W. C. DEPARTMENT

ATTN: ADRIEL WHITMORE

P.O. BOX 89404

SS # :

DOB :

Terms: 60 days

Claim #(s):

2880085-1; 2878752-1 BILL TO:

P.O. BOX 89404

CLEVELAND, OH 44101

Case: vs YEE YUEN LAUNDRY & CLEANERS

Date Of Injury: 11/17; 5/01-4/18

DOS	SERVICE	DESCRIPTION	AMOUNT
=======================================	=======================================		
10/17/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/26/18	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/29/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/22/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
11/02/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/05/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/09/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/16/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/10/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @	90.00
12/10/10	2,000111110	GOFNUNG CHIRO*	
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/11/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/10/19	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/05/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/31/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
3,731,13	INTERPRETER:	IRIS J. GALVEZ # 100727	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# 10/11/19 74839

EAMS#(s):

BILL TO:

AMTRUST NORTH AMERICA (89404)

W. C. DEPARTMENT

ATTN: ADRIEL WHITMORE

P.O. BOX 89404

CLEVELAND, OH 44101

SS # : DOB : Terms: 60 days Claim #(s):

2880085-1; 2878752-1

Case: vs YEE YUEN LAUNDRY & CLEANERS

Date Of Injury: 11/17; 5/01-4/18

DOS	SERVICE	DESCRIPTION	AMOUNT
=======================================	=======================================		
08/22/19	PMT BY CHECK	DOS 10/17/18-7/31/19* =# 02996942	-1170.00
09/09/19	PMT BY CHECK	DOS 8/22/19-8/22/19* # 03017888	-550.00
09/25/19 / /	PR2/REEVAL INTERPRETER:	DR KRAVCHENKO @ GOFNUNG* IRIS J. GALVEZ # 100727	180.00 0.00

BALANCE 180.00

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

#### **ANA UBI Claims**

PO BOX 740042 Atlanta, GA 30374-0042 JP Morgan Chase

**ANA UBI Claims** 

AmTrust North America

P.O. Box 89404

Cleveland, OH 44101

844-601-7760

Syracuse, NY 50-937/213

KONCHEGIONO ... / JAN 02996942

> 2880085-1 SWC1153470

WIND DATE SHEET AMOUNT .: 8/22/2019 \$1,170.00

One Thousand One Hundred Seventy and 0/100s Dollars\*

PAY TO THE

JOYCE ALTMAN INTERPRETERS, INC

Dan Albei

**ORDER** OF

**VOID AFTER 180 DAYS** 

Mail To

JOYCE ALTMAN INTERPRETERS, INC

P.O. BOX # 4165 TUSTIN

, CA 92781-4165

Hay Sollatos

10 299694 21º 

**Explanation Of Bill Review** 

Check Number

02996942

Claim Number: 2880085-1

Regulatory ID:

Bill Number:

14715728

Invoice Number:

FP1-MJCA-811705

Policy / Insured:

SWC1153470/Yee Yuen Laundry Cleaners Inc.

Claimant Name:

Payee ID / Name:

JOYCE ALTMAN INTERPRETERS, INC

Loss Date: Location:

11/1/2017

24249

**Examiner Code:** 

Network/PPO Network:

FP1-MJCA-811705 2575 S. Normandie Ave Los Angeles CA 90007 -

DATES of CPT FEE REDUCT PPO FEE SERVICE Code DESCRIPTION CHARGED Units AMOUNT **ALLOWED** SAVINGS REASON 10/17/2018 INTERPRETER OTHER 15 O00014 120.00 230.00 140.00 0.00 90.00 G1, 790 10/22/2018 Q00014 INTERPRETER OTHER 15 120.00 90.00 0.00 0.00 90.00 10/26/2018 Q00014 INTERPRETER OTHER 15 120 00 90.00 0.00 0.00 90.00 10/29/2018 Q00014 INTERPRETER OTHER 15 120.00 90.00 0.00 0,00 90.00 11/2/2018 Q00014 INTERPRETER OTHER 15 120.00 90.00 0.00 0.00 90.00 11/5/2018 Q00014 INTERPRETER OTHER 15 120.00 90.00 0.00 0.00 90.00 11/9/2018 Q00014 **INTERPRETER OTHER 15** 120.00 90.00 90.00 0.00 0.00 90.00 11/16/2018 Q00014 INTERPRETER OTHER 15 120.00 0.00 0.00 90.00 12/10/2018 Q00014 **INTERPRETER OTHER 15** 120.00 90,00 0.00 0.00 90.00 2/11/2019 O00014 INTERPRETER OTHER 15 120.00 180.00 90.00 0.00 90.00 G1, 790 4/10/2019 Q00014 **INTERPRETER OTHER 15** 120,00 230.00 140.00 0.00 90.00 G1,790 6/5/2019 O00014 INTERPRETER OTHER 15 120.00 180.00 90.00 0.00 90.00 G1, 790 Q00014 7/31/2019 INTERPRETER OTHER 15 120,00 180,00 90.00 0.00 90.00 G1, 790 1720.00 550.00 0.00 1170.00

GI - 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 \$307.1 - \$307.9:

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 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.

Μ

#### **ANA UBI Claims**

PO BOX 740042 Atlanta, GA 30374-0042 JP Morgan Chase Syracuse, NY 50-937/213 03017888 2878752-1 SWC1153470

9/9/2019 \$550.00

PAYTO JOYCE ALTMAN INTERPRETERS

THE ORDER OF

**VOID AFTER 180 DAYS** 

Mail To

JOYCE ALTMAN INTERPRETERS

P O BOX 4165

TUSTIN, CA 92781-4165

Hay Salladoo

#O3017888# #O21309379# 790262463#

Check Number

03017888

Claim Number:

2878752-1

Bill Number:

0

Invoice Number:

Policy / Insured:

SWC1153470/Yee Yuen Laundry Cleaners Inc.

Claimant Name:

Payee ID / Name:

JOYCE ALTMAN INTERPRETERS

Loss Date:

4/2/2018

Location:

2575 S. Normandie Ave. Los Angeles CA 90007 -

Examiner Code:

24249

Amount:

\$550.00

Dates of Service:

Transaction Type:

8/22/2019-8/22/2019

Explanation:

INV 74839

Category:

M23 - Medical Interpreter

Placement:

2 - Medical

ANA UBI Claims AmTrust North America P.O. Box 89404 Cleveland, OH 44101

844-601-7760

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 75120

EAMS#(s):

BILL TO:

AMTRUST NORTH AMERICA (89404) Terms: 60 days
W. C. DEPARTMENT Claim #(s):

W. C. DEPARTMENT ATTN: ASHLEY PARLINAN

P.O. BOX 89404

CLEVELAND, OH 44101

SS # : ---- ---DOB :

3019015

Case: /s NEXT DAY FRAME INC

Date Of Injury: 11/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
=======================================	=======================================		:========
12/07/18	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/28/18	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/25/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/08/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/20/19	PMT BY CHECK	DOS 12/7/18-1/25/19* # 02772715	-540.00
03/28/19	PMT BY CHECK	DOS 3/8/19* # 02788238	-180.00
04/10/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/28/19	PMT BY CHECK	DOS 12/2/18-3/8/19*	-180.00
	/	# 02788238	180.00
05/08/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	0.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	-180.00
03/28/19	PMT BY CHECK	DOS 12/7/18-3/8/19* # 02788238	-180.00
06/05/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/03/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/28/19	PMT BY CHECK	DOS 6/5/19* # 02788238	-180.00
07/29/19	PMT BY CHECK	DOS 4/10/19* # 02963929	-180.00
07/31/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/16/19	PMT BY CHECK	DOS 7/31/19* # 02988890	-180.00
08/28/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00

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 75120

EAMS#(s):

BILL TO:

ATTN: ASHLEY PARLINAN

P.O. BOX 89404

CLEVELAND, OH 44101

SS # : DOB :

AMTRUST NORTH AMERICA (89404)

W. C. DEPARTMENT

ACHIEV PARLINAN

Claim #(s):
3019015

VS NEXT DAY FRAME INC

Date Of Injury: 11/27/18

TRUOMA DESCRIPTION SERVICE DOS 

-180.00 09/27/19 PMT BY CHECK DOS 8/28/19\* # 03045411

BALANCE 0.00

<sup>\*</sup> 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 \*\*

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

JP Morgan Chase Syracuse, NY 50-937/213

CHECK NO: 03045411 3019015-1 SWC1193319

9/27/2019

AMOUNT ARE \$180.00

PAYTO JOYCE ALTMAN INTERPRETERS

THE CROER OF

VOID AFTER 180 DAYS

Hany Sollaboto

Mail To

JOYCE ALTMAN INTERPRETERS

P O BOX 4165

TUSTIN, CA 92781-4165

"O3O45411" 1:O213O93791: 79O262463

Check Number

03045411

Claim Number:

3019015-1

Bill Number:

Invoice Number:

Policy / Insured:

SWC1193319/WL Acquisition LLC LCF Next Day Frame Inc.

Claimant Name:

Payee ID / Name:

JOYCE ALTMAN INTERPRETERS

Loss Date:

11/27/2018

Location:

11560 Wright Rd Lynwood CA 90262 -

Examiner Code:

26995

Amount:

\$180.00

Dates of Service:

Transaction Type:

8/28/2019-8/28/2019

Explanation:

Invoice 75120 DOS 8 28 19

Category:

M23 - Medical Interpreter

Placement:

2 - Medical

**ANA UBI Claims** AmTrust North America P.O. Box 89404 Cleveland, OH 44101

844-601-7760

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/10/19 75873

EAMS#(s):

BILL TO:

BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: ALIYAH HUSSAIN
DOB
:
Terms: 60 days
Claim #(s):
55095256

P.O. BOX 881716

SAN FRANCISCO, CA 94188

SS # : DOB :

Case: vs BRIGHT EVENT RENTALS LLC

Date Of Injury: 1/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
=======================================	=======================================	=======================================	
05/06/19	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	230.00
, ,	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/05/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
06/07/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER  @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/12/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/14/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/19/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/26/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/05/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/10/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
, ,	INTERPRETER:	IRENE MORA # 101159	0.00
07/12/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
, ,	INTERPRETER:	IRENE MORA # 101159	0.00
07/19/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/26/19	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	180.00
./ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/02/19	PMT BY CHECK	DOS 7/5/19-7/10/19* =# 874877	-360.00
08/07/19	PR2/REEVAL	DR RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/03/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @	90.00

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/10/19 75873

EAMS#(s):

BILL TO:

SS # :
DOB :
BERKSHIRE HATHAWAY (SF 881716) Terms: 60 days
W. C. DEPARTMENT Claim #(s):
ATTN: ALIYAH HUSSAIN 55095256
P.O. BOX 881716

P.O. BOX 881716

SAN FRANCISCO, CA 94188

Case: s BRIGHT EVENT RENTALS LLC

Date Of Injury: 1/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		FMR*	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/10/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/14/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/21/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/28/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/04/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/11/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/18/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/21/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/01/19	PMT BY CHECK	DOS 9/4/19* # 903982	-180.00
09/28/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	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# 10/10/19 75873

EAMS#(s):

BILL TO:

BERKSHIRE HATHAWAY (SF 881716) Terms: 60 days

W. C. DEPARTMENT

ATTN: ALIYAH HUSSAIN

P.O. BOX 881716

SAN FRANCISCO, CA 94188

SS # : DOB :

Claim #(s): 55095256

Case: vs BRIGHT EVENT RENTALS LLC

Date Of Injury: 1/9/19

AMOUNT DESCRIPTION SERVICE DOS 

BALANCE 3250.00

<sup>\*</sup> 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 \*\*

Berkshire Hathaway Homestate Insurance Company

San Francisco, CA 94188

P.O. Box 881716

Wells Fargo Bank 420 Montgomery St. San Francisco, CA 94104 11-24

CHECK NO.

903982

1210(8)

DATE 10/01/2019

\*\*\*\*\*\*\*\*\*\*\*\*\*180.00

California Workers' Compensation Payment

Pay One Hundred Eighty Dollars And 00/100 VOID AFTER 90 DAYS

TO THE ORDER OF

TWO SIGNATURES REQUIRED ON AMOUNTS OVER \$10,000.00

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



RNuDales

#121000248# 4125523753# M

Payee: JOYCE ALTMAN INTERPRETERS INC

**Check Number:** 

903982

IRS/SSN:

Check Date:

10/01/2019

Claim

Number

**Claimant Name** 

**Loss Date** 

**Payment Transaction** 

Through

Invoice Received

Invoice #

Amount

55095256

01/09/2019 Interpreter Fees - Medical 09/04/2019

09/04/2019

09/19/2019 75873

180.00

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 07/27/19 76183

EAMS#(s):

SS #

: XXX-XX-

DOB

Terms: 60 days

Claim #(s):

55096955

BILL TO:

BERKSHIRE HATHAWAY (SF 881716)

W. C. DEPARTMENT

ATTN: JOCELYN CRUZ P.O. BOX 881716

SAN FRANCISCO, CA 94188

Case:

. VS PRIME WHEEL CORP

Date Of Injury: 4/7/19

DOS   DENTIFICE   DR NEGIN RAMESHNI/MARINA   230.00		amput CE	DESCRIPTION	AMOUNT
DR NEGIN RAMESHIT/MARKEN   Note	DOS	SERVICE		==========
DR NEGIN RAMESHAIL NATURE   DR NEGIN RAMES   DR NEGIN R	=========	:======================================		
DR NEGIN RAMESHIT/MARKEN   Note				
NITERPRETER:			DR NEGIN RAMESHNI/MARINA	230.00
INTERPRETER:	05/22/19	INITIAL EXAM	DIIGGMAN @ FMR*	
THERAPY W/DR JAVAD NAJIB @   SOLO			TRENE MORA # 101159	
O6/04/19	/ /	INTERPRETER:	TRENE MOIST # INVAD NAJIB @	90.00
NITERPRETER:   LISBETH C. PARRENO # 101080   0.00	06/04/19	INITIAL PHYS		
O6/05/19	•		TARRENT C DARRENO # 101080	
	/ /	INTERPRETER:	LISBEIN C. PARKEDRO " DIRKHIMER	230.00
INTERPRETER:   JOSE GERRY LUGO # 500049   0.00	06/05/19	INITIAL ACUP		
06/06/19 FOLLOW UP PHYS TX W/DR NAJIB @ FMR* 0.00   INTERPRETER: ALBERTO VILLAGOMEZ # 500341 0.00   INTERPRETER: ALBERTO VILLAGOMEZ # 500341 0.00   INTERPRETER: ALBERTO VILLAGOMEZ # 500341 0.00   O6/11/19 FOLLOW UP PHYS TX W/DR NAJIB @ FMR* 90.00   O6/11/19 FOLLOW UP W/ ACUPUNCT BIRKIMERN @ FMR* 180.00   O6/12/19 FOLLOW UP W/ ACUPUNCT BIRKIMERN @ FMR* 0.00   O6/13/19 FOLLOW UP PHYS TX W/DR NAJIB @ FMR* 90.00   O6/13/19 FOLLOW UP PHYS TX W/DR NAJIB @ FMR* 90.00   O6/13/19 FOLLOW UP PHYS TX W/DR NAJIB @ FMR* 180.00   O6/14/19 FOLLOW UP PHYS TX W/DR NAJIB @ FMR* 180.00   O6/14/19 FOLLOW UP PHYS TX W/DR NAJIB @ FMR* 90.00   O6/18/19 FOLLOW UP PHYS TX W/DR NAJIB @ FMR* 90.00   O6/19/19 FOLLOW UP PHYS TX W/DR NAJIB @ FMR* 180.00   O6/20/19 PR2/REEVAL	,		@ FMK*	
06/06/19 FOLLOW UP	/ /	INTERPRETER:	JOSE GERRI LUGO # 300013	
NITERPRETER:   ALBERTO VILLAGOMEZ   500341   0.00		FOLLOW UP	PHYS TX W/DR NAULD & LIM	0.00
06/07/19 FOLLOW-UP		INTERPRETER:	ALBERTO VILLAGOMEZ # 500512	180.00
NTERPRETER:   ALBERTO   NAJIB @ FMR*   90.00			W/ ACUPUNCT BIRKHILL & THE	0.00
06/11/19 FOLLOW UP	/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500542	90.00
NTERPRETER:   NAME	06/11/19	FOLLOW UP	PHYS TX W/DR NAULD W I'M	0.00
06/12/19 FOLLOW-UP	/ /	INTERPRETER:	LISBETH C. PARRENO # 101000	180.00
Note   Nature   Nat			W/ ACUPUNCT BIRKIMERN WITH	
06/13/19 FOLLOW UP	00/12/22	INTERPRETER:	PAUL LAZCANO # 101143	90.00
INTERPRETER:   ALBERTO VILLAGOMEZ # 500341   180.00			PHYS TX W/DR NAJIB @ FMR.	
06/14/19       FOLLOW-UP INTERPRETER:       W/ ACUPUNCT BIRKHIMER © FMR*       0.00         06/18/19       FOLLOW UP INTERPRETER:       JOSE GERRY LUGO # 500049       0.00         06/19/19       FOLLOW-UP INTERPRETER:       W/ ACUPUNCT BIRKHIMER @ FMR*       180.00         06/20/19       PR2/REEVAL INTERPRETER:       DR NAJIB @ FMR*       0.00         06/21/19       FOLLOW-UP INTERPRETER:       JOSUE CALDERON # 101193 W/ ACUPUNCT BIRKHIMER @ FMR*       180.00         06/21/19       FOLLOW-UP INTERPRETER:       W/ ACUPUNCT BIRKHIMER @ FMR*       0.00         06/28/19       PR2/REEVAL PR2/REEVAL       DR RAMESHNI/RUSSMAN @ FMR*       180.00         ALBERTO VILLAGOMEZ # 500341       0.00	1 /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	
INTERPRETER:   IRENE MORA # 101159   90.00	06/11/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR.	
06/18/19 FOLLOW UP JOSE GERRY LUGO # 500049 180.00 06/19/19 FOLLOW-UP W/ ACUPUNCT BIRKHIMER @ FMR* 0.00 06/20/19 PR2/REEVAL DR NAJIB @ FMR* 0.00 1NTERPRETER: JOSUE CALDERON # 101193 0.00 1NTERPRETER: W/ DR NAJIB @ FMR* 0.00 1NTERPRETER: JOSUE CALDERON # 101193 0.00 06/21/19 FOLLOW-UP W/ ACUPUNCT BIRKHIMER @ FMR* 0.00 06/21/19 INTERPRETER: IRENE MORA # 101159 0.00 06/28/19 PR2/REEVAL DR RAMESHNI/RUSSMAN @ FMR* 180.00 06/28/19 PR2/REEVAL DR RAMESHNI/RUSSMAN @ FMR* 0.00	00/14/13	INTERPRETER:	IRENE MORA # 101159	
INTERPRETER:	06/19/19		PHYS TX W/DR NAJIB @ FMR.	
06/19/19 FOLLOW-UP W/ ACUPUNCT BIRKHIMER © 17M 0.00   INTERPRETER: ALBERTO VILLAGOMEZ # 500341 180.00   O6/20/19 PR2/REEVAL DR NAJIB @ FMR* 0.00   / INTERPRETER: JOSUE CALDERON # 101193 180.00   O6/21/19 FOLLOW-UP W/ ACUPUNCT BIRKHIMER @ FMR* 0.00   O6/21/19 FOLLOW-UP INTERPRETER: IRENE MORA # 101159 180.00   O6/28/19 PR2/REEVAL DR RAMESHNI/RUSSMAN @ FMR* 180.00   O6/28/19 PR2/REEVAL DR RAMESHNI/RUSSMAN @ FMR* 0.00		INTERPRETER:	JOSE GERRY LUGO # 500049	
INTERPRETER:   ALBERTO VILLAGOMEZ # 500342   180.00   06/20/19   PR2/REEVAL   JOSUE CALDERON # 101193   0.00     106/21/19   FOLLOW-UP   INTERPRETER:   IRENE MORA # 101159   180.00   06/28/19   PR2/REEVAL   DR RAMESHNI/RUSSMAN @ FMR*   180.00   06/28/19   PR2/REEVAL   ALBERTO VILLAGOMEZ # 500341   0.00   0.	06/10/19		W/ ACUPUNCT BIRKHIMER @ FMR.	
06/20/19 PR2/REEVAL DR NAJIB @ FMR* 0.00 / INTERPRETER: JOSUE CALDERON # 101193 180.00 06/21/19 FOLLOW-UP W/ ACUPUNCT BIRKHIMER @ FMR* 0.00 / INTERPRETER: IRENE MORA # 101159 0.00 06/28/19 PR2/REEVAL DR RAMESHNI/RUSSMAN @ FMR* 180.00 06/28/19 PR2/REEVAL DR RAMESHNI/RUSSMAN @ FMR* 0.00		INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	
/ INTERPRETER: JOSUE CALDERON # 101120  06/21/19 FOLLOW-UP W/ ACUPUNCT BIRKHIMER @ FMR* 0.00  106/21/19 INTERPRETER: IRENE MORA # 101159  06/28/19 PR2/REEVAL DR RAMESHNI/RUSSMAN @ FMR* 180.00  106/28/19 PR2/REEVAL ALBERTO VILLAGOMEZ # 500341 0.00			DP NAJIB @ FMR*	
06/21/19 FOLLOW-UP W/ ACUPUNCT BIRKHIMEN 0 .00  106/21/19 FOLLOW-UP W/ ACUPUNCT BIRKHIMEN 0 .00  IRENE MORA # 101159 180.00  DR RAMESHNI/RUSSMAN @ FMR* 180.00  ALBERTO VILLAGOMEZ # 500341 0.00		TNTERPRETER:	JOSUE CALDERON # 101193	
O6/21/19	06/01/10		W/ ACUPUNCT BIRKHIMER @ FMR.	
06/28/19 PRZ/REEVAL DR RAMESHNI/RUSSMAN @ FMR* 0.00		TNTERPRETER:	TDENE MORA # 101159	
06/28/19 TITED AT BERTO VILLAGOMEZ # 500341	05/00/30	DD2 /REEVAL	DP PAMESHNI/RUSSMAN @ FMK*	
	06/28/19	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 07/27/19 76183

EAMS#(s):

SS # : YXX-XX-DOB :

Terms: 60 days

55096955

BILL TO:

L TO:
BERKSHIRE HATHAWAY (SF 881716) Terms: 60 George Claim #(s):

W. C. DEPARTMENT

ATTN: JOCELYN CRUZ

P.O. BOX 881716 SAN FRANCISCO, CA 94188

. VS PRIME WHEEL CORP

Date Of Injury: 4/7/19

DOG	SERVICE	DESCRIPTION	AMOUNT
DOS			=========
==========			
		( C TWD+	90.00
07/02/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	0.00
/ /	INTERPRETER:	ALRERTO VILLIAGORIDA TO COCO	180.00
07/03/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	0.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	180.00
07/05/19	FOLLOW-UP	M ACTIPUNCT BERRIEFING STREET	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	180.00
07/10/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	90.00
07/09/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	90.00
07/11/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	180.00
07/12/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	180.00
07/16/19	FOLLOW-UP	W/ ACUPUNCT NAJIB @ FMR*	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	180.00
07/17/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	0.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	90.00
07/18/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	180.00
07/19/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	0.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	180.00
08/02/19	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	0.00
/ /	INTERPRETER:	IRENE MORA # 101159	90.00
08/06/19	FOLLOW UP	PHYS TX W/DR NAJIB*	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	180.00
08/07/19		M/ NOTIDING BIRKHIMER & FIM	0.00
08/07/13	INTERPRETER:	LISBETH C. PARRENO # 101080	90.00
08/08/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	180.00
08/09/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	
00,00,10			

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 07/27/19 76183

EAMS#(s):

SS # : XXX-XX-

DOB

BERKSHIRE HATHAWAY (SF 881716) Terms: 60 days Claim #(s):

55096955

W. C. DEPARTMENT ATTN: JOCELYN CRUZ

P.O. BOX 881716

SAN FRANCISCO, CA 94188

Case:

BILL TO:

. VS PRIME WHEEL CORP

Date Of Injury: 4/7/19

200	SERVICE	DESCRIPTION	AMOUNT
DOS		DD2Cx12110W	========
=======================================			
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00 90.00
08/13/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	90.00
08/15/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	0.00
/ /	INTERPRETER:	IRENE MORA # 101159	180.00
08/16/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	90.00
08/20/19	FOLLOW UP	PHYS TX NAJIB @ FMR*	0 00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	180.00
		W/ ACUPUNCI DIRRITINI	0.00
08/21/19 / /	INTERPRETER:	JOSE GERRY LUGO # 500049	90.00
08/22/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	0.00
/ /	INTERPRETER:	IRENE MORA # 101159	180.00
08/23/19	FOLLOW-UP	W/ ACHPUNCT BIRRETUBIL 9 11111	0.00
08/28/19	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	180.00
08/28/19	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
08/27/19	FOLLOW-UP	LISBETH C. PARRENO # 101080	0.00
1 1	INTERPRETER:	PHYS TX W/DR NAJIB @ FMR*	90.00
09/03/19	FOLLOW UP	LISBETH C. PARRENO # 101080	0.00
1 1	INTERPRETER:	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
09/04/19	INTERPRETER: PR2/REEVAL INTERPRETER: FOLLOW-UP INTERPRETER: FOLLOW UP INTERPRETER: FOLLOW-UP INTERPRETER:	JOSE G. LUGO # 500049	0.00
, ,		PHYS TX W/DR NAJIB @ FMR*	90.00
09/06/19	FOLLOW UP	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
09/05/19	FOLLOW-UP	~ TTCO # EDDO49	0.00
1 1	TNTERPRETER:	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
09/11/19	FOLLOW-UP INTERPRETER:	JOSE G. LUGO # 500049	V. V.
/ / 09/24/19	INTERPRETER: PMT BY CHECK	DOS 8/28/19* # 900541	-180.00
- • •			

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# 07/27/19 76183

EAMS#(s):

ss # : XXX-XX-

BILL TO:

BERKSHIRE HATHAWAY (SF 881716) Terms: 60 days
W. C. DEPARTMENT Claim #(s):

ATTN: JOCELYN CRUZ P.O. BOX 881716

SAN FRANCISCO, CA 94188

DOB

55096955

Case:

VS PRIME WHEEL CORP

Date Of Injury: 4/7/19

SERVICE 

DESCRIPTION

TRUOMA

BALANCE 6310.00

\* 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 \*\*

Berkshire Hathaway Homestate Insurance Company

P.O. Box 881716 San Francisco, CA 94188 Wells Fargo Bank

420 Montgomery St. San Francisco, CA 94104 11-24 CHECK NO.

900541

1210(8)

DATE 09/24/2019

California Workers' Compensation Payment

One Hundred Eighty Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

TWO SIGNATURES REQUIRED ON AMOUNTS OVER \$10,000.00

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



RNuDaley

IIIO90054 1III #112100024B# 4125523753#

Payee: JOYCE ALTMAN INTERPRETERS INC

**Check Number:** 

900541

IRS/SSN:

Check Date:

09/24/2019

Claim

**Claimant Name** Number

**Loss Date Payment Transaction**  Invoice

invoice #

Amount

180.00

Through Received From 09/16/2019 76183 55096955 04/07/2019 Interpreter Fees - Medical 08/28/2019 08/28/2019

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/09/19 76049

EAMS#(s):

BILL TO:

CHARTIS/AIG (SHAWNEE-25977) Terms: 60 days
W. C. DEPARTMENT Claim #(s):
ATTN: LINZY NAKAHARA 572052763 W. C. DEPARTMENT
ATTN: LINZY NAKAHARA

P.O. BOX # 25977

SHAWNEE MISSION, KS 66225

SS # : DOB :

vs TRI-STAR ELECTRONICS

Date Of Injury: 1/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/19	INITL CHIRO	& PHYSICAL THERAPY W/ DR CHRISTINE HA @	112.50
/ /	_	SIDHU CHIRO (2.5 HRS)	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/24/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/29/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U	230.00
		CHRIO & PHYS TX	
/ /	_	W/DR HA @ SIDHU*	0.00
′/ ′/	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
//		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
,,		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
, ,		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
, ,		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
, ,		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/09/19 76049

EAMS#(s):

BILL TO:

CHARTIS/AIG (SHAWNEE-25977)

W. C. DEPARTMENT

ATTN: LINZY NAKAHARA

P.O. BOX # 25977

SHAWNEE MISSION, KS 66225

SS # : DOB :

Terms: 60 days

Claim #(s):

572052763

vs TRI-STAR ELECTRONICS

Date Of Injury: 1/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
=======================================	=======================================	=======================================	
06/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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
06/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/03/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	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
07/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/09/19 76049

EAMS#(s):

BILL TO:

CHARTIS/AIG (SHAWNEE-25977)

W. C. DEPARTMENT

ATTN: LINZY NAKAHARA

P.O. BOY # 25977

P.O. BOX # 25977

SHAWNEE MISSION, KS 66225

SS # : DOB :

vs TRI-STAR ELECTRONICS

Date Of Injury: 1/1/16

DOS	SERVICE	DESCRIPTION	TRUOMA
=======================================	=======================================	=======================================	=======================================
07/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BABOSA # 500267	0.00
07/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/28/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
, ,	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/12/19	PMT BY CHECK	DODS 5/22/19-8/5/19*	-4122.50
, ,		=# 34058353	
09/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/18/19	PMT BY CHECK	DOS 8/7/19* =# 34069013	-180.00
09/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/28/19	PMT BY CHECK	DOS 8/20/19* =# 34090936	-180.00
09/28/19	PMT BY CHECK	DOS 8/13/19* =# 34090935	-180.00

Joyce Altman Interpreters, Inc. P.O. BOX # 4165 Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

\*\*\* INVOICE \*\*\* Date NO# 10/09/19 76049

TAX ID# 33-0956713

EAMS#(s):

BILL TO:

CHARTIS/AIG (SHAWNEE-25977)

W. C. DEPARTMENT ATTN: LINZY NAKAHARA

P.O. BOX # 25977

SHAWNEE MISSION, KS 66225

SS # : DOB : Terms: 60 days Claim #(s): 572052763

vs TRI-STAR ELECTRONICS

Date Of Injury: 1/1/16

DOS

SERVICE

TRUOMA

DESCRIPTION \_\_\_\_\_\_\_\_

BALANCE 900.00

<sup>\*</sup> 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 \*\*

### American International Group, Inc.

PO Box 25565

Shawnee Mission, KS 66225

201909121613

#### **Electronic Service Requested**

MIXED AADC 926

1435 0.5738 MB 0.425

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

Page 1 of 3

Check No.: 34058353 RFP No.: 552646 Check Date: 09/12/2019

**Check Amount: 4,122.50** 

**Insured: CARLISLE COMPANIES** 

**INCORPORATE** 

Claimant:

Claim Office: 572

**Insuring Company: NEW HAMPSHIRE INSURANCE** 

**COMPANY** 

Pavee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000021361488	00052763	001	01/01/2016	MED	0	4,122.50
I	L			T-4-	A 4	

Total Amount

4,122.50

**Reason for Payment** 

ORG: 4122.50 ACT: 76049 052219-080519

Use File # 572/00052763 on all correspondence for prompt processing. For check information call: 877-802-5246

Invoice #: 1924800118

Control #: 06192520134700

Date Received:

Jurisdiction: CA

Date Reviewed: 09/09/2019

Date Processed: 09/11/2019

MIXED AADC 926

Claim #:

Claimant:

**Claimant SSN:** 

State Claim #:

Patient Acct #:

1435 0.5738 MB 0.425

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

**Billing Provider:** 

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165

Tay ID/NDI #.

**TUSTIN CA 92781** 

330956713 Tax ID:

State License #:

NPI#: Rendering Provider:

999999999

Service Dates: 05/22/2019-08/05/2019

**Date of Injury:** 01/01/2016

Policy #: 000021361488

**Employer:** CARLISLE COMPANIES INCORPORATE

Insurer: NEW HAMPSHIRE INSURANCE CO

5720527630000

76049

08/23/2019

Dates of	Billed	Paid		Billed	Fee Schedule		Recommended	
Service	Proc Code	Proc Code	Units	Charges	or Customary	Savings	Allowance	Codes
05/22/2019	T1013	T1013	10.00	112.50	112.50	0.00	112.50	10,230,440,200,141,120,200,14
05/24/2019	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
05/29/2019	T1013	T1013	8.00	230.00	230.00	0.00	230.00	
05/31/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
06/03/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00∤	
06/05/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
06/07/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00∱,	
06/10/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00 /	
06/14/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
06/17/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
06/19/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
06/24/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00∤	
06/26/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
07/03/2019	T1013	T1013	8.00	90.00	90.00	0.00	90.00	
07/05/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
07/08/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
07/10/2019	T1013	T1013	9.00	180.00	180.00	0.00	180.00	
07/15/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
07/17/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
07/24/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
07/26/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
07/29/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
07/31/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
08/05/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
			Totals	4,122.50	4,122.50	0.00	4,122.50	

Diagnosis:

INJURY, UNSPECIFIED T1490

American International Group, Inc.

PO Box 25565 Shawnee Mission, KS 66225

201909180120

### **Electronic Service Requested**

ALL FOR AADC 926

17024 0.9555 AB 0.409

<u>ինի գիկենի ինիրարություն ակիսիկն հիրահանի</u>

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

Page 1 of 3

Check No.: 34069013 RFP No.: 556906 Check Date: 09/18/2019

Check Amount: 180.00

**Insured: CARLISLE COMPANIES** 

INCORPORATE

Claimant:

Claim Office: 572

**Insuring Company: NEW HAMPSHIRE INSURANCE** 

**COMPANY** 

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000021361488	00052763	001	01/01/2016	MED	0	180.00
000021001100				Total	Amount	180.00

**Reason for Payment** 

ORG: 4302.50 ACT: 76049 052219-080719

Use File # 572/00052763 on all correspondence for prompt processing. For check information call: 877-802-5246

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS

A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

NEW HAMPSHIRE INSURANCE COMPANY

PO BOX 4165 TUSTIN

CA, 92781

Claim No.: 00052763 Policy No.: 000021361488 Reason for Payment: ORG: 4302.50 ACT: 76049 052219-080719

34069013 RFP No. 09/18/2019 DATE

\*\*\*\*\*\*\*\*One Hundred Eighty Dollars\*\*\*

\*\*\*\$180.00

50-937/213

ယ <sub>Pay</sub> TO THE

ORDER OF

JOYCE ALTMAN INTERPRETERS INC

Void after 90 Days

JPMORGAN CHASE BANK, N.A

THORIZED SIGNATURE

**SYRACUSE, NY 13206** DO NOTICASHIEWATERMARKIS NOT PRESENT ON THE REVERSE SIDE OF THIS DOCUMENT. HOLD AT AN ANGLE TO VIEW



Invoice #: 1924801712 Control #: 06192540051800

ALL FOR AADC 926

17024 0.9555 AB 0.409

<u>|</u>

JOYCE ALTMAN INTERPRETERS INC

TUSTIN, CA 92781-4165

**Billing Provider:** 

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165 **TUSTIN CA 92781** 

330956713 Tax ID:

State License #:

**NPI#:** 

999999999

**Rendering Provider:** 

Tax ID/NPI #:

5720527630000 Claim #:

Claimant:

**Totals** 

Date of Injury: 01/01/2016

Claimant SSN:

State Claim #:

Patient Acct #: 76049

Service Dates: 05/22/2019-08/07/2019

08/26/2019 **Date Received:** 09/11/2019 Date Reviewed:

Date Processed: 09/17/2019

Jurisdiction: CA

Policy #: 000021361488

**Employer: CARLISLE COMPANIES INCORPORATE** Insurer: NEW HAMPSHIRE INSURANCE CO

Paid PPO Recommended Dates of Billed Fee Schedule Free Posts Allowance Unite Codes Charges: or Customery avings 0.00 1 ,2 ,3 0.00 T1013 T1013 0.00 112.50 0.00 05/22/2019 0.00 | 1 , 2 , 3 0.00 0.00 T1013 T1013 0.00 90.00 05/24/2019 0.00 0.00 1 ,2 ,3 0.00 T1013 T1013 0.00 230.00 05/29/2019 0.00 0.00 1 ,2 ,3 0.00 T1013 T1013 0.00 180.00 05/31/2019 0.00 1 ,2 ,3 0.00 T1013 T1013 0.00 180.00 0.00 06/03/2019 0.00 0.00 1 ,2 ,3 180.00 0.00 T1013 06/05/2019 T1013 0.00 0.00 1 ,2 ,3 0.00 0.00 T1013 0.00 180.00 06/07/2019 T1013 0.00 1 ,2 ,3 0.00 0.00 T1013 T1013 0.00 180.00 06/10/2019 0.000.00 0.00 1 ,2 ,3 T1013 0.00 180.00 T1013 06/14/2019 0.00 0.00 0.00 1 ,2 ,3 T1013 0.00 180.00 T1013 06/17/2019 0.00 | 1,2,3 0.00 T1013 0.00 180.00 0.00 T1013 06/19/2019 0.00 | 1,2,3 0.00 0.00 180.00 T1013 T1013 0.00 06/24/2019 0.00 0.00 1 ,2 ,3 0.00 T1013 180.00 T1013 0.00 06/26/2019 0.00 0.00 1 ,2 ,3 0.00 T1013 0.00 90.00 T1013 07/03/2019 0.00 0.00 1 ,2 ,3 0.00 T1013 180.00 0.00 07/05/2019 T1013 0.00 0.00 0.00 1 ,2 ,3 180.00 T1013 T1013 0.00 07/08/2019 0.00 0.00 1 ,2 ,3 0.00 180.00 T1013 T1013 0.00 07/10/2019 0.00 1,2,3 0.00 0.00 T1013 180.00 0.00 07/15/2019 T1013 0.00 0.00 0.00 1 ,2 ,3 180.00 T1013 0.00 07/17/2019 T1013 0.00 0.00 0.00 | 1 , 2 , 3 180.00 T1013 T1013 0.00 07/24/2019 0.00 1 ,2 ,3 0.00 0.00 T1013 0.00 180.00 T1013 07/26/2019 0.00 | 1,2,3 0.00 0.00 180.00 T1013 0.00 07/29/2019 T1013 0.00 1 ,2 ,3 0.00 0.00 180.00 T1013 0.00 07/31/2019 T1013 0.00 0.00 0.00 1 ,2 ,3 180.00 T1013 0.00 T1013 08/05/2019 0.00 180.00 180.00 180.00 T1013 8.00 08/07/2019 T1013 0.00 180.00 180.00 4,302.50

Diagnosis:

INJURY, UNSPECIFIED T1490

American International Group, Inc.

PO Box 25565 Shawnee Mission, KS 66225

201909300115



### **Electronic Service Requested**

ALL FOR AADC 926

20656 0.9555 AB 0.409 Դրկլվըմ|Առեմիրիլոյը,Աոլիհիմեիկոիվոհակեսիկելիի

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

Page 1 of 3

Check No.: 34090935 **RFP No.:** 565909

Check Date: 09/28/2019

Check Amount: 180.00

**Insured: CARLISLE COMPANIES** 

INCORPORATE

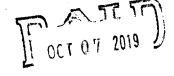
Claimant:

Claim Office: 572

Insuring Company: NEW HAMPSHIRE INSURANCE

**COMPANY** 

Payee Name: JOYCE ALTMAN INTERPRETERS



Adding .

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000021361488	00052763	001	01/01/2016	MED	0	180.00
000021001100				Tota	<b>Amount</b>	180.00

**Reason for Payment** 

ORG: 4482.50 ACT: 76049 052219-081319

Use File # 572/00052763 on all correspondence for prompt processing. For check information call: 877-802-5246

AIG CLAIMS, INC. P.O. BOX 25978 **SHAWNEE MISSION KS 66225** 

Invoice #: 1926101611 Control #: 06192630096100



20656 0.9555 AB 0.409

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

**Billing Provider:** 

JOYCE ALTMAN INTERPRETERS INC

**PO BOX 4165 TUSTIN CA 92781** 

Tax ID: 330956713

State License #:

Tax ID/NPI #:

NPI #: **Rendering Provider:** 

999999999

Policy #: 000021361488

Insurer: NEW HAMPSHIRE INSURANCE CO

Claim #: 5720527630000

Claimant:

**Date of Injury: 01/01/2016** 

**Claimant SSN:** 

State Claim #:

Patient Acct #: 76049

Service Dates: 05/22/2019-08/13/2019

**Date Received:** 09/05/2019 **Date Reviewed:** 09/20/2019

Date Processed: 09/27/2019

Jurisdiction: CA

**Employer: CARLISLE COMPANIES INCORPORATE** 

Dates of	Billed .	Pald	15.40	Billed	Feo (Schedulo:	PPO	Recommended
Service	Prog Code	Proc Sode	Units	Charges	or Customary	Savings	Allowance Codes
05/22/2019	T1013	T1013	0.00	112.50	0.00	0.00	0.00 1 ,2 ,3 ,4
05/24/2019	T1013	T1013	0.00	90.00	0.00	0.00	0.00   1 ,2 ,3 ,4
05/29/2019	T1013	T1013	0.00	230.00	0.00	0.00	0.00 1 ,2 ,3 ,4
05/31/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00   1 ,2 ,3 ,4
06/03/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00 1 ,2 ,4
06/05/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00   1 ,2 ,4
06/07/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00   1 ,2 ,4
06/10/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00 1 ,2 ,4
06/14/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00   1 ,2 ,4
06/17/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00   1 ,2 ,4
06/19/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00 1 ,2 ,4
06/24/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00 1 ,2 ,4
06/26/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00 1 ,2 ,4
07/03/2019	T1013	T1013	0.00	90.00	0.00	0.00	0.00   1 ,2 ,4
07/05/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00 1 ,2 ,4
07/08/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00 1 ,2 ,4
07/10/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00   1 ,2 ,4
07/15/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00   1 ,2 ,4
07/17 <i>/</i> 2019	T1013	T1013	0.00	180.00		0.00	0.00   1 ,2 ,4
07/24/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00 1 ,2 ,4
07/26/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00 1 ,2 ,4
07/29/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00 1 ,2 ,4
07/31/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00 1 ,2 ,4
08/05/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00 1 ,2 ,4
08/07/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00 1 ,2 ,4
08/13/2019 •	T1013	T1013	8.00	180.00		0.00	• 180.00
			Totals	4,482.50	180.00	0.00	180.00

Diagnosis:

If you have questions about this review please call AIG at: 877-802-5246

### **Electronic Service Requested**

ALL FOR AADC 926

20656 0.9555 AB 0.409

Դրիլիի Մահանիլի ուրը Մարինի Միրաի վահանի ավինչին

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

Page 1 of 3

Check No.: 34090936 **RFP No.:** 565910 Check Date: 09/28/2019

Check Amount: 180.00

**Insured: CARLISLE COMPANIES** 

**INCORPORATE** 

Claimant:

Claim Office: 572

**Insuring Company: NEW HAMPSHIRE INSURANCE** 

**COMPANY** 

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Туре	Status	Amount
000021361488	00052763	001	01/01/2016	MED	0	180.00
				TT - 4 - 1	A	

Total Amount

180.00

**Reason for Payment** 

ORG: 4662.50 ACT: 76049 052219-082019

Use File # 572/00052763 on all correspondence for prompt processing. For check information call: 877-802-5246

**ENV 20656** 

Invoice #: 1926400552 Control #: 06192670096200

**Date Received:** 

Date Reviewed:

Jurisdiction: CA

Date Processed: 09/27/2019



09/10/2019

09/24/2019

0.00 | 1,2,3

0.00 1 ,2 ,3

180.00

180.00

ALL FOR AADC 926

20656 D.9555 AB 0.409

մրվրվիակներիվիկիայիներիներիների հունիակներին

T1013

T1013

T1013

8.00

8.00

8.00

**Totals** 

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

**Billing Provider:** 

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165

**TUSTIN CA 92781** 

330956713 Tax ID:

State License #:

NPI#: 999999999

Rendering Provider:

Tax ID/NPI #:

08/07/2019

08/13/2019

08/20/2019 •

T1013

T1013

T1013

5720527630000 Claim #:

Claimant:

Date of Injury: 01/01/2016

Claimant SSN:

State Claim #:

Patient Acct #:

Service Dates: 05/22/2019-08/20/2019

76049

Policy #: 000021361488

**Employer: CARLISLE COMPANIES INCORPORATE** Insurer: NEW HAMPSHIRE INSURANCE CO

Dates of Billed Paid Billed Fee Schedule PPO Recommended **Proc Code Proc Code** Service Units or Customary Savings Allowance Codes Charges 0.00 1 ,2 ,3 05/22/2019 T1013 T1013 10.00 112.50 0.00 0.00 T1013 T1013 8.00 90.00 0.00 0.00 0.00 1 ,2 ,3 05/24/2019 0.00 1,2,3 T1013 T1013 8.00 0.00 0.00 05/29/2019 230.00 T1013 T1013 8.00 180.00 0.00 0.00 0.00 1 ,2 ,3 05/31/2019 T1013 T1013 8.00 180.00 0.00 0.00 0.00 1 ,2 ,3 06/03/2019 T1013 0.00 0.00 0.00 1 ,2 ,3 T1013 8.00 180.00 06/05/2019 0.00 1,2,3 T1013 T1013 8.00 180.00 0.00 0.00 06/07/2019 T1013 0.00 0.00 0.00 1 ,2 ,3 T1013 8.00 180.00 06/10/2019 T1013 T1013 0.00 0.00 0.00 | 1 , 2 , 3 8.00 180.00 06/14/2019 0.00 1 ,2 ,3 T1013 T1013 8.00 180.00 0.00 0.00 06/17/2019 T1013 T1013 8.00 180.00 0.00 0.00 0.00 1 ,2 ,3 06/19/2019 0.00 0.00 0.00 1 ,2 ,3 T1013 T1013 180.00 8.00 06/24/2019 0.00 1,2,3 0.00 0.00 T1013 T1013 8.00 180.00 06/26/2019 T1013 0.00 0.00 0.00 | 1,2,3 T1013 8.00 90.00 07/03/2019 0.00 T1013 0.00 0.00 1,2,3 T1013 180.00 8.00 07/05/2019 0.00 1 ,2 ,3 T1013 0.00 0.00 07/08/2019 T1013 8.00 180.00 T1013 0.00 0.000.00 1 ,2 ,3 07/10/2019 T1013 8.00 180.00 8.00 0.00 1,2,3 T1013 T1013 180.00 0.00 0.00 07/15/2019 0.00 0.00 1 ,2 ,3 T1013 T1013 0.00 8.00 180.00 07/17/2019 0.00 1,2,3 0.00 07/24/2019 T1013 T1013 8.00 180.00 0.000.00 1 ,2 ,3 T1013 T1013 8.00 180.00 0.00 0.00 07/26/2019 0.00 0.00 1 ,2 ,3 T1013 T1013 8.00 180.00 0.00 07/29/2019 0.00 1 ,2 ,3 T1013 0.00 0.00 T1013 180.00 8.00 07/31/2019 0.00 1 ,2 ,3 0.00 T1013 0.00 08/05/2019 T1013 8.00 180.00

If you have questions about this review please call AIG at: 877-802-5246

180.00

180.00

180.00

4,662.50

0.00

0.00

180.00

180.00

0.00

0.00

0.00

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# 09/19/19 75948

EAMS#(s):

CHUBB GROUP (PHOENIX)

W. C. DEPARTMENT

ATTN: CLAIM ADJUSTER

P.O. BOX 42065 PHOENIX, AZ 85080

SS # : DOB :

Terms: 60 days Claim #(s): 076918032056

BILL TO:

vs FLEET WOOD FIBRE

Date Of Injury: 7/21/17

AMOUNT DESCRIPTION SERVICE DOS 05/08/19 FOLLOW-UP W/ ACUPUNCT TED PRIEBE @ FMR\* 180.00 // INTERPRETER: PAUL LAZCANO # 101143 0.00 09/17/19 PMT BY CHECK DOS 5/8/19\* # 4434728 -180.00

BALANCE 0.00

<sup>\*</sup> 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 \*\*

CHUBB.

## CHUBB GROUP OF INSURANCE COMPANIES

555 S. Flower Street 3rd Floor Los Angeles, CA 90071-2427

**Payment Summary** 

Claim Ref #: Policy: Occurence: 076918032056 000071763534 000011 07/21/2018

Date of Loss: SSN#/TIN#:

SSN#/TIN#: Payee:

JUYCE ALTMAN INTERPRETERS

Insured:

Fleetwood-Fibre Packaging & Graphics

DATE 05/08/2019-

05/08/2019

CLAIMANT

DESCRIPTION

Translator

Page:

1 of 1 4434728

Check Number: Print Date: Issue Date:

09/17/2019 09/17/2019

AMOUNT

180.00

CHECK TOTAL:

180.00

Comments: inv# 75948 dos: 05/08/2019 (13)

Claim Representative: PAUL PAN

Phone: (213)612-5478

P.O. BOX # 4165

BILL TO:

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/24/19 73298

EAMS#(s):

SS # : DOB :

CORVEL CORPORATION (SAC)

W. C. DEPARTMENT

ATTN: CLAIM ADJUSTER

P.O. BOX 277550

SACRAMENTO, CA 95827

Terms: 60 days Claim #(s): BB-18-000-217

vs JOHN MICHAELS

Date Of Injury: 1/19/18

DOS	SERVICE	DESCRIPTION	AMOUNT
=======================================			
01/31/18	PR2/REEVAL	DR MICHAEL FELDMAN @ WESTERN HAND & ORTHO CTR*	180.00
/ / ·	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/08/18	PR2/REEVAL	DR EMMETT COX @ WESTERN HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/19/19	PMT BY CHECK	DOS 1/31/18-2/8/18* =# 8914613	-360.00

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 \*\*

**CORVEL CORPORATION** 

BBSI - EC PO BOX 279350 SACRAMENTO, CA 95827

AS ADMINISTRATOR OF:

Ace American Insurance Company Claim#: BB-18-000217



Bank Code= BBSEC 1210(8)

CHECK NUMBER

8914613

CHECK DATE 09/19/19

\*\*\*\*\*\*\$360.00

PLEASE CASH IMMEDIATELY VOID AFTER 90 DAYS

PAY EXACTLY:

Three hundred sixty and 00/100 Dollars

ORDER

**JOYCE ALTMAN INTERPRETERS** 

PO Box 4165 Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

"OOOB914613" ::12100024B:: 4121 514012"

DETACH HERE

CORVEL

**Business Unit:** 

**DETACH HER** 

JOHN MICHAEL DESIGNS LLC, ONTA John Michael Designs Llc Ontario -Lynwood, CA 90262

**Employer** Patient:

**Patient DOB:** 

**Explanation of Review** 

LOB: Site/Bill #: Workers' Compensation 48/5256594 - 1 CA, 92781 07/23/2019 08/06/2019

Reprice: Billed Date: **Business Rcvd:** MBR Rcvd: MBR Date:

08/06/2019

Date Approved: DOS From - To:

09/19/2019 09/19/2019 01/31/2018 - 02/08/2018

Network: Network Branch: Sub Network:

Treating Provider: Referring Physician: Patient Control #: Provider Tax Id:

MICHAEL FELDMAN 73298

Claim #: **Processor Initials:** DOI:

BB-18-000217

Contract: Claim Rep.:

1578

Tustin, CA 92781

Joyce Altman Interpreters PO Box 4165

73298 V 33-0956713

RX Number:

01/19/2018

Vendor #: PIN:

Date	Code		Bill Charges				Reduction	Allowed	
			Units	POS	TOS	DXR		Fees	
01/31/18	T1013 G67. MVO. RZZ	SIGN LANGUAGE/C	RAL INTEPR	SERVICES PER 1	\$180.00	Α .	\$0.00	\$180.00	
02/08/18	Billed: 99199; Un T1013 G67. MVO. RZZ	nits: 1 SIGN LANGUAGE/C	RAL INTEPR 1	SERVICES PER 1	\$180.00	A	\$0.00	\$180.00	
	Billed: 99199; Un	nits: 1							
Sub-Total	s for Bill: 525659	94			\$360.00		\$0.00	\$360.00	
								4240.00	

Totals for Bill:5256594

\$360.00

Line Item Reason Codes and Descriptions Market Value

Payer/ Provider agreement in place

Line Item Reason Codes and Descriptions G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, Inc. P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/24/19 75612

EAMS#(s):

BILL TO: CORVEL CORPORATION (SAC)

> W. C. DEPARTMENT ATTN: MARTY LYNN P.O. BOX 277550

SACRAMENTO, CA 95827

SS # : DOB :

Terms: 60 days Claim #(s): BB-18-006888;BB-18-005961

Case:

VS BARRETT BUSINESS SERVICES

Date Of Injury: 11/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
=========	=======================================	=======================================	
03/22/19	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SVCS*	230.00
/ / 05/01/19	INTERPRETER: PR2/REEVAL	ALBERTO VILLAGOMEZ # 500341 DR CHRISTINE ABGARYAN @ PHYS	0.00 180.00
/ / 05/06/19	INTERPRETER: F.I.M.	REHAB SVCS* ALEJANDRO MENDEZ # 011850 FUNTUCTIONAL INDEPENDENCE	0.00 150.00
/ /	-	MEASURE W/DR CHRISTINE ABGARYAN @ PHYS REHAB SVCS*	0.00
/ / 06/12/19 / / 07/31/19 / / 09/03/19 09/11/19	INTERPRETER: PR2/REEVAL INTERPRETER: PR2/REEVAL INTERPRETER: PMT BY CHECK PR2/REEVAL	ALEJANDRO MENDEZ # 011850 DR ABGARYAN @ PHYS REHAB* ALBERTO VILLAGOMEZ # 500341 DR ABGARYAN @ PHYS REHAB* GETSEMANI CALDERON # 101897 DOS 7/31/19* =# 8897168 DR ABGARYAN @ PHYS REHAB*	0.00 180.00 0.00 180.00 0.00 -180.00
'	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00

BALANCE 920.00

<sup>\*</sup> 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 \*\*

**CORVEL CORPORATION** 

BBSI - EC

PO BOX 279350 SACRAMENTO, CA 95827

AS ADMINISTRATOR OF: Ace American Insurance Company

Claim#: BB-18-006888

PAY EXACTLY:

One hundred eighty and 00/100 Dollars

CHECK NUMBER 8897168

CHECK DATE

Bank Code= BBSEC

11-24

1210(8)

09/03/19

\*\*\*\*\*\*\*\$180.00

PLEASE CASH IMMEDIATELY VOID AFTER 90 DAYS

**JOYCE ALTMAN INTERPRETERS** 

PO Box 4165 Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

#OOOBB97168# #121000248# 4121 514012#

DETACH HERE

CORVEL

**Explanation of Review** 

**Business Unit:** 

**DETACH HERE** 

SJD&B, INC.-9094721-ONTARIO 10970 Arrow Rte Ste 101 Rancho Cucamonga, CA 91730

**Employer** Patient:

**Patient DOB:** 

Joyce Altman Interpreters

PO Box 4165 Tustin, CA 92781

LOB:

Workers' Compensation 48/5272468 - 1 CA, 92781 08/08/2019 08/19/2019

Site/Bill #: Reprice: Billed Date: **Business Rcvd:** MBR Rcvd: MBR Date: Date Approved: DOS From - To:

08/19/2019 09/03/2019 09/03/2019

03/22/2019 - 07/31/2019

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

3711

Treating Provider: Referring Physician: Patient Control #: Provider Tax Id:

ARBI MIRZAIANS 75612 33-0956713

Claim #: Processor Initials: RX Number:

BB-18-006888

11/09/2018

Vendor #: PIN:

Date	Code				Bill Charges			Reduction	Allowed
			Units	POS		TOS	DXR		Fees
03/22/19	T1013 R1 . G56	SIGN LANGUAGE/	ORAL INTEPR	SERVICES PER 1	\$230.00		A	\$230.00	\$0.00
	These services of Original bill	have been previousl [5214254.48]	y objected	to.					
05/01/19	T1013 R1 , G56	SIGN LANGUAGE/	ORAL INTEPR	SERVICES PER 1	\$180.00		A	\$180.00	\$0.00
	These services of Original bill	have been previousl [5214254,48]	y objected	to.					
05/06/19	T1013 R1 , <b>G</b> 56	SIGN LANGUAGE/	ORAL INTEPR	SERVICES PER 1	\$150.00		A	\$150.00	\$0.00

These services have been previously objected to. Original bill [5214254.48]



06/12/19 T1013 SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 \$180.00 \$180.00 \$0.00 Α R1 . G56 11 1

These services have been previously objected to.

Original bill [5214254,48]

07/31/19 . T1013 507, G67, RZZ SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1 1 11

\$180.00

\$0.00 A

\$180.00 %

Sub-Totals for Bill: 5272468

\$920.00

\$740.00

\$180.00

Totals for Bill:5272468

\$180.00

Line Item Reason Codes and Descriptions

Priced According to Contract Agreement

Duplicate Billing

RZZ Payer/ Provider agreement in place

#### Line Item Reason Codes and Descriptions

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

G67 Payment based on individual pre-negotiated agreement for this specific service

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 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.

\*\*\* "Please note our new mailing address for bill submission: PO Box 6966, Portland. OR 97228."\*\*\*

#### ICD Diagnosis Code

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

Questions regarding this bill may be sent to:

CorVel Corporation, Attn: Bill Review

PO Box 6966 Portland, OR 97228 Toll free: 833-758-5750

Phone: 916-605-5140

866-449-4217 FAX:

#### California DWC

Employer Address -

Payer Identification Number - 952371728 Pay- To Provider State License Number -Rendering Provider ID -MPN ID - 0409, 2364 Carrier Telephone Number -Bill Frequency Type - 0 Payment Status Code - 1

Date Paid Information Method of Payment - Check Payment ID Number - 8897168

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/24/19 75106

EAMS#(s):

SS # : DOB :

BILL TO:

GALLAGHER BASSETT (CLINTON)

W. C. DEPARTMENT

ATTN: CLAIM ADJUSTER

P.O. BOX 2934 CLINTON, IA 52733 Terms: 60 days Claim #(s): 000808117932WC-01

Case: vs SODEXO INC/SDH SERVICES WEST

Date Of Injury: 8/10/18

DOS	SERVICE	DESCRIPTION	AMOUNT
=======================================	=======================================	=======================================	
12/03/18	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ @# 100727	0.00
12/19/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/09/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/18/19	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/28/19	PR2/REEVAL	DR KRACHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/30/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/04/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 301871	0.00
02/06/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/13/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/22/19	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/06/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/08/19	PMT BY CHECK	DOS 12/3/18-2/22/19*	-1400.00
		# 0152944755	
08/14/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/18/19	PMT BY CHECK	DOS 3/6/19-8/14/19* # 0157569668	-360.00

Joyce Altman Interpreters, Inc. P.O. BOX # 4165 Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979 \*\*\* INVOICE \*\*\* Date NO# 09/24/19 75106

EAMS#(s):

BILL TO:

GALLAGHER BASSETT (CLINTON)

W. C. DEPARTMENT

TAX ID# 33-0956713

ATTN: CLAIM ADJUSTER

P.O. BOX 2934 CLINTON, IA 52733

SS # : DOB : Terms: 60 days Claim #(s): 000808117932WC-01

VS SODEXO INC/SDH SERVICES WEST

Date Of Injury: 8/10/18

AMOUNT

DESCRIPTION SERVICE DOS 

BALANCE 0.00

<sup>\*</sup> 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 \*\*

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

GALLAGHER BASSETT SERVICES INC FOR XL INSURANCE AMERICA INC

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

**CLAIM NO.:** 

000808 117932 WC 01 (77179001)

CLAIMANT:

DESCRIPTION: INV#-75106

DATES OF SERVICE:

06Mar19

THRU

14Aug19

**BENEFIT PERIOD:** 

THRU

ACC DATE:

BRANCH NO.: 138

NO.:

0157569668

10Aug18

VN: 0002873912

DATE:

18Sep19

AMOUNT: 360.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004124 004762 002 002

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

GALLAGHER BASSETT SERVICES INC FOR XL INSURANCE AMERICA INC

CHECK NO. 0157569668

VN. DATE: 0002873912 18Sep19

62-20/311

CLAIM NO.: 000808 117932 WC 01 (77179001)

BRANCH NO.: 138

PAY THREE HUNDRED SIXTY AND 00/100 DOLLARS\*\*\*\*\*\*

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

ORDER OF

OR PAYABLE AT CITIBANK, FSB CALIFORNIA

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

**AUTHORIZED SIGNATURE** 



"O157569668" #031100209#

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 #OM 09/10/19 75712

EAMS#(s):

GALLAGHER BASSETT (CLINTON)

W. C. DEPARTMENT

ATTN: CLAIM ADJUSTER

P.O. BOX 2934

CLINTON, IA 52733

SS # : DOB :

Terms: 60 days Claim #(s): 006316-000376-WC-01

BILL TO:

Case: vs CHAURA EVENTS

Date Of Injury: 8/19/18

DOS	SERVICE	DESCRIPTION	AMOUNT
=======================================	=======================================		230.00
04/05/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 DR KHAN @ AMERI CHIRO*	180.00
05/17/19 / /	PR2/REEVAL 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
06/28/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/07/19	FOLLOW-UP	W/ACUPUNCT KIM @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/29/19	PMT BY CHECK	DOS 4/5/19-8/7/19* # 0157135875	-1000.00

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 \*\*

# սուիշիգոյննուրդիգուկներությերիկերթարի

MDG2009 00004179 1 MB .428 JOYCE ALTMAN INTERPRETERS, INC. P.O. BOX 4165 TUSTIN CA 92781-4165



GALLAGHER BASSETT SERVICES INC FOR STATE NATIONAL INS COMPANY

DIRECT CHECK INQUIRIES TO: PHONE: 866-855-0230 GALLAGHER BASSETT - CORONA, CA PO BOX 2934 CLINTON IA 52733-2934

75712

CLAIM NO .:

006316 000376 WC 01 (2728133001)

05Apr19

BRANCH NO.: 170

NO.:

0157135875

CLAIMANT:

ACC DATE: 19Aug18 VN: 0000014120

DESCRIPTION: INVOICE 75712 4-5-19, 5-17-19, 6-5-19, 6-28-19, 8-7-19

DATES OF SERVICE:

THRU 07Aug19 DATE: 29Aug19

BENEFIT PERIOD:

THRU

AMOUNT: 1000.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004179 004783 001 003

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

GALLAGHER BASSETT SERVICES INC FOR STATE NATIONAL INS COMPANY

CHECK NO. 0157135875

0000014120

36. A

CLAIM NO.: 006316 000376 WC 01 (2728133001)

BRANCH NO.: 170

29Aug19 62-20/311

TO THE

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

ORDER OF

OR PAYABLE AT CITIBANK, FSB CALIFORNIA

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



P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/20/19 74465

EAMS#(s):

BILL TO:

P.O. BOX # 509039

INSURANCE CO. OF THE WEST (SD)

W. C. DEPARTMENT

ATTN: CLAIM ADJUSTER

P.O. BOY # 500000

SAN DIEGO, CA 92150

SS # : DOB :

Case:

Date Of Injury: 7/22/18

VS EAST BAY LOGISTICS, INC.

DOS	SERVICE	DESCRIPTION	AMOUNT
=======================================	=======================================		
00/00/10	INITIAL EXAM	DR ZAREENA KHAN @ AMERI	230.00
08/08/18	INITIAL EXAM	CHIRO*	
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/29/18	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @	230.00
00/23/10		AMERI CHIRO*	
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/17/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/26/18	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/26/18	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/10/18	PR2/REEVAL	W/DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/07/18	PMT BY CHECK	DOS 8/8/18-10/26/18*	-820.00
12/0//10		# 2440230	
01/23/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/04/19	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/29/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/13/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/03/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/29/19	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
1 /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/05/19	PMT BY CHECK	DOS 7/29/19*=	-180.00
03/03/13	Ini bi cilicit	#2779728	
09/09/19	P AND S	DR KHAN @ AMERI CHIRO*	230.00
09/09/19	ב אויים פ		

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/20/19 74465

EAMS#(s):

BILL TO:

INSURANCE CO. OF THE WEST (SD) Terms: 60 days W. C. DEPARTMENT Claim #(s):

ATTN: CLAIM ADJUSTER P.O. BOX # 509039 SAN DIEGO, CA 92150

SS # : DOB :

2018014618

Case: vs EAST BAY LOGISTICS, INC. Date Of Injury: 7/22/18

TRUDOMA DESCRIPTION SERVICE 

/ / INTERPRETER: SANDRA TALANCON # 10082

0.00

BALANCE 1490.00

\* 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 \*\*

**Insurance Company of the West** 

15025 Innovation Drive San Diego, CA 92128 Check Date: 09/05/2019 Check Number: 2779728 Check Amount: \$180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments

directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,WUARDA

11/9/18 3:44 PM 3 0000956 20190906 OHZL102 JOP-FEC 1 oz DOM OHZL10000\* 161281 CK



**Payment Summary** 

Claim#. 2018014618	Calnant S	Date of injury 30 07/20/2018	\$2,260.00	\$2,080.00	otal Paymen \$180.00
Category	Stub Notes				Stub Amount
180	PARTIAL DUP IWCA 3087718,3127505,3204689,3283746\n				\$0.00

P

Payer: Insurance Company of the West

**Provider: JOYCE ALTMAN INTERPRETERS INC** 

PO BOX 4165 **TUSTIN, CA 92781** TIN: 330956713

Payee ID: 49459

Claim #: 2018014618

From: 08/08/2018

Through: 07/29/2019

Bill Type: PROF

Jurisdiction: CA Payment Type: MED

Check Number: 2779728

Check Date: 09/05/2019

Adjuster: Kuhn, Christopher

Claimant: SS#:

Date of Birth: Date Received: 08/16/2019

Date of Injury: 07/20/2018

Bill Review #: FIC-IWCA-3303562

**PPO Subnet:** 

Reviewed By: 2Q Patient Acct #: 74465

**Date Reviewed: 08/21/2019** Bill Control #: FIC-IWCA-3303562

**Employer: EAST BAY LOGISTICS INC** 

(Diagnosis o	Codes:		T14	1.90							
Date of			Procedur	'e	· · · · · · · · · · · · · · · · · · ·	Fee		Reductions			Explanation
Service	Line	PO	S Code/Mo	d Qty	Charged	Schedule		Prior Paid		Allowed	Codes
08/08/2018	001	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	402, 224
				This drug/servi	ce/supply is no	t included in t	he fee sch	edule or contra	cted/leais		rangement.
08/29/2018	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is no	t included in t	he fee sch	edule or contra	cted/leais	lated fee an	
09/17/2018	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
e de la companya de l	e e serie e			This drug/service	ce/supply is no	t included in t	he fee sch	edule or contra	cted/legis	lated fee an	
10/26/2018	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service	ce/supply is no	t included in t	he fee sch	edule or contra	cted/legis	lated fee arr	
11/26/2018	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service	ce/supply is no	t included in the	he fee sch	edule or contra	cted/legis	lated fee arr	angement.
12/10/2018	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service	e/supply is no	t included in the	he fee sche	edule or contra	cted/legis	lated fee arr	angement.
01/23/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service	e/supply is no	t included in th	he fee sche	edule or contra	cted/legis	lated fee arr	angement.
03/04/2019	800	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service	e/supply is no	t included in th	ne fee sche	edule or contra	cted/legis	lated fee arr	angement.
03/29/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
0544040040				This drug/service		t included in th	ne fee sche	edule or contra	cted/legis	ated fee arr	angement.
05/13/2019	010	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
07/00/00/10				This drug/service			ne fee sche	edule or contra	cted/legisl	ated fee arr	angement.
07/03/2019	011	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
07/00/0040	040		=	This drug/service					cted/legisl	ated fee arr	angement.
07/29/2019	012	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
				This drug/service	e/supply is no	t included in th	ne fee sche	edule or contra	cted/legisl	ated fee arr	angement.
			Tot	als:	2,260.00	2,080.00	0.00	0.00	0.00	180.00	

## Comments:

PARTIAL DUP IWCA 3087718,3127505,3204689,3283746

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

BR	State	ANSI	BR Description
224	G2	P12	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
10	Expet duplicate alabateau in a

Exact duplicate claim/service

P12 Workers' compensation jurisdictional fee schedule adjustment.

### **Procedure Code Guide:**

Code Description T1013

Sign language or oral interpretive services, per 15 minutes



P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/08/19 75458

EAMS#(s):

SS # : DOB :

Claim #(s):

2019007204

BILL TO: INSURANCE CO. OF THE WEST (SD) Terms: 60 days

W. C. DEPARTMENT ATTN: KART HIRATE

P.O. BOX # 509039 SAN DIEGO, CA 92150

vs J.L. FURNISHINGS Case:

DOS	SERVICE	DESCRIPTION	TMOUNT
=======================================	=======================================	=======================================	
02/20/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	_	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/22/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS THERAPY	230.00
/ /	_	W/DR HA @ SIDHU CHIRO*	0.00
/ /	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:	MARIA BARBOSA # 500267	0.00
03/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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 CHO, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/08/19 75458

EAMS#(s):

BILL TO:

INSURANCE CO. OF THE WEST (SD) Terms: 60 days

W. C. DEPARTMENT ATTN: KART HIRATE P.O. BOX # 509039 SAN DIEGO, CA 92150

SS # :

Claim #(s): 2019007204

vs J.L. FURNISHINGS

DOS	SERVICE	DESCRIPTION	AMOUNT
==========	=======================================	=======================================	=======================================
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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
04/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/24/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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
05/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

EAMS#(s):

SS # :

\*\*\* INVOICE \*\*\*

Date NO#

10/08/19 75458

BILL TO: INSURANCE CO. OF THE WEST (SD) Terms: 60 days

W. C. DEPARTMENT ATTN: KART HIRATE Claim #(s): 2019007204

P.O. BOX # 509039 SAN DIEGO, CA 92150

vs J.L. FURNISHINGS

DOS	SERVICE	DESCRIPTION	AMOUNT
	=======================================		
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
03/00/23		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
, ,		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
, ,		PHYS TX W/DR HA*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	180.00
05/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267 W/ ACUPUNCT CHOI @ SIDHU*	180.00
05/29/19	FOLLOW-UP INTERPRETER:	ELISA L. MEDINA # 003693	0.00
/ / 05/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
05/31/19	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

P.O. BOX # 4165

BILL TO:

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

EAMS#(s):

SS # : DOB :

INSURANCE CO. OF THE WEST (SD)

Terms: 60 days

W. C. DEPARTMENT ATTN: KART HIRATE P.O. BOX # 509039 SAN DIEGO, CA 92150

Claim #(s): 2019007204

\*\*\* INVOICE \*\*\*

Date NO#

10/08/19 75458

Case: vs J.L. FURNISHINGS

Date Of Injury: 3/1/16 - 1/4/19

TRUOMA DESCRIPTION SERVICE DOS 0.00 180.00 0.00 180.00 0.00 180.00 0.00 180.00 0.00 180.00 0.00 180.00 180.00 0.00 180.00 0.00 180.00 0.00 180.00 0.00 180.00 0.00 180.00 0.00 180.00 0.00 180.00 0.00 180.00 0.00

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

EAMS#(s):

BILL TO: INSURANCE CO. OF THE WEST (SD) Terms: 60 days

W. C. DEPARTMENT ATTN: KART HIRATE P.O. BOX # 509039

SAN DIEGO, CA 92150

SS # : DOB :

Claim #(s): 2019007204

\*\*\* INVOICE \*\*\*

Date NO#

10/08/19 75458

vs J.L. FURNISHINGS

DOS	SERVICE	DESCRIPTION	TRUOMA
=======================================	=======================================	=======================================	
08/20/19 / / 08/30/19 / / 08/23/19 / / 08/27/19 / / 09/03/19 / / 09/10/19 / / 09/16/19 09/13/19 / / 09/17/19	FOLLOW-UP INTERPRETER: PMT BY CHECK FOLLOW-UP INTERPRETER: FOLLOW-UP INTERPRETER:	W/ ACUPUNCT CHOI @ SIDHU* MARIA BARBOSA # 500267 W/ ACUPUNCT CHOI @ SIDHU* MARIA BARBOSA # 500267 W/ ACUPUNCT CHOI @ SIDHU* ELISA L. MEDINA # 003693 W/ ACUPUNCT CHOI @ SIDHU* ELISA L. MEDINA # 003693 W/ ACUPUNCT CHOI @ SIDHU* MARIA E. BARBOSA # 500267 W/ ACUPUNCT CHOI @ SIDHU* MARIA E. BARBOSA # 500267 DOS 8/6/19* =# 2792018 W/ ACUPUNCT CHOI @ SIDHU* MARIA E. BARBOSA # 500267 W/ ACUPUNCT CHOI @ SIDHU* MARIA E. BARBOSA # 500267 W/ ACUPUNCT CHOI @ SIDHU*	180.00 0.00 180.00 0.00 180.00 0.00 180.00 0.00 180.00 0.00 -180.00 0.00 180.00 180.00
09/25/19	INTERPRETER: PMT BY CHECK	MARIA BARBOSA # 500267 DOS 8/9/19-8/13/19* =# 2804603	0.00 -360.00
09/20/19 / /	FOLLOW-UP INTERPRETER:	W/ ACUPUNCT CHOI @ SIDHU* ELISA L. MEDINA # 003693	180.00 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# 10/08/19 75458

EAMS#(s):

SS #

BILL TO: INSURANCE CO. OF THE WEST (SD) Terms: 60 days

W. C. DEPARTMENT ATTN: KART HIRATE P.O. BOX # 509039 SAN DIEGO, CA 92150 SS # : DOB :

Claim #(s): 2019007204

vs J.L. FURNISHINGS

Date Of Injury: 3/1/16 - 1/4/19

DESCRIPTION DOS SERVICE 

TUITOMA

BALANCE 9770.00

\* 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 \*\*

**Insurance Company of the West** 

15025 Innovation Drive San Diego, CA 92128 Check Date: 09/16/2019 Check Number: 2792018 Check Amount: \$180.00

11/8/18 3:44 PM 3 0001452 20190917 OI5LZ103 JOP-FEC 1 oz DOM OI5LZ10000\* 161281 CK



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 <a href="https://rg.jopari.net">https://rg.jopari.net</a> and sign up by entering your registration code,6Z6VD5

75458

**Payment Summary** 

Claim #. 🛶 🐠 2019007204	Section Claimen Countries and the section of the se	Date of Injury 12 02/13/2018	\$8,150.00	tal Reduction \$7,970.00	Total Payment \$180.00
Category	Stub Notes				Stub Amount
180	PARTIAL DUPLICATE IWCA 3231740 3239799 3241903 324				\$0.00

See attached page(s) for Explanations of Review

Milehall SmartAdvisor

Payer: Insurance Company of the West **Provider: JOYCE ALTMAN INTERPRETERS INC** 

PO BOX 4165 **TUSTIN, CA 92781** 

TIN: 330956713 Payee ID: 49459

Check Number: 2792018

Date Reviewed: 09/04/2019

Check Date: 09/16/2019

Claim #: 2019007204

From: 02/20/2019

Through: 08/06/2019

**Date Received:** 08/28/2019

Bill Type: PROF

Adjuster: Hirata, Kurt

Claimant:

SS#:

Date of Birth:

Date of Injury: 02/13/2018

Reviewed By: 19 Patient Acct #: 75458

Bill Control #: FIC-IWCA-3326982

Bill Review #: FIC-IWCA-3326982

**PPO Subnet:** 

Jurisdiction: CA Payment Type: MED

**Employer: ELITE LEATHER COMPANY** 

Date of Services   University   Procedure   Property Plan   Procedure	(Diagnosis (	Codes:		T14.	90						
Service   Line   Post   Service							Fee	1	Reductions		Explanation
1		Line	POS			Charged					•
0.2272/2019   0.02   1   71013   0   230.00   0.00   0.00   0.00   0.00   0.00   0.00   0.224, 402	02/20/2019	001	11		•	90.00		0.00	0.00		,
This drug/service/supply is not included in the fee schedule or contracte/legislated fee arrangement.					-						_
0.2277/2019   0.03   11   11013   0   180.00   180.00   0.00	02/22/2019	002	11		_						•
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.    1	02/27/2010	സദ	11		_					_	_
1	02/2//2019	003	11		-						
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.	03/01/2019	004	11		<del>-</del>					-	•
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.					This drug/serv						,
	03/06/2019	005	11		•						,
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement of 180,00   180,00   180,00   0.00   0.00   0.00   0.00   0.00   0.00   0.224, 402   0.00   0.					This drug/serv					_	•
1	03/08/2019	006	11		0						
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.   180/3/2/2/2019   0.00	02/45/2040	007	4.4							_	-
1	03/13/2019	007	11		•						,
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.   1	03/20/2019	ററമ	11								•
03/22/2019   009	00/20/2010	000	• •		-						
0.3/27/2019	03/22/2019	009	11		-						_
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.					This drug/serv	ice/supply is n	ot included in	the fee sch	edule or contra	cted/legislated fee	arrangement.
0.00	03/27/2019	010	11		-						,
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.   224, 402					This drug/serv					-	
04/03/2019	03/29/2019	011	11		0 This down/one						•
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.     104/10/2019   014   11   11013   0   180.00   180.00   0.00	04/03/2010	012	11		_						-
04/05/2019	04/03/2019	.012			•						
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.	04/05/2019	013	11		0					-	•
04/10/2019   014	0 0 0 20 . 0		• •		This drug/serv						
04/12/2019   015   11   11013	04/10/2019	014	11							-	
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.					This drug/serv						
04/17/2019         016         11         T1013         0         180.00         180.00         0.00         0.00         0.00         0.00         224, 402           04/19/2019         0         11         T1013         0         180.00         180.00         0.00         0.00         0.00         0.00         0.00         224, 402           04/24/2019         018         11         T1013         0         90.00         90.00         0.00         0.00         0.00         0.00         224, 402           04/26/2019         019         11         T1013         0         90.00         90.00         0.00         0.00         0.00         0.00         224, 402           04/26/2019         019         11         T1013         0         180.00         180.00         0.00         0.00         0.00         0.00         224, 402           05/01/2019         020         11         T1013         0         180.00         180.00         0.00         0.00         0.00         0.00         224, 402           05/03/2019         021         11         T1013         0         180.00         180.00         0.00         0.00         0.00         0.00         224, 402	04/12/2019	015	11	T1013	•						
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.	04/47/0040	040	4.4	T4040	_						
04/19/2019 017 11 T1013	04/1//2019	016	13	11013	•						
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.  04/24/2019 018 11 T1013	04/19/2019	017	11	T1013	nnis drug/serv					_	
04/24/2019         018         11         T1013         0         90.00         90.00         0.00         0.00         0.00         0.00         224, 402           04/26/2019         019         11         T1013         0         180.00         180.00         0.00         0.00         0.00         0.00         224, 402           05/01/2019         020         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.           05/03/2019         021         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.           05/08/2019         022         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.           05/15/2019         024         11         T1013         0         1	0 17 10/20 10	٠	• •		This drug/serv						
04/26/2019 019 11 T1013	04/24/2019	018	11		• -					_	
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.    05/01/2019   020   11   11013   0   180.00   180.00   0.00   0.00   0.00   0.00   0.00   0.224, 402					This drug/serv	ice/supply is n	ot included in	the fee sch	edule or contra	cted/legislated fee	arrangement.
05/01/2019 020 11 T1013 0 180.00 180.00 0.00 0.00 0.00 0.00 0.0	04/26/2019	019	11	T1013	_						•
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.    05/03/2019   021   11   T1013   0   180.00   180.00   0.00   0.00   0.00   0.00   0.00   224, 402					This drug/serv						
05/03/2019 021 11 T1013 0 180.00 180.00 0.00 0.00 0.00 0.00 0.0	05/01/2019	020	11	11013	O						•
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.    05/08/2019   022   11   T1013   0   180.00   180.00   0.00   0.00   0.00   0.00   0.00   224, 402	05/03/2010	021	11	T1013	-						
05/08/2019 022 11 T1013 0 180.00 180.00 0.00 0.00 0.00 0.00 0.0	03/03/2019	02.1		11013	•						
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.    05/10/2019   023   11   T1013   0   180.00   180.00   0.00   0.00   0.00   0.00   0.00   0.00   224, 402	05/08/2019	022	11	T1013	0						
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.  105/15/2019 024 11 71013 0 180.00 180.00 0.00 0.00 0.00 0.00 0.0					This drug/serv	ice/supply is n	ot included in	the fee sch	edule or contra	cted/legislated fee	arrangement.
05/15/2019 024 11 T1013 0 180.00 180.00 0.00 0.00 0.00 0.00 0.0	05/10/2019	023	11		U						•
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.  05/17/2019 025 11 T1013 0 180.00 180.00 0.00 0.00 0.00 0.00 0.0					This drug/serv						
05/17/2019 025 11 T1013 0 180.00 180.00 0.00 0.00 0.00 0.00 0.0	05/15/2019	024	11		0						•
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.  05/22/2019 026 11 T1013 0 180.00 180.00 0.00 0.00 0.00 0.00 224, 402	05/17/2010	025	11							_	-
05/22/2019 026 11 T1013 0 180.00 180.00 0.00 0.00 0.00 0.00 224, 402	03/1//2019	025	11	11013	-						· ·
	05/22/2019	026	11	T1013	0						
Time diagree indicappi, is not indiaded in the les callednes of contractoriogicies as a minimalities.	\		• •		This drug/serv						



Whichell Sinal AGUSO: Check Number: 2792018

Payer: Insurance Company of the West Provider: JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165 TUSTIN, CA 92781

Claim #: 2019007204

**TIN:** 330956713 **Payee ID:** 49459

Bill Type: PROF Jurisdiction: CA Payment Type: MED

Check Date: 09/16/2019

From: 02/20/2019 Through: 08/06/2019 Adjuster: Hirata, Kurt

Claimant:

SS#: Date of Birth: Date of Injury: 02/13/2018

Reviewed By: 19 Date Received: 08/28/2019 Date Reviewed: 09/04/2019 Bill Review #: FIC-IWCA-3326982

Patient Acct #: 75458 Bill Control #: FIC-IWCA-3326982 PPO Subnet:

**Employer:** ELITE LEATHER COMPANY

Diagnosis C	odes:		T14.9	90							)
Date of			Procedure			Fee		Reductions			Explanation
Service	Line	POS	SCode/Mod	Qty	Charged	Schedule	PPO	Prior Paid	Other	Allowed	Codes
05/24/2019	027	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/serv	ice/supply is i			edule or contra	cted/legis		rangement.
05/29/2019	028	11	T1013		180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/serv	ice/supply is i	not included in	the fee sch	edule or contra	cted/legis	slated fee ar	rangement.
05/31/2019	029	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			•	This drug/serv	ice/supply is i	not included in		edule or contra	cted/legis	slated fee ar	rangement.
06/05/2019	030	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/serv	ice/supply is i	not included in	the fee sch	edule or contra	cted/legis	slated fee ar	rangement.
06/07/2019	031	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			,	This drug/serv	ice/supply is i	not included in	the fee sch	edule or contra	cted/legis	slated fee ar	rangement.
06/12/2019	032	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/serv	ice/supply is a	not included in	the fee sch	edule or contra	cted/legis	slated fee ar	rangement.
06/14/2019	033	11	T1013	. 0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/serv	ice/supply is	not included in	the fee sch	nedule or contra	cted/leais	slated fee ar	rangement.
06/19/2019	034	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
	•••			This drug/serv	ice/supply is	not included in	the fee sch	nedule or contra	cted/legis	slated fee ar	rangement.
06/21/2019	035	11	T1013	. 0	180.00	180.00		0.00	0.00		224, 402
00/21/2010		• •		This drug/serv	ice/supply is			nedule or contra			•
06/25/2019	036	11	T1013	0	180.00	180.00			0.00		224, 402
00/20/20/0	555	• •		This drug/serv				edule or contra			
07/05/2019	037	11	T1013	0	180.00	180.00			0.00		224, 402
01700/2010	. 001			This drug/serv				nedule or contra			
07/09/2019	038	11	T1013	0	180.00	180.00		0.00	0.00		224, 402
01/03/2013	000			•				nedule or contra			
07/12/2019	039	11	T1013	n nagraeiv	180.00	180.00			0.00		224, 402
07/12/2019	039			•				nedule or contra			.,
07/40/0040	040	11	T1013	n na diagraerv	180.00	180.00			0.00		224, 402
07/16/2019	040	11		J							,
.=								nedule or contra		4 1 1 1 1	
07/19/2019	041	11	T1013	0 <del></del>	180.00	180.00			0.00		224, 402
	0.40			inis arug/serv				nedule or contra			
07/23/2019	042	11	T1013	U	180.00	180.00			0.00		224, 402
				_				nedule or contra			-
07/26/2019	043	11	T1013	0 <del></del>	180.00	180.00			0.00		224, 402
				inis arug/serv				nedule or contra			
07/30/2019	044	11	T1013	U	180.00	180.00	0.00		0.00		224, 402
				This drug/serv				nedule or contra			-
08/02/2019	045	11	T1013	0	180.00	180.00			0.00		224, 402
				-				nedule or contra			
08/06/2019	046	11	T1013	8	180.00	0.00			0.00		,
				This drug/serv	ice/supply is	not included in	the fee sch	nedule or contra	cted/legis	slated fee ar	rangement.
			Tota		8,150.00	7,970.00			0.00		

#### omments:

PARTIAL DUPLICATE IWCA 3231740 3239799 3241903 3243193 3246473 3254797 3259927 3284805 3284998 3292129 3292674 3293607 3298672 3310652 3302721 3308778

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.

Payer: Insurance Company of the West **Provider: JOYCE ALTMAN INTERPRETERS INC** 

PO BOX 4165

**TUSTIN, CA 92781** TIN: 330956713

Payee ID: 49459

Claim #: 2019007204

From: 02/20/2019

Through: 08/06/2019

Bill Type: PROF

Adjuster: Hirata, Kurt

SS#:

Date of Birth: Date Received: 08/28/2019 Reviewed By: 19

**Date Reviewed: 09/04/2019** 

Check Number: 2792018 Check Date: 09/16/2019

Jurisdiction: CA

Date of Injury: 02/13/2018 Bill Review #: FIC-IWCA-3326982

**Payment Type: MED** 

Patient Acct #: 75458

Claimant:

Bill Control #: FIC-IWCA-3326982

**PPO Subnet:** 

**Employer: ELITE LEATHER COMPANY** 

**Diagnosis Codes:** 

T14.90

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 P12 A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY. 224 G2 402 18 PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES,5307 PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT 402 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:**

Description Code

THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE. G2

## **ANSI Claim Adjustment Reason Codes:**

Code

Description

Exact duplicate claim/service 18

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 4603.5 and 5307.1.

## TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filling a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to: ICW Group, PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446



**Insurance Company of the West** 

15025 Innovation Drive San Diego, CA 92128

**Check Date:** 09/25/2019 **Check Number:** 2804603

Check Amount: \$360.00

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,EF6ZDH

11/9/18 3:44 PM 3 0000250 20190926 OI8RS205 JOP-FEC 2 oz DOM OI8RS20000\* 161281 CK

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



**Payment Summary** 

Claim # 2019007204 Category	Claimant Date of Injury and 02/13/2018  Stub Notes	<b>Total Billed To</b> \$8,510.00	tal Reduction \$8,150.00	Total Payment \$360.00
180	PARTIAL DUP 3231740, 3308778, 3292129, 3239799, 33			Stub Amount
	1 220. 3201. 10, 0000110, 0232123, 3233133, 33			\$0.00

See attached page(s) for Explanations of Review



Mitchell SmartAdvisor

Payer: Insurance Company of the West

**Provider: JOYCE ALTMAN INTERPRETERS INC** 

PO BOX 4165 **TUSTIN, CA 92781** 

TIN: 330956713 Payee ID: 49459

> Claim #: 2019007204 From: 02/20/2019

Bill Type: PROF

Check Number: 2804603

Check Date: 09/25/2019

Jurisdiction: CA Payment Type: MED

Adjuster: Hirata, Kurt

Claimant: SS#:

Patient Acct #: 75458

Reviewed By: 18

Through: 08/13/2019

Date of Birth: **Date Received:** 09/10/2019

**Date of Injury:** 02/13/2018 **Date Reviewed:** 09/12/2019 Bill Review #: FIC-IWCA-3338280

Bill Control #: FIC-IWCA-3338280 **PPO Subnet:** 

**Employer: ELITE LEATHER COMPANY** 

Diagnosis	Codes		T14	4.90							
Date of			Procedu			Fee		Daduatiana		······································	<i>)</i>
Service	Line	PC	S Code/Mo		Charged	Schedule		Reductions Prior Paid		Allowed	Explanation Codes
02/20/2019	001	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224 402
00/00/0040	000		=	This drug/service	e/supply is no	t included in	the fee sch	edule or contra	acted/legis	lated fee arr	angement.
02/22/2019	002	11	T1013	U	230.00	230.00	0.00	0.00	0.00	0.00	224 402
02/27/2019	003	11	T1013	This drug/service	e/supply is no	t included in	the fee sch	edule or contra	acted/legis	lated fee arr	angement.
02/2//2019	003	11	11013	0 This drug/son is	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
03/01/2019	004	11	T1013	This drug/service 0	e/supply is no: 180.00	t included in	the fee sch				_
	001	• • •	11010	This drug/service		180.00 t included in	0.00	0.00	0.00	0.00	224, 402
03/06/2019	005	11	T1013	0	180.00	180.00	0.00	edule of contra 0.00	acted/legis 0.00		_
				This drug/service			the fee sch	edule or contra	U.UU acted/legie	0.00	224, 402
03/08/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service	e/supply is no				o.oo acted/legisl	ated fee arr	224, 402 angement
03/15/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servic	e/supply is not	included in			cted/leaisi	ated fee arra	angement
03/20/2019	800	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224 402
00/00/0040	000			This drug/servic	e/supply is not	included in	the fee sche	edule or contra	cted/legisl	ated fee arra	angement.
03/22/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224 402
03/27/2019	040	44	T4040	This drug/servic	e/supply is not	included in	the fee sche	edule or contra	cted/legisl	ated fee arra	angement.
03/2/12019	010	11	T1013	0 This almost a sector	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
03/29/2019	011	11	T1013	This drug/service	e/supply is not	included in	the fee sche	edule or contra			angement.
00/20/2010	011	''	11013	0 This drug/son/io	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
04/03/2019	012	11	T1013	This drug/service	e/supply is not 180.00	180.00	the fee sche	edule or contra			
		• •		This drug/service			0.00	0.00	0.00	0.00	224, 402
04/05/2019	013	11	T1013	0	180.00	180.00	0.00	oute or contra 0.00	ctea/legisi 0.00		-
				This drug/service				odule or contra	U.UU ctod/logici	0.00	224, 402
04/10/2019	014	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	
				This drug/service	e/supply is not		the fee sche	edule or contra	cted/legist	o.oo ated fee arra	224, 402
04/12/2019	015	11	T1013	, U	180.00	180.00	0.00	0.00	0.00	0.00	224 402
04/47/0040				This drug/service	e/supply is not	included in t	the fee sche	dule or contra	cted/legisla	ated fee arra	angement.
04/17/2019	016	11	T1013	U	180.00	180.00	0.00	0.00	0.00	0.00	224 402
04/40/2040	047		T4040	This drug/service	e/supply is not	included in t	the fee sche	dule or contra	cted/legisla	ated fee arra	ingement.
04/19/2019	017	11	T1013	Ü	180.00	180.00	0.00	0.00	0.00	0.00	224 402
04/24/2019	018	11	T1013	This drug/service	e/supply is not	included in t	he fee sche	dule or contra		ated fee arra	ingement.
0-72-72013	010	• • •	11013	O This drug/sorries	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
04/26/2019	019	11	T1013	This drug/service 0	180.00	included in t	ne tee sche				
	0.0	' '	11010			180.00	0.00	0.00	0.00	0.00	224, 402
05/01/2019	020	11	T1013	This drug/service	180.00	180.00	0.00				-
				This drug/service				0.00 dule or contra	0.00	0.00	224, 402
05/03/2019	021	11	T1013	0	180.00	180.00	0.00	0.00	0.00	ned lee arra 0.00	-
				This drug/service				dule or contrac	0.00 ted/legisls	oted foe arra	224, 402
05/08/2019	022	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
05/40/05				This drug/service	supply is not			dule or contrac	ted/legisla	ited fee arra	ngement
05/10/2019	023	11	11013	U	180.00	180.00	0.00	0.00	0.00	0.00	224 402
05/45/0040	004			This drug/service	/supply is not	included in tl	he fee sche	dule or contrac	ted/legisla	ted fee arra	ngement.
05/15/2019	024	11	11013	U	180.00	180.00	0.00	0.00	0.00	0.00	224 402
05/17/2019	025	11	T1010	This drug/service	/supply is not i	included in tl	he fee sche	dule or contrac	ted/legisla	ted fee arra	ngement.
00/11/2019	020	11	11013	U	180.00	180.00	0.00	0.00	0.00	0.00	224 402
05/22/2019	026	11	T1013	This drug/service	/supply is not i	included in th	ne tee sched	dule or contrac			
	020			U This drug/con/ico	180.00 /supply is not i	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service	raupply is fiol i	nciuaea in ti	ie iee sche	quie or contrac	ted/legisla	ted fee arrai	naement. 🖊



Mitchell SmartAdvisor ......

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165 TUSTIN, CA 92781

Claim #: 2019007204 From: 02/20/2019

TIN: 330956713 Payee ID: 49459 Check Number: 2804603 Check Date: 09/25/2019

Bill Type: PROF Jurisdiction: CA Payment Type: MED

Through: 08/13/2019 Adjuster: Hirata, Kurt

Claimant:

Reviewed By: 18

SS#: Date of Birth:

Date of Birth: Date Received: 09/10/2019 Date Reviewed: 09/12/2019 Bill F

Date of Injury: 02/13/2018
Bill Review #: FIC-IWCA-3338280

Patient Acct #: 75458 Bill Control #: FIC-IWCA-3338280 PPO Subnet:

**Employer: ELITE LEATHER COMPANY** 

( Diagnosis C	odes:		T14.	90							
Date of			Procedure	•		Fee		Reductions	•		Explanation
Service	Line	POS	Code/Mod	l Qty	Charged	Schedule		Prior Paid		Allowed	Codes
05/24/2019	027	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is no	t included in	the fee sch			lated fee an	
05/29/2019	028	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is no	t included in	the fee sch	edule or contra	cted/legis	lated fee an	angement.
05/31/2019	029	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is no	t included in	the fee sch	edule or contra	cted/legis	lated fee an	angement.
06/05/2019	030	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is no	t included in	the fee sch	edule or contra	acted/legis	lated fee an	angement.
06/07/2019	031	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is no	t included in	the fee sch	edule or contra	acted/legis	lated fee an	angement.
06/12/2019	032	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is no	t included in	the fee sch	edule or contra	acted/legis	lated fee an	angement.
06/14/2019	033	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is no	t included in	the fee sch	edule or contra	cted/legis	lated fee an	angement.
06/19/2019	034	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
		• •		This drug/servi			the fee sch	edule or contra	cted/legis	lated fee an	angement.
06/21/2019	035	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
00,2.,20.0		• • •		This drug/servi					acted/leais	lated fee an	
06/25/2019	036	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
00/20/2010	000			This drug/servi							
07/05/2019	037	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
01/03/2013	001	• •		This drug/servi							
07/09/2019	038	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
01/03/2013	000	• •		This drug/servi							
07/12/2019	039	11	T1013	n ins urug/servi	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
01/12/2019	039	11.		This drug/servi							
07/16/2019	040	11	T1013	O	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
01/10/2019	040	11		This drug/servi							
07/19/2019	041	11	T1013	nnis urug/servi	180.00	180.00	0.00	0.00	0.00	0.00	402, 224
07/19/2019	041	11		This drug/servi							•
07/00/0040	040	4.4			180.00	180.00	0.00	0.00	0.00	0.00	224, 402
07/23/2019	042	11	T1013	O This drug/somi							
07/06/0040	042	4.4	T1013	This drug/servi		180.00	0.00	0.00	0.00	0.00	224, 402
07/26/2019	043	11		O	180.00						
07/00/0040	044	44		This drug/servi					0.00	0.00	
07/30/2019	044	11	T1013	0	180.00	180.00	0.00	0.00			224, 402
00/00/0040	0.45			This drug/servi							
08/02/2019	045	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi							
08/06/2019	046	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi							
08/09/2019 •	047	11	T1013	8	180.00	0.00	0.00	0.00		• 180.00	790, 40
				This drug/servi							
08/13/2019 •	048	11	T1013	8	180.00	0.00	0.00	0.00		180.00	790, 40
				This drug/servi			the fee sch	edule or contra			rangement.
			Tot	als:	8,510.00	8,150.00	0.00	0.00	0.00	360.00	

## Comments:

PARTIAL DUP 3231740, 3308778, 3292129, 3239799, 3302721,3326982

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

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/04/19 75606

EAMS#(s):

SS #

BILL TO:

INSURANCE CO. OF THE WEST (SD)

W. C. DEPARTMENT

ATTN: CLAIM ADJUSTER P.O. BOX # 509039 SAN DIEGO, CA 92150

DOB :

Terms: 60 days Claim #(s):

201813763

vs SUN & SANDS ENTERPR/PRIME TIME Date Of Injury: 7/10/17 - 7/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
========	=======================================	=======================================	=======================================
03/22/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
, ,		SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
/ / 03/25/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS THERAPY	230.00
/ /	_	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
, ,	INTERPRETER:	MARIA BARBOSA # 500267	0.00
/ / 04/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
, ,	INTERPRETER:	MARIA BARBOSA # 500267	0.00
/ / 04/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
1 1	INTERPRETER:	MARIA BARBOSA # 500267	0.00
/ / 04/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
/ / 05/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
, ,	INTERPRETER:	MARIA BARBOSA # 500267	0.00
/ / 05/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
05/15/19	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

EAMS#(s):

SS # : DOB :

BILL TO:

ATTN: CLAIM ADJUSTER P.O. BOX # 509039 SAN DIEGO, CA 92150

INSURANCE CO. OF THE WEST (SD)

W. C. DEPARTMENT

Claim #(s):

\*\*\* INVOICE \*\*\*

Date NO#

10/04/19 75606

201813763

VS SUN & SANDS ENTERPR/PRIME TIME Case: 1

Date Of Injury: 7/10/17 - 7/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
===========	:======================================	=======================================	
05/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/03/19	PMT BY CHECK	DOS 5/6/19* =# 2660044	-180.00
06/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	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:	MARIA BARBOSA # 500267	0.00
06/21/19	PMT BY CHECK	DOS 5/15/19* =# 2684035	-180.00
06/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/27/19	PMT BY CHECK	DOS 5/20/19* =# 2691182	-180.00
07/01/19	PMT BY CHECK	DOS 5/31/19* =# 2695117	-180.00
06/26/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/03/19	F/U CHIRO TX	& PHYS TX HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/15/19	PMT BY CHECK	DOS 6/7/19* =# 2712381	-180.00
07/15/19	PMT BY CHECK	DOS 6/12/19* =# 2712382	-180.00
07/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/04/19 75606

EAMS#(s):

BILL TO:

INSURANCE CO. OF THE WEST (SD) Terms: 60 days

W. C. DEPARTMENT

ATTN: CLAIM ADJUSTER P.O. BOX # 509039 SAN DIEGO, CA 92150

SS # : DOB :

Claim #(s): 201813763

vs SUN & SANDS ENTERPR/PRIME TIME Case: Date Of Injury: 7/10/17 - 7/27/18

DOS	SERVICE	DESCRIPTION	TRUOMA
========	=======================================	=======================================	
07/30/19	PMT BY CHECK	DOS 6/19/19* =# 2731725	-180.00
	PMT BY CHECK	DOS 6/26/19* =# 2736041	-90.00
08/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
08/02/19	FOLLOW-OF	PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
/ / 08/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
08/07/19	robbon or	PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/15/19	PMT BY CHECK	DOS 7/3/19* =# 2754263	-90.00
08/15/19	PMT BY CHECK	DOS 7/10/19* =# 2754264	-180.00
08/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
00/14/10	1022011 01	PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/28/19	PMT BY CHECK	DOS 7/24/19* =# 2769388	-180.00
08/28/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
00/20/13		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/13/19	PMT BY CHECK	DOS 8/7/19* =# 2790125	-180.00
09/13/19	PMT BY CHECK	DOS 8/2/19* =# 2790126	-180.00
09/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/25/19	PMT BY CHECK	DOS 8/14/19* =# 2804605	-180.00
09/24/19	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 FAX: 714 832-1979 \*\*\* INVOICE \*\*\* Date HOM 10/04/19 75606

EAMS#(s):

SS # : DOB :

201813763

BILL TO:

INSURANCE CO. OF THE WEST (SD) Terms: 60 days W. C. DEPARTMENT Claim #(s):

ATTN: CLAIM ADJUSTER P.O. BOX # 509039 SAN DIEGO, CA 92150

TAX ID# 33-0956713

VS SUN & SANDS ENTERPR/PRIME TIME

Date Of Injury: 7/10/17 - 7/27/18

SERVICE DOS

DESCRIPTION

TRUOMA

BALANCE 2480.00

\* 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 \*\*

**Insurance Company of the West** 

15025 Innovation Drive San Diego, CA 92128 **Check Date:** 08/28/2019 **Check Number:** 2769388

Check Amount: \$180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,0X9MDK

11/9/18 3:44 PM 3 0000988 20190829 OH9DS102 JOP-FEC 1 oz DOM OH9DS10000\* 161281 CK

Illiniti Illini Illini



**Payment Summary** 

Claim # 35542 2018013763	cess at the Claimant County is a superior of the county of	Date of Injury # 07/10/2018	1/4 (Fefal Billed II) \$3,200.00	<b>tal Reduction</b> \$3,020.00	<b>ATotal Paymen</b> \$180.00
Category	Stub Notes			Γ	Stub Amount
180	\nPARTIAL DUP IWCA 3204821 ,IWCA 3216121 ,IWCA	A 321			\$0.00

ary

K9MDK

Payer: Insurance Company of the West

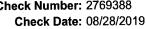
**Provider: JOYCE ALTMAN INTERPRETERS INC** 

PO BOX 4165 **TUSTIN, CA 92781** TIN: 330956713

Payee ID: 49459

Check Number: 2769388

**Date Reviewed: 08/13/2019** 



Claim #: 2018013763

Bill Type: PROF

Jurisdiction: CA Payment Type: MED

From: 03/22/2019 Claimant:

SS#:

Patient Acct #: 75606

Date of Birth:

Date of Injury: 07/10/2018

Reviewed By: 3Q

**Date Received:** 08/10/2019

Through: 07/24/2019

Bill Review #: FIC-IWCA-3293782

Bill Control #: FIC-IWCA-3293782

Adjuster: Parham, Robert

**PPO Subnet:** 

**Employer: SUN & SANDS ENTERPRISES LLC** 

(Diagnosis C	odes:		T14.	90			*****				
Date of			Procedure			Fee	F	Reductions			Explanation
Service	Line	POS	Code/Mod		Charged	Schedule	PPO	Prior Paid	Other	Allowed	Codes
03/22/2019	001		T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service	ce/supply is no		the fee sch	edule or contra	cted/legis	slated fee ar	rrangement.
03/25/2019	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service					cted/legis	slated fee ai	rrangement.
04/01/2019	003	11	T1013	. 0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service					cted/legis	slated fee ai	rrangement.
04/12/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00		224, 402
				This drug/service				edule or contra	cted/legis	slated fee ai	rrangement.
04/17/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi					cted/legis	slated fee a	rrangement.
04/24/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi			the fee sch		cted/legi	siated fee ai	rrangement.
05/03/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi					cted/legi:	slated fee a	rrangement.
05/06/2019	800	11	T1013	- 0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi			the fee sch	equie or contra 0.00	ctea/legi: 0.00	siated fee al 0.00	224, 402
05/15/2019	009	11	T1013	0	180.00	180.00	0.00				
				This drug/servi			tne tee sch 0.00	edule or contra 0.00	cted/legi: 0.00	0.00	224, 402
05/20/2019	010	11	T1013	U This drug/servi	180.00	180.00					
			T4040	This drug/servi	ce/supply is no 180.00	180.00	0.00	0.00	0.00	0.00	224, 402
05/31/2019	011	11	T1013	This drug/servi	100.00						
00/07/0040	040	4.4	T4040	_	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
06/07/2019	012	11	T1013	0 This drug/servi	100.00	t included in	the fee sch				
0014010040	040	4.4	T1013	nnis arug/servi 0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
06/12/2019	013	11	11013	This drug/servi	ce/eupply is no	nt included in					,
00/40/0040	014	11	T1013	Triis drug/servi	180.00	180.00	0.00	0.00	0.00	0.00	402, 224
06/19/2019	014	11	11013	This drug/servi	ce/supply is no	ot included in					rrangement.
06/26/2019	015	11	T1013	n na Grugiseivi	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
00/20/2019	013		17010	This drug/servi	ice/supply is no		the fee sch	edule or contra	cted/legi	slated fee a	rrangement.
07/03/2019	016	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
01/03/2019	010		11015	This drug/servi	ice/supply is n	ot included in	the fee sch	edule or contra	cted/legi	slated fee a	rrangement.
07/10/2019	017	11	T1013	_ 0	180 00	180.00	0.00	0.00	0.00	0.00	224, 402
0771072013	017	• • •	1,0,0	This drug/servi	ice/supply is n	ot included in	the fee sch	edule or contra	cted/legi	islated fee a	rrangement.
07/19/2019	018	11	T1013	0	180 00	180.00	0.00	0.00	0.00	0.00	224, 402
01/10/2019	0.0	• •	, , , , ,	This drug/servi	ice/supply is n	ot included in	the fee sch	edule or contra	cted/legi	islated fee a	rrangement.
07/24/2019	019	11	T1013	8	180 00	0.00	0.00	0.00	0.00	180.00	402
0112-12010	0.0	• •		This drug/serv	ice/supply is n	ot included in	the fee sch	edule or contra	cted/leg	islated fee a	arrangement.
			To	tals:	3,200.00	3,020.00	0.00	0.00	0.00	180.00	

## Comments:

402

PARTIAL DUP IWCA 3204821 ,IWCA 3216121 ,IWCA 3218747 ,IWCA3241849 ,IWCA 3243159 ,IWCA 3179909

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	<u> </u>		A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT
402	G56	18	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE IN COMMITTEEN THE TRANSPORTED TO THE TRANSPORTED

**CODES WITH THE CHARGES.5307** PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT



**Insurance Company of the West** 

15025 Innovation Drive San Diego, CA 92128

**Check Date:** 09/13/2019 **Check Number:** 2790125 **Check Amount:** \$180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments

directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,HDNUD0

11/9/18 3:44 PM 3 0001242 20190916 OI56T103 JOP-FEC 1 oz DOM OI56T10000\* 161281 CK



75606

**Payment Summary** 

Clair <del>2</del>	a dyment cumina	y a » Date of lojurys	Samerati (Siljerina)		otal Payment
2018013763		07/10/2018	\$5,260.00	\$5,080.00	\$180.00
Category	Stub Notes				Stub Amount
180	PARTIAL DUP IWCA 3176420 3243159 3218747 3228884 3				\$0.00

See attached page(s) for Explanations of Review

Michel Smarthdvisor

Payer: Insurance Company of the West **Provider: JOYCE ALTMAN INTERPRETERS INC** 

PO BOX 4165

**TUSTIN, CA 92781** TIN: 330956713

Payee ID: 49459

Check Number: 2790125

**Date Reviewed: 09/03/2019** 

Check Date: 09/13/2019

Claim #: 2018013763

Bill Type: PROF

Jurisdiction: CA Payment Type: MED

Claimant:

From: 03/22/2019 Through: 08/07/2019 Adjuster: Parham, Robert

Date of Injury: 07/10/2018

SS#:

Date of Birth: **Date Received:** 08/30/2019

Bill Review #: FIC-IWCA-3324224

Reviewed By: 3L Patient Acct #: 75606

Bill Control #: FIC-IWCA-3324224

**PPO Subnet:** 

**Employer: SUN & SANDS ENTERPRISES LLC** 

(Diagnosis (	Codes:		T14.90								
Date of			Procedure		Fee Reductions					Explanation	
Service	Line	POS	S Code/Mod	Qty	Charged	Schedule	PPO	Prior Paid	Other	Allowed	Codes
03/22/2019	001	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224
03/25/2019	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224
04/01/2019	003	.11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
04/12/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
04/17/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
04/24/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
05/03/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
05/06/2019	800	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
05/15/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
05/20/2019	010	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
05/31/2019	011	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
06/07/2019	012	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
06/12/2019	013	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
06/19/2019	014	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
06/26/2019	015	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224
07/03/2019	016	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224
07/10/2019	017	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
07/19/2019	018	11	T1013	0	1,880.00	1,880.00	0.00	0.00	0.00	0.00	224
07/24/2019	019	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
08/02/2019	020	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224
•08/07/2019	021	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00 •	790
			Totals:		5 260 00	5.080.00	0.00	0.00	0.00	180.00	

## Comments:

PARTIAL DUP IWCA 3176420 3243159 3218747 3228884 3204821, 259928

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:

State ANSI **BR** Description BR

A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.

WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9 790

## **Procedure Code Guide:**

Code Description

Sign language or oral interpretive services, per 15 minutes T1013

#### **Notices:**

224

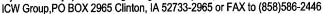
Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1.

## TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to:



**Insurance Company of the West** 15025 Innovation Drive San Diego, CA 92128

Check Date: 09/13/2019

Check Number: 2790126 Check Amount: \$180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,GDNUDX

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

Payment Summary

Glaim #16.2 2018013763	Cialmanuscolos de la companya de la	astrateral in they a	्रेक्ट विकास स्थान स्थापित । इ.स.च्या १९८० च्या १९८	រដីស៊ីស៊ី(VE)ប្រែម៉ែង	dal Cayment
	Di I N	07/10/2018	\$3,380.00	\$3,200.00	\$180.00
Category	Stub Notes			St	ub Amount
180	PARTIAL DUP IWCA 3176420,3179909,3204821,3216121,3				\$0.00

Michelletinesand

Payer: Insurance Company of the West

**Provider: JOYCE ALTMAN INTERPRETERS INC** 

PO BOX 4165 **TUSTIN, CA 92781** 

TIN: 330956713 Payee ID: 49459

Claim #: 2018013763

From: 03/22/2019

Through: 08/02/2019

Bill Type: PROF

**Date Reviewed:** 09/01/2019

Check Number: 2790126

Check Date: 09/13/2019

Jurisdiction: CA Payment Type: MED

Adjuster: Parham, Robert

Claimant: SS#:

Date of Birth:

Date of Injury: 07/10/2018

Bill Review #: FIC-IWCA-3320721

Reviewed By: 2Q Patient Acct #: 75606

**Date Received:** 08/28/2019

Bill Control #: FIC-IWCA-3320721

**PPO Subnet:** 

**Employer: SUN & SANDS ENTERPRISES LLC** 

(Diagnosis C	odes:		T14.9	90							)
Date of			Procedure			Fee		Reductions			Explanation
Service	Line	POS	Code/Mod	Qty	Charged	Schedule	PPO	Prior Paid	Other	Allowed	Codes
03/22/2019	001	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is n	ot included in		edule or contra			
03/25/2019	002	11	T1013	. 0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
1				This drug/servi				edule or contra			
04/01/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi				edule or contra			angement.
04/12/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
								edule or contra			
04/17/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
								edule or contra			
04/24/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi				edule or contra			
05/03/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
								edule or contra			
05/06/2019	800	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				•				edule or contra			
05/15/2019	009	11	T1013	0	180.00	180.00	0.00		0.00	0.00	224, 402
0.000.000.40	0.4.0			This drug/servi				edule or contra			rangement. 224, 402
05/20/2019	010	11	T1013	U This down to and	180.00	180.00	0.00	0.00	0.00	0.00	
05/04/0040	044	44		_			0.00	edule or contra 0.00	cteanegi: 0.00	0.00	224, 402
05/31/2019	011	11	T1013	0 This down / 2 2 m d	180.00	180.00		edule or contra			
00/07/0040	040	44	T1013	nis arug/servi	ce/supply is r	180.00	0.00	0.00	o.ed/legi:	0.00	224, 402
06/07/2019	012	11	11013		100.00			edule or contra			
00/40/0040	040	4.4		i nis arug/servi	ce/supply is r 180.00	180.00 180	0.00	0.00	0.00	0.00	224, 402
06/12/2019	013	11	T1013	U This dwya/aand				edule or contra			
06/40/2040	014	11	T1013	n is urug/servi	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
06/19/2019	014	11	11013					edule or contra			
06/06/2010	015	11	T1013	niis urug/servi	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
06/26/2019	015	1.1	11013					edule or contra			•
07/03/2019	016	11	T1013	n ins urug/servi	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
07/03/2019	010	11	11013	This drug/servi				nedule or contra			
07/10/2019	017	11	T1013	n is drug/serv	180.00	180.00	0.00		0.00	0.00	224, 402
01/10/2019	017	''	11013	This drug/serv				nedule or contra	cted/legi	slated fee ar	
07/19/2019	018	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
0111012019	0.0		. 10 10		ice/supply is r	not included in		nedule or contra	cted/leai	slated fee ar	
07/24/2019	019	11	T1013	0	180.00	180.00			0.00	0.00	224, 402
0112712013	013	• •	. 10.10		ice/supply is			nedule or contra	cted/legi	slated fee ar	rangement.
08/02/2019	020	11	T1013	8	180.00	0.00		0.00	0.00	180.00 •	790, 402
0010212013	020	' '	, 10 10					nedule or contra			rangement.
			Tot		3,380.00	3,200.00			0.00	180.00	<del></del>

## Comments:

790

G2

PARTIAL DUP IWCA 3176420,3179909,3204821,3216121,3218747,3241849,3243159,3259928,3264256,3281274,3284847,3293561,3293782 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 N

WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.

PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT 402 **CODES WITH THE CHARGES.5307** 

WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9



Insurance Company of the West

15025 Innovation Drive San Diego, CA 92128

**Check Date:** 09/25/2019 **Check Number:** 2804605

Check Amount: \$180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,DF6ZDE

JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781

**Payment Summary** 

Claim # 2018013763	也,是《Jaimant》		rayment Sum	Date of Injury	Total Billiads To	talaReduction & Total	
Category	Stub Notes			07/10/2018	\$3,740.00	\$3,560.00	\$180.00
180	PARTIAL DUP IWO	A 3176420, 3179909, 32	204821, 321612			Stul	b Amount
							\$0.00

75604

See attached page(s) for Explanations of Review



Mitchell SmartAdvisor

Payer: Insurance Company of the West

Provider: JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165 **TUSTIN, CA 92781** TIN: 330956713

Payee ID: 49459

Claim #: 2018013763 From: 03/22/2019

Through: 08/14/2019

Bill Type: PROF

Jurisdiction: CA Payment Type: MED

Check Number: 2804605

Check Date: 09/25/2019

Adiuster: Parham, Robert

Claimant: SS#:

Date of Birth: Reviewed By: V3

**Date Received:** 09/10/2019 **Date Reviewed:** 09/11/2019 Date of Injury: 07/10/2018 Bill Review #: FIC-IWCA-3337553

Patient Acct #: 75606 Bill Control #: FIC-IWCA-3337553

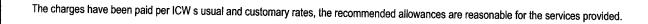
**PPO Subnet:** 

**Employer: SUN & SANDS ENTERPRISES LLC** 

(Diagnosis	Codes:		T14	1.90							
Date of			Procedur	e	<del></del>	Fee		Reductions			Familian
Service	Line	PO	S Code/Mo	d Qty	Charged	Schedule		Prior Paid		Allowed	Explanation Code
03/22/2019	001	11	T1013	0	90.00	90.00		0.00	0.00	0.00	224, 40
				This drug/servic	e/supply is ne			edule or contra	o.oo acted/legic	o.ou slated foe arr	224, 40. angement
03/25/2019	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	-
				This drug/servic	e/supply is n	ot included in	the fee sch	edule or contra	o.uu actad/laais	olated foo arr	224, 40
04/01/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	
				This drug/service		ot included in	the fee sch	edule or contro	otod/logic	U.UU	224, 402
04/12/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	o.00		
				This drug/service		ot included in	the fee sch	0.00 Odulo or contra	U.UU otod/lovic	0.00	224, 402
04/17/2019	005	11	T1013	0	180.00	180.00	0.00	edule of contra			
				This drug/service		ot included in	the fee sele	0.00	0.00	0.00	224, 402
04/24/2019	006	11	T1013	0	180.00	180.00	0.00	edule or contra			
			,	•			0.00	0.00	0.00	0.00	224, 402
05/03/2019	007	11	T1013	This drug/service 0	180.00	180.00	o oo	edule or contra			
				· ·			0.00	0.00	0.00	0.00	224, 402
05/06/2019	800	11	T1013	This drug/service	180.00	180.00	une lee sche	edule or contra			
			. 1010	•			0.00	0.00	0.00	0.00	224, 402
05/15/2019	009	11	T1013	This drug/service	73uppiy is fic 180.00	180.00	the iee sche	edule or contra			
		• •		This drug/service			0.00	0.00	0.00	0.00	224, 402
05/20/2019	010	11	T1013	This drug/service	75uppiy is ric 180.00	n included in	the ree sche	edule or contra			
		• •	11010	•		180.00	0.00	0.00	0.00	0.00	224, 402
05/31/2019	011	11	T1013	This drug/service	soupply is no	included in	the tee sche	edule or contra			angement.
	011		11013	This drug/condo	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
06/07/2019	012	11	T1013	This drug/service 0	soupply is no	i included in	tne tee sche	dule or contra			angement.
00.00.2010	0.2	• •		<del>-</del>	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
06/12/2019	013	11	T1013	This drug/service	supply is no	t included in	the fee sche	dule or contra		lated fee arra	angement.
00/12/2010	010	' '		O	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
06/19/2019	014	11	T1013	This drug/service	supply is no	t included in	the fee sche	dule or contra		lated fee arra	angement.
00/10/2019	014	''		U This dww/samiss	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
06/26/2019	015	11	T1013	This drug/service	/supply is no	t included in	the fee sche	dule or contra	cted/legisl	ated fee arra	ingement.
00/20/2019	013	11		U This down to a mile	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
07/03/2019	016	11	T1013	This drug/service	/supply is no	t included in t	the fee sche		cted/legisl	ated fee arra	ingement.
01/03/2019	010	11		Th::	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
07/10/2019	017	44	T4040	This drug/service	/supply is no	t included in t	the fee sche	dule or contrac	cted/legisl	ated fee arra	ngement.
01/10/2019	017	11	11013	U	180.00	180.00	0.00	0.00	0.00	0.00	224 402
07/19/2019	040	44	T4040	This drug/service	supply is no	t included in t	he fee sche	dule or contrac	ted/legisl	ated fee arra	ngement.
3111912019	018	11	11013	Ü	180.00	180.00	0.00	0.00	0.00	0.00	224 402
7/24/2040	040		T4040	This drug/service	supply is not	t included in t	he fee sche	dule or contrac	ted/legisl	ated fee arra	ngement.
07/24/2019	019	11	11013	U	180.00	180.00	0.00	0.00	0.00	0.00	224 402
00/00/0040	000			This drug/service	supply is not	included in t	he fee sche	dule or contrac	ted/legisl	ated fee arra	ngement.
08/02/2019	020	11	11013	U	180.00	180.00	0.00	0.00	0.00	0.00	224 402
2010=10010			•	This drug/service	supply is not	included in t	he fee sche	dule or contrac	ted/legisla	ated fee arra	ngement.
08/07/2019	021	11	11013	Ü	180.00	180.00	0.00	0.00	0.00	0.00	224 402
			•	This drug/service	supply is not	included in t	he fee sche	dule or contract	ted/legist	ated fee arra	ngement
08/14/2019 🔹	022	11	11013	8	180.00	0.00	0.00	0.00	0.00	180 00 •	790 402
			-	This drug/service/	supply is not		he fee sche	dule or contrac	ted/legists	ated fee arra	naement
			Tota	ls:	3,740.00	3,560.00	0.00	0.00	0.00	180.00	ngement.

#### Comments:

PARTIAL DUP IWCA 3176420, 3179909, 3204821, 3216121, 3218747, 3293561, 3241849, 3243159, 3259928, 3293561, 3281274, 3284847, 3264256, 3293782, 3320721, 3324224,





P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/11/19 75759

EAMS#(s):

BILL TO:

P.O. BOX # 509039 SAN DIEGO, CA 92150 SS # :

INSURANCE CO. OF THE WEST (SD) Terms: 60 days
W. C. DEPARTMENT Claim #(s):
ATTN: MARIA MADISON 2019005997

vs TRI-FITTING MFG.

Date Of Injury: 4/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
DOS ====================================	SERVICE  INITIAL EXAM  INTERPRETER: POST-OP INTERPRETER: PR2/REEVAL INTERPRETER: PMT BY CHECK PR2/REEVAL INTERPRETER: PMT BY CHECK PMT BY CHECK PR2/REEVAL INTERPRETER: PMT BY CHECK PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF* PAUL LAZCANO # 101143 DR FELDMAN @ HAND & ORTHO* JOSUE CALDERON # 101193 DR FELDMAN @ HAND & ORTHO* JOSUE CALDERON # 101193 DOS 4/19/19* =# 2642655 DR FELDMAN @ HAND & ORTHO* JOSUE CALDERON # 101193 DOS 4/30/19* =# 2653065 DOS 5/8/19* =# 2667251 DR FELDMAN @ HAND & ORTHO* JOSUE CALDERON # 101193 DOS 5/22/19* =# 2691183 DR FELDMAN @ HAND & ORTHO* JOSUE CALDERON # 101193 DOS 5/22/19* =# 2691183 DR FELDMAN @ HAND & ORTHO* JOSUE CALDERON # 101193 DOS 6/19/19* =# 2729611 DR FELDMAN @ HAND & ORTHO*	230.00  0.00 180.00 0.00 180.00 0.00 -180.00 0.00 -180.00 -180.00 0.00 -180.00 180.00 0.00 -180.00 180.00 0.00 -180.00 180.00 180.00
08/29/19	INTERPRETER: PMT BY CHECK	JOSUE CALDERON # 101193 DOS 6/27/19-7/23/19* =# 2771677	0.00 -360.00

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

\*\*\* INVOICE \*\*\* Date NO# 09/11/19 75759

EAMS#(s):

SS #

BILL TO:

INSURANCE CO. OF THE WEST (SD)

W. C. DEPARTMENT ATTN: MARIA MADISON P.O. BOX # 509039 SAN DIEGO, CA 92150

TAX ID# 33-0956713

SS # : DOB : Terms: 60 days Claim #(s): 2019005997

Case:

vs TRI-FITTING MFG.

Date Of Injury: 4/9/19

DESCRIPTION

AMOUNT

SERVICE DOS 

BALANCE 50.00

\* 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 \*\*

**Insurance Company of the West** 

15025 Innovation Drive San Diego, CA 92128

Check Date: 08/29/2019 Check Number: 2771677

Check Amount: \$360.00

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,8FSMDA

11/9/18 3:44 PM 3 000/1334 20190830 OH9V6103 JOP-FEC 1 oz DOM OH9V610000\* 161281 CK

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



**Payment Summary** 

Claim #.e. 2019005997	Claimant	scolatiotal Billiad Tob \$1,310.00	ial/Reduction/ \$950.00	otal Paymeni \$360.00
Category	Stub Notes		1 8	Stub Amount
180	PARTIAL DUP IWCA 3160411, 3172250, 3190853, 321655			\$0.00

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

Claim #: 2019005997 From: 04/19/2019

Through: 07/23/2019

Bill Type: PROF

Check Date: 08/29/2019

Check Number: 2771677

Jurisdiction: CA Payment Type: MED

Adjuster: Almeida, Marcy

Claimant: SS#:

Reviewed By: 91

Patient Acct #: 75759

Date of Birth:

**Date Reviewed: 08/16/2019** 

Date of Injury: 04/09/2019

Bill Review #: FIC-IWCA-3299634

**PPO Subnet:** 

Date Received: 08/15/2019

Bill Control #: FIC-IWCA-3299634

**Employer: TRI-FITTING MFG. COMPANY** 

(Diagnosis C	odes:		T14.	90							$\overline{}$
Date of			Procedure		,	Fee	[	Reductions			Explanation
Service	Line	PO	S Code/Mod	Qty Qty	Charged	Schedule	PPO	Prior Paid	Other	Allowed	Codes
04/19/2019	001	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			•	This drug/servic	e/supply is no	ot included in th	ne fee sch	edule or contrac	cted/legis	lated fee arr	angement.
04/30/2019	002	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			•	This drug/servic	e/supply is no	ot included in th	ne fee sch	edule or contrac	cted/legis	lated fee arra	angement.
05/08/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			•	This drug/servic	e/supply is no	t included in th	ne fee sch	edule or contrac	cted/legis	lated fee arra	angement.
05/22/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			•	This drug/servic	e/supply is no	t included in th	ne fee sch	edule or contrac	ted/legis	lated fee arra	
06/19/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			-	This drug/servic	e/supply is no	t included in th	ne fee sche	edule or contrac	ted/legis	lated fee arra	
06/27/2019	006	11	T1013	1	180.00	0.00	0.00	0.00	0.00	180.00 -	790, 402
			-	This drug/servic	e/supply is no	t included in th	e fee sche	edule or contrac	ted/legis	lated fee arra	
07/23/2019 •	007	11	T1013	1	180.00	0.00	0.00	0.00	0.00	180.00 •	790, 402
			-	This drug/servic	e/supply is no	t included in th	e fee sche	edule or contrac	ted/legis	lated fee arra	angement.
			Tota		1,310.00	950.00	0.00	0.00	0.00	360.00	

#### Comments:

PARTIAL DUP IWCA 3160411, 3172250, 3190853, 3216553, 3259929

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

Workers' compensation jurisdictional fee schedule adjustment. P12

**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 4603.5 and 5307.1.

#### TIME LIMITS TO DISPUTE PAYMENT AMOUNT.

Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.



Joyce Altman Interpreters, Inc. P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

BILL TO:

\*\*\* INVOICE \*\*\* Date NO# 10/03/19 75762

EAMS#(s):

SS # : DOB :

INSURANCE CO. OF THE WEST (SD)

W. C. DEPARTMENT

ATTN: KURT HIRADA P.O. BOX # 509039 SAN DIEGO, CA 92150

Terms: 60 days Claim #(s):

2019006458; 2019006461

VS JL FURNISHING LLC ELITE LEATHE Date Of Injury: 9/16/15; 10/14-1/19

AMOUNT DESCRIPTION SERVICE DOS \_\_\_\_\_\_

04/22/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/22/19	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @	230.00
03/22/23		AMERI CHIRO*	
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/05/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/22/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/14/19	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/04/19	PR2/REEVAL	DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/25/19	PMT BY CHECK	DOS 8/14/19* =# 2804606	-180.00

BALANCE 1000.00

\* 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 \*\*

**Insurance Company of the West** 

15025 Innovation Drive San Diego, CA 92128

Check Date: 09/25/2019 Check Number: 2804606 Check Amount: \$180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code, GF6ZDR

JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781

**Payment Summary** 

Glaim#.	Cialmant	e of injuryante T			Niconage resources and a second
2019006458		16/2015	otal Billeds Total Re \$1.000.00	duction Tata \$820.00	
Category	Stub Notes	· · · · · · · · · · · · · · · · · · ·	<del>+ 1,000.00</del>		\$180.00
180	PARTIAL DUP IWCA 3283548, 3301625\n\nThe charges h			Stul	b Amount
				l	\$0.00

See attached page(s) for Explanations of Review



Midhel SmartAdvisor Check Number: 2804606

Payer: Insurance Company of the West

**Provider: JOYCE ALTMAN INTERPRETERS INC** 

PO BOX 4165 **TUSTIN, CA 92781** TIN: 330956713

Payee ID: 49459

Claim #: 2019006458

Bill Type: PROF

Check Date: 09/25/2019

Jurisdiction: CA Payment Type: MED

From: 04/22/2019 Through: 08/14/2019 Adjuster: Hirata, Kurt

SS#: Reviewed By: V3

Claimant: [

Date of Birth:

Date of Injury: 09/16/2015 Bill Review #: FIC-IWCA-3337535

Date Received: 09/10/2019 **Date Reviewed: 09/11/2019** Patient Acct #: 75762 Bill Control #: FIC-IWCA-3337535

**PPO Subnet:** 

**Employer: ELITE LEATHER COMPANY** 

Diagnosis (	Codes:		T14.	.90				<del></del>			
Date of Service	Line	POS	Procedure Code/Mod		Charged	Fee Schedule		Reductions	···		Explanation
04/22/2019	001	11	T1013	0	230.00			Prior Paid	<u>Other</u>	Allowed	Code
				•		230.00	0.00	0.00	0.00	0.00	224, 40
05/22/2019	002	11	T1013	This drug/service	e/supply is no	of included in the	e fee sche	edule or contrac	ted/legis	lated fee arra	angement.
	002	• •		U	230.00	230.00	0.00	በ በበ	0.00	0.00	
06/05/2019	003	11	T4040	This drug/service	e/supply is no	t included in the	e fee sche	edule or contrac	ted/leais	lated fee arra	angement
30/03/2013	003	1 1		Ų	100.00	180.00	0.00	በ በበ	$\Delta \Delta \Delta \Delta$	0.00	
7/22/2019	004			This drug/servic	e/supply is no	t included in the	e fee sche	dule or contrac	ted/leais	lated foe arra	224, 402
11/22/2019	004	11		U	100.00	100.00	0 (10)	በ በበ	$\Lambda \Lambda \Lambda$	0.00	004 454
19/14/2010	005			This drug/servic	e/supply is no	t included in the	fee sche	dule or contract	0.00 ted/legist	U.UU lated fee arra	224, 402
8/14/2019 •	005	11		•	100.00	0.00	13 (16)	በ በበ	$\alpha \alpha \alpha$	400.00	=
				This drug/service	e/supply is no	t included in the	fee sche	dule or contract	U.UU od/logici	100.00 #	790, 402
			Tota	als:	1,000,00	820.00	0.00				ingement.
					1,000.00	020.00	0.00	0.00	0.00	180.00	

#### Comments:

PARTIAL DUP IWCA 3283548, 3301625

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:

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 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 Łabor Code Section TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review

he bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of ervice January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or illing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If ne 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 mit for requesting IBR shall not begin to run until the resolution of that issue becomes final

you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to: >W Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446



P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/03/19 75826

EAMS#(s):

BILL TO:

IL TO:
INSURANCE CO. OF THE WEST (IA)

Claim #(s):

ATTN: NORA ARREOLA DURHAM 2019005339

PO BOX 2965

CLINTON, IA 52733

SS # : DOB :

Terms: 60 days

Case:

vs AFE INDUSTRIES, INC.

Date Of Injury: 3/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
=========	=======================================		
04/03/19	POST-OP	DR ROY CAPUTO @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/01/19	PR2/REEVAL	DR CAPUTO @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/12/19	PR2/REEVAL	DR CAPUTO @ HAND & ORTHO*	180.00
, ,	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/11/19	PMT BY CHECK	DOS 4/3/19-5/1/19* =# 2708739	-360.00
07/24/19	PR2/REEVAL	DR CAPUTO @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/25/19	PMT BY CHECK	DOS 6/12/19* =# 2726106	-180.00
08/22/19	PMT BY CHECK	DOS 7/24/19* =# 2762706	-180.00

BALANCE 0.00

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

**Insurance Company of the West** 

15025 Innovation Drive San Diego, CA 92128

**Check Date:** 08/22/2019 **Check Number:** 2762706

Check Amount: \$180.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,7K1JD4

11/9/18 3:44 PM 3 0000838 20190823 OH7J8102 JOP-FEC 1 oz DOM OH7J810000\* 161281 CK



**Payment Summary** 

Glaim#-	Makel Glaimante (4, 2022)	ee Date of hjurysee.	SAUCOCARENTE ANTONIO	il-Reduction at 6	tal Paymen
2019005339		03/28/2019	\$720.00	\$540.00	\$180.00
Category	Stub Notes			Stı	ub Amount
180	PARTIAL DUP IWCA 3233871\nThe charges have been pa				\$0.00



See attached name(s) for Evolunations of Review

Mitchell SmartAdvisor

Payer: Insurance Company of the West

**Provider: JOYCE ALTMAN INTERPRETERS INC** 

PO BOX 4165 **TUSTIN, CA 92781** 

TIN: 330956713 Payee ID: 49459

> Claim #: 2019005339 From: 04/03/2019

Bill Type: PROF

Check Date: 08/22/2019

Check Number: 2762706

Jurisdiction: CA Payment Type: MED

Through: 07/24/2019 Adjuster: Arreola-Durham, Nora

Claimant:

Patient Acct #: 75826

Reviewed By: 18

SS#:

Date of Birth:

Date Received: 08/07/2019

Bill Review #: FIC-IWCA-3289411

Date of Injury: 03/28/2019

Date Reviewed: 08/08/2019 Bill Control #: FIC-IWCA-3289411

**PPO Subnet:** 

**Employer: AFE INDUSTRIES INC** 

Diagnosis C	odes:		T14.9	00		· · · · · · · · · · · · · · · · · · ·				<del></del>	
Date of Service	Line	PO	Procedure S Code/Mod	Qty	Charmad	Fee Schedule	-	Reductions		A.D	Explanation
04/03/2019	001	11	T1013	0	<u>Charged</u> 180.00	180.00	0.00	Prior Paid 0.00	Other 0.00	Allowed 0.00	224, 402
			: -	This drug/servi	ce/supply is no	t included in the	e fee sche	edule or contra	cted/legis		
05/01/2019	002	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			٦	This drug/servic	ce/supply is no	t included in the	e fee sche	edule or contra	cted/legis	slated fee arr	angement.
06/12/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			٦	This drug/service	ce/supply is no	t included in the	e fee sche	edule or contra	cted/legis	lated fee arr	angement.
07/24/2019	004	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
				This drug/service	ce/supply is no	t included in the	e fee sche	edule or contra	cted/legis	lated fee arr	angement.
			Tota	ls:	720.00	540.00	0.00	0.00	0.00	180.00	

#### Comments:

PARTIAL DUP IWCA 3233871

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.

PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT 402

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

#### **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 4603.5 and 5307.1.

#### TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review (SBR): After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for SBR to the claims administrator within 90 days of service of the explanation of review. The Request for SBR must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at CA Code of Regulations, Title 8 sections 9792.5.4 and 9792.5.5. If the only dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a SBR within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

Request for Independent Bill Review (IBR): After a health care provider, health care facility, or billing agent/assignee submits a Request for SBR, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, for dates of service January 1, 2013 or after, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for IBR within 30 days of service of the EOR. The Request for IBR must conform to the requirements of CA Code of Regulations, Title 8 section 9792.5.7. If the health care provider, health care facility, or billing agent/assignee fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

If you have any questions regarding this analysis, please call Mitchell International, Inc. at (800) 732-0153 or send your bill and analysis to: ICW Group, PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446



P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/15/19 75871

EAMS#(s):

BILL TO:

INSURANCE CO. OF THE WEST (SD) Terms: 60 days W. C. DEPARTMENT Claim #(s):

ATTN: MICHELLE RIVERA 2018017998 P.O. BOX # 509039

SAN DIEGO, CA 92150

SS # : DOB :

Case: vs GO FRESH PRODUCE INC

Date Of Injury: 9/23/17

DOS	SERVICE	DESCRIPTION	AMOUNT
===========		=======================================	
05/06/19	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	230.00
, ,	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/06/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/11/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 75871	0.00
06/12/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/19/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/25/19	INITIAL PHYS	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/29/19		PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	••	0.00
07/02/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	·	0.00
07/09/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/13/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/16/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/23/19	INITIAL PSYC	EVAL ANTHONY FRANCISCO, PH.D.	230.00
07/23/19	INITIAL FOIC	@ FMR*	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/24/19	PR2/REEVAL	DR MARINA RUSSMAN/ RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:		0.00
07/30/19		PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
, ,			

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/15/19 75871

EAMS#(s):

BILL TO:

INSURANCE CO. OF THE WEST (SD)

W. C. DEPARTMENT

ATTN: MICHELLE RIVERA

Claim #(s):
2018017998

P.O. BOX # 509039 SAN DIEGO, CA 92150

SS # : DOB :

Case: vs GO FRESH PRODUCE INC

Date Of Injury: 9/23/17

DOS	SERVICE	DESCRIPTION	AMOUNT
	:======================================		
08/06/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/03/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/20/19	PMT BY CHECK	DOS 7/9/19* =# 2759485	-90.00
08/20/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/13/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/21/19	PMT BY CHECK	DOS 5/6/19-7/2/19*	-1170.00
08/21/19	FMI BI CHECK	=# 2761140	
08/20/19	FOLLOW-UP	W/ ACUPUNCT NAJIB @ FMR*	180.00
08/20/19	INTERPRETER:	IRENE MORA # 101159	0.00
/ / 08/29/19	PMT BY CHECK	DOS 7/13/19* =# 2771679	-90.00
	PMT BY CHECK	DOS 7/16/19* =# 2771678	-90.00
08/29/19	PMT BY CHECK	DOS 7/23/19-7/24/19*=	-410.00
09/04/19	PMI BI CHECK	# 2778318	
09/04/19	PMT BY CHECK	DOS 7/30/19*=	-90.00 <i>'</i>
09/04/19	FMI BI CHECK	# 2778319	
00/04/10	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
09/04/19	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
00/10/10	PMT BY CHECK	DOS 8/3/19-8/6/19*	-180.00
09/18/19	PMI BI CHECK	=# 2795911	
00/17/10	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
09/17/19	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
/ /	PMT BY CHECK	DOS 8/10/19* =# 2804604	-90.00
09/25/19		THERAPY W/DR NAJIB @ FMR*	90.00
09/25/19	F/U PHYSIO INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
/ /		PHYSICAL TX W/DR NAJIB @ FMR*	90.00
09/28/19	FOLLOW UP	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	ADDERTO VIDENCOLIDA # 200312	

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# 10/15/19 75871

EAMS#(s):

2018017998

BILL TO:

ATTN: MICHELLE RIVERA P.O. BOX # 509039 SAN DIEGO, CA 92150

SS # : DOB : IL TO:
INSURANCE CO. OF THE WEST (SD)

Claim #(s): Terms: 60 days

Case: vs GO FRESH PRODUCE INC

Date Of Injury: 9/23/17

DOS SERVICE

DESCRIPTION 

BALANCE 820.00

\* 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 \*\*

**Insurance Company of the West** 

15025 Innovation Drive San Diego, CA 92128

Check Date: 09/04/2019 Check Number: 2778318

Check Amount: \$410.00

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,TXTPDG

11/9/18 3:44 PM 3 0000962 20190905 Ol1HC102 JOP-FEC 1 oz DOM Ol1HC10000\* 161281 CK

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



**Payment Summary** 

Claim # 2018017998	Nagasa Claimant Unida en ca	Date of Injury 32 09/23/2017	%sForatiB)lled <b>\$</b> T6 \$1,950.00	alekeidireden \$1,540.00	Fotal Payment \$410.00
Category	Stub Notes				Stub Amount
180	PARTIAL DUP 3283628, 3285012, 3292692, 3292146\nTh				\$0.00

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

Claim #: 2018017998

From: 05/06/2019

Through: 07/24/2019

Bill Type: PROF

Adjuster: Rivera, Michelle

Bill Control #: FIC-IWCA-3298653

Jurisdiction: CA

Check Number: 2778318

Check Date: 09/04/2019

Payment Type: MED

**PPO Subnet:** 

Claimant:

SS#:

Date of Birth:

Date of Injury: 09/23/2017

Reviewed By: 18

Date Received: 08/14/2019

**Date Reviewed:** 08/18/2019

Bill Review #: FIC-IWCA-3298653

Patient Acct #: 75871 **Employer:** GO FRESH PRODUCE INC

(Diagnosis (	Codes:		T14.	90							
Date of			Procedure		******	Fee	[	Reductions			Explanation
Service	Line	POS	S Code/Mod	Qty	Charged	Schedule	PPO	Prior Paid	Other	Allowed	Codes
05/06/2019	001	11	T1013	. 0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is no	ot included in t	he fee sch	edule or contra	cted/leais		angement.
06/06/2019	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is no	ot included in the	he fee sch	edule or contra	cted/leais	lated fee arr	angement.
06/11/2019	003	11	T1013	. 0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is no	t included in the	ne fee sche	edule or contra	cted/leais	lated fee arr	angement.
06/12/2019	004	11	T1013	. 0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is no	t included in th	ne fee sche	edule or contra	cted/legis	lated fee arr	angement.
06/19/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is no	t included in th	ne fee sche	edule or contra	cted/legis	lated fee arr	angement.
06/25/2019	006	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
				This drug/servi	ce/supply is no	t included in th	ne fee sche	edule or contra	cted/legis	lated fee arr	angement.
06/29/2019	007	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
			•	This drug/servi	ce/supply is no	t included in th	ne fee sche	edule or contra	cted/leais	lated fee arr	angement.
07/02/2019	800	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
			•	This drug/service	ce/supply is no	t included in th	ne fee sche	edule or contra	cted/legis	ated fee arr	angement.
07/09/2019	009	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
			•	This drug/service	e/supply is no	t included in th	ne fee sche	edule or contra	cted/legisl	ated fee arr	angement.
07/13/2019	010	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
			•	This drug/service	e/supply is no	t included in th	e fee sche	dule or contra	cted/legisl	ated fee arra	angement.
07/16/2019	011	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
0 1	6		-	This drug/service	e/supply is no	t included in th	e fee sche	dule or contra	cted/legisl	ated fee arra	angement.
07/23/2019	∳012	11	T1013	8	230.00	0.00	0.00	0.00	0.00	230.00	790, 402
\^Y)	V		-	This drug/servic	e/supply is no	t included in th	e fee sche	dule or contra	cted/legisl	ated fee arra	angement.
07/24/2019 🦓	013	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			-	This drug/servic	e/supply is no	t included in th	e fee sche	dule or contra	cted/legisl	ated fee arra	angement.
			Tota		1,950.00	1,540.00	0.00	0.00	0.00	410.00	<u> </u>

#### Comments:

PARTIAL DUP 3283628, 3285012, 3292692, 3292146

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 Reaso	n Codes with	Cross Reference	e to State/ANSI Codes:

DK	State	ANSI	BR Description
224	G2	P12	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 Descriptio
-----------------

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.



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 57970

EAMS#(s):

BILL TO:

INTERCARE INS (ROSEV-579)

W. C. DEPARTMENT

ATTN: DANIELLE CORONA

P.O. BOX # 579

ROSEVILLE, CA 95661

SS # : DOB :

Terms: 60 days Claim #(s): 7190240344

vs DIAMOND STAR CORP/MJO STAFFING

Date Of Injury: 6/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
=======================================	=======================================		
01/17/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/14/13	INITIAL EXAM	DR MIRAZABEIGI @ ADVANCE	230.00
-,,		CARE*	
/ /	INTERPRETER:	ROSARIO RIVAS # 500272	0.00
02/05/13	INITIAL EXAM	DR PAQUETTE @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/25/13	PR2/REEVAL	& INSTRUCTION ON MEDS W/ DR	225.00
,,	•	MUZABEIGI (2.5 HRS)	
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/21/16	LIEN FIL FEE	LIEN FILING FEE	150.00
09/25/19	PMT BY CHECK	DOS 1/17/13-2/25/13* # 3267141	-985.00

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 \*\*

ENV 24477

Roseville, CA 95661

201909260102

#### **Electronic Service Requested**

ALL FOR AADC 926

24477 0.3820 AB 0.409

իիուկավիլիորիակարիալիչվիրիկիրկիրու<u>լ</u>

Joyce Altman Interpeters PO BOX 41L5 TUSTIN: CA 92781-41L5

Payee: Joyce Altman Interpeters

Company Name: Clarendon National Insurance Compan

Facility:

MJO Staffing, Inc.

Policy ID: IRS/SSN:

CPCA13846

Administrator: CENG Claim Number: 7190240344

Check #:

3267141 985.00

Check Total: Check Date:

09/25/2019

#### **Explanation of Benefits**

Incident Date	Claim Number	Account Number	Claimant Name	Description
	Invoice Number	From/Through Date	Document Number	Amount
6/15/2012	7190240344 57970	01/17/13-02/25/13	\	Interpreter Fees - Medical Rel 985.00

Totals: 985.00

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/10/19 75891

EAMS#(s):

BILL TO:

MITSUI SUMITOMO INS (N.J.)

W. C. DEPARTMENT ATTN: ERIK YOOSC P.O. BOX 61000 NEWARK, NJ 07101

SS # : Terms: 60 days Claim #(s): WA236284

vs BURGER KING

Date Of Injury: 10/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
==========	=======================================	=======================================	
05/06/19	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/03/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER	230.00
00/03/13	111111111111111111111111111111111111111	@ FMR*	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/04/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/12/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/13/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/17/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/18/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/19/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/25/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/28/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/03/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00 180.00
07/08/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	180.00
07/10/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	180.00
07/15/19		W/ ACUPUNCT BIRKHIMER @ FMR*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	180.00
07/19/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/10/19 75891

EAMS#(s):

BILL TO:

MITSUI SUMITOMO INS (N.J.)

W. C. DEPARTMENT ATTN: ERIK YOOSC P.O. BOX 61000 NEWARK, NJ 07101

SS # : DOB : Terms: 60 days Claim #(s): WA236284

vs BURGER KING

Date Of Injury: 10/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
=========			
07/23/19	INITIAL PSYC	EVAL ANTHONY FRANCISCO, PH.D.  @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/29/19	FOLLOW-UP	W/ACUPUNCT CYNTHIA BIRKHIMER  @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/30/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/05/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/07/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/14/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/19/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
, ,	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/06/19	PR2/REEVAL	DR RAMESHMNI @ FMR*	180.00
1 /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/13/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/12/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
/ / 09/23/19	PMT BY CHECK	DOS 8/14/19* =# 419840	-90.00
09/25/19	PMT BY CHECK	DOS 8/19/19* =# 420509	-180.00
09/23/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
/ 09/24/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/27/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00

Joyce Altman Interpreters, Inc. P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/10/19 75891

EAMS#(s):

BILL TO: MITSUI SUMITOMO INS (N.J.)

W. C. DEPARTMENT ATTN: ERIK YOOSC P.O. BOX 61000 NEWARK, NJ 07101

SS # : DOB : Terms: 60 days Claim #(s): WA236284

vs BURGER KING

Date Of Injury: 10/23/18

AMOUNT DESCRIPTION SERVICE DOS 

0.00 / / INTERPRETER: ALBERTO VILLAGOMEZ # 500341

BALANCE 4740.00

\* 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 \*\*

**CORVEL CORPORATION** MITSUI SUMITOMO INSURANCE GROUP PO BOX 22369 PORTLAND, OR 97269-2369



Bank Code= MSIG 11-24 1210(8)

CHECK NUMBER 420509

CHECK DATE 09/25/19

\$180.00

PLEASE CASH IMMEDIATELY VOID AFTER 90 DAYS

PAY EXACTLY:

Claim#: WA226284

One hundred eighty and 00/100 Dollars

JOYCE ALTMAN INTERPRETERS

PO Box 4165 **Tustin, CA 92781** 

WELLS FARGO BANK PORTLAND, OR

"OOOO420509" | 1121000248| 1129 655528|

DETACH HERE -

CORVEL

**Business Unit:** 

LOB:

Site/Bill #:

**DETACH HERE** 

CALIFÖRNIA FOOD MANAGEMEN-06 15 Independence Blvd Warren, NJ 07059

**Employer** Patient:

Patient DOB:

CALIFORNIA FOOD MANAGEMENT.

**Explanation of Review** 

Workers' Compensation 48/5316302 - 1

Reprice: CA, 92781 09/04/2019 09/13/2019 Billed Date: **Business Rcvd:** MBR Rcvd: MBR Date: Date Approved: DOS From - To: 09/13/2019 09/24/2019

08/19/2019 - 08/19/2019

Tustin, CA 92781 Network: Network Branch: Sub Network: Contract:

Yoose, Eric

PO Box 4165

Joyce Altman Interpreters

Treating Provider: Referring Physician: Patient Control #: Provider Tax Id: Claim Rep Phone #:

MARINA RUSSMAN 75891 33-0956713 818-942-3944

Claim #: Processor Initials: DOI: RX Number:

Claim Rep Ext.:

WA226284 MDM 10/23/2018

Claim Rep.: Vendor #: PIN:

Date	Code			Bill Charge	s		Reduction	Allowed
		Units	POS	Ü	TOS	DXR		Fees
08/19/19/	* T1013 G67, MVO, RZZ	SIGN LANGUAGE/ORAL INTEPR SE	RVICES PER 1	\$180.00		A	\$0.00	<b>*</b> \$180.00
Sub-Total	ls for Bill: 5316302			\$180.00			\$0.00	\$180.00
Charges i	not listed have been	previously processed						\$0.00

Totals for Bill:5316302

\$0.00 \$180.00

Line Item Reason Codes and Descriptions Market Value

Payer/ Provider agreement in place RZZ

Line Item Reason Codes and Descriptions

G67 Payment based on individual pre-negotiated agreement for this specific service



Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under \$5307.1 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.

CorVel Corporation is the bill review provider for Mitsui Sumitomo Insurance Group. Please send all medical bills directly to CorVel at the bellow address:

PO Box 6460

Portland. OR 97228

ICD Diagnosis Code

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

Questions regarding this bill may be sent to:

CorVel Bill Review - Sacramento

PO Box 6966

Portland, OR 97228

Toll free: 800-758-5866 973-360-6500

Phone: FAX:

888-296-1930

#### **Claim Summary to Date**

10/24/2018 - 09/04/2019 Date Range: \$29,494.32 Dollars Billed on Claim:

\$8,431.59 Allowed Fee on Claim:

Total Bills for Claim: 81

California DWC

Employer Address

CALIFORNIA FOOD MANAGEMENT.

Payer Identification Number - 133467153

Pay- To Provider State License Number -Rendering Provider ID -

MPN TD - 2039

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.

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 75933

EAMS#(s):

SS # : 12/18/69

Terms: 60 days Claim #(s): WC50000029018

BILL TO:

NEXT LEVEL ADMIN. (FL 1061)

W. C. DEPARTMENT

ATTN: CLAIM ADJUSTER

P.O. BOX 1061

BRADENTON, FL 34206

vs NEXEM STAFFING

Date Of Injury: 4/26/19

DOS	SERVICE	DESCRIPTION	AMOUNT
=========	=======================================		
05/08/19	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF S CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/21/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/19/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
0,, 15, 1	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/30/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/26/19	PMT BY CHECK	DOS 5/8/19-6/30/19* # 535647	-720.00

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 \*\*

Check Date: 09/26/2019 Check #: 535647



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

Claimant	Claim #	Payment Code	Amount
DOS From / To	Invoice	Memo	
05/08/2019 TO 08/30/2019	UW1900009263 75933	MED - Translation Medical	720.00

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS A KNIGHT & FINDERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

#### United Wisconsin Insurance Company serviced by Next Level Administrators

P.O. Box 1061 Bradenton, FL 34206

Seven Hundred Twenty and 00/100 Dollars

PAY TO THE

THE SUM OF:

JOYCE ALTMAN INTERPRETERS INC

ORDER OF:

PO BOX 4165

TUSTIN, CA 927814165

Fifth Third Bank 999 Vanderbilt Beach Road Naples, FL 34108

09/26/2019

535647

63-9171

670

\$\*\*\*\*\*\*\*\*\*720.00

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** 

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/26/19 75375

EAMS#(s):

BILL TO:

SS # :
DOB :
PACKARD CLAIMS (TARPON SPRINGS Terms: 60 days
W. C. DEPARTMENT Claim #(s):

ATTN: AMANDA HENNING

P.O. BOX 1549

TARPON SPRINGS, FL 34688

2019055261

Case: vs PRIORITY WORKFORCE

Date Of Injury: 1/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
	======================================		
02/04/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/06/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
7 7	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/15/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/20/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/25/19	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:	MARIA BARBOSA # 500267	0.00
03/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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
03/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/26/19 75375

EAMS#(s):

SS # : DOB :

BILL TO:

PACKARD CLAIMS (TARPON SPRINGS Terms: 60 days W. C. DEPARTMENT Claim #(s): 2019055261

P.O. BOX 1549

TARPON SPRINGS, FL 34688

Case: vs PRIORITY WORKFORCE

Date Of Injury: 1/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
	=======================================		
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
, ,		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI. F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
		PHYS TX W/DR HA*	2 22
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
, ,		PHYS TX W/DR HA*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	180.00
04/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
, ,		PHYS TX W/DR HA*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693 W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
04/17/19	FOLLOW-UP	PHYS TX W/DR HA*	100.00
, ,	TAMED DD DMCD	MARIA BARBOSA # 500267	0.00
04/22/10	INTERPRETER:	W/ ACUPUNCT CHOI, F/U CHIRO &	180.00
04/22/19	FOLLOW-UP	PHYS TX W/DR HA*	100.00
		EIIID IV MANUTUM	

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/26/19 75375

EAMS#(s):

BILL TO: PACKARD CLAIMS (TARPON SPRINGS Terms: 60 days W. C. DEPARTMENT Claim #(s):

W. C. DEPARTMENT

ATTN: AMANDA HENNING

P.O. BOX 1549

TARPON SPRINGS, FL 34688

SS # : I

2019055261

Case: vs PRIORITY WORKFORCE

Date Of Injury: 1/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
DOS ====================================	SERVICE  ===================================	DESCRIPTION  ===================================	AMOUNT
09/06/19	PMT BY CHECK	DOS 3/20/19-8/22/19* =# 10070261	-3480.00

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# 09/26/19 75375

EAMS#(s):

BILL TO: L TO:
PACKARD CLAIMS (TARPON SPRINGS Terms: 60 day
Claim #(s):

ATTN: AMANDA HENNING

P.O. BOX 1549

TARPON SPRINGS, FL 34688

SS # : DOB :

Terms: 60 days 2019055261

Case: vs PRIORITY WORKFORCE

Date Of Injury: 1/5/19

DOS

SERVICE

DESCRIPTION

BALANCE 1850.00

\* 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 Bill Review**

#### **Packard Claims Administration**

P.O. BOX 1549

Tustin, CA 92781-4165

TARPON SPRINGS, FL 34688-1549 Telephone Number: 817-265-2000

Insurer: State National Insurance

2739 US HWY 19 N

CWC 71949-1017

Holiday, FL 34691

Div#: 12831

**AHENNING** 

Policy ID: Examiner:

Check Number: 10070261

**Check Amount:** 

\$3,480.00 09/06/2019

**Check Date:** Description:

Translation

20

Joyce Altman Interpreters, Inc.

Claim Number: **Division Claim No.:** 

01/05/2019 2019055261

2019021312524

Invoice No:

75375

**Document** Received Date: Reviewed

P.O. Box 4165

Payee:

PRA-PKCA-102580 08/28/2019

09/05/2019

Bill Type: Primary ICD:

**PPO Name:** 

Doctors Office - 50 T14.90

Claimant Name:

Claimant SSN:

Incident Date:

Injury, unspecified

From: 03/20/2019

Through: 08/22/2019 Pharmacy No.:

DRG Code: T14

								_		
Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other	Allowanc Reason	ı Code
T1013		1.00	INTERPRETER	03/20/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	03/25/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	03/27/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	04/01/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	04/03/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	04/08/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	04/12/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	04/15/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	04/17/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	04/22/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	04/24/2019	90.00	0.00	0.00	0.00	90.00	
T1013		1.00	INTERPRETER	04/29/2019	180.00	0.00	0.00	0.00	180.00	

												4		

Packard Claims Administration P.O. Box 1549

Wells Fargo Bank, N.A. 101 Federal Place Tarpon Springs, FL 34689

10070261

Tarpon Springs, FL 34688

09/06/2019

AMOUNT \$3,480.00

Thirty Four Hundred Eighty Dollars And 00/100

TO THE Joyce Altman Interpreters, Inc. ORDER P.O. Box 4165 OF Tuetin CA 027 Tustin, CA 92781-4165

#### **Explanation Of Bill Review**

#### **Packard Claims Administration**

P.O. BOX 1549

TARPON SPRINGS, FL 34688-1549 Telephone Number: 817-265-2000

Insurer: State National Insurance

2739 US HWY 19 N Holiday, FL 34691

Div#: 12831

Payee:

Joyce Altman Interpreters, Inc. P.O. Box 4165

Tustin, CA 92781-4165

Claimant Name:

Claimant SSN:

Incident Date:

01/05/2019

Claim Number: **Division Claim No.:** 

2019055261

2019021312524

Policy ID:

CWC 71949-1017

Examiner: **Check Number:**  **AHENNING** 10070261

Check Amount:

\$3,480.00 09/06/2019

Check Date: Description:

Translation

Invoice No:

75375

PRA-PKCA-102580

Bill Type:

Doctors Office - 50

03/20/2019 From:

Through: 08/22/2019

Pharmacy No.:

Received Date:

Document

Reviewed

08/28/2019 09/05/2019

Primary ICD: **PPO Name:** 

T14.90

Injury, unspecified

DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other	Allowanc	Reason Code
T1013		1.00	INTERPRETER	05/01/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	05/06/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	05/10/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	05/13/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	05/15/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	05/20/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	05/22/2019	180.00	0.00	0.00	0.00	180.00	
T1013		1.00	INTERPRETER	08/22/2019	150.00	0.00	0.00	0.00	150.00	
		240\004		Totals:	3,480.00	0.00	0.00	0.00	3,480.00	

Optum at 1(610)631-2376

2500 Monroe Blvd. Norristown, PA 19430

## NON NEGOTIABLE CO

10070261-2

<sup>\*</sup> UNLESS OTHERWISE NOTED, ALL REDUCTIONS WERE DUE TO CHARGES EXCEEDING THE OFFICIAL MEDICAL FEE SCHEDULE OF THE STATE OF CALIFORNIA. AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTORS ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKERS COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND

#### **Explanation Of Bill Review**

#### **Packard Claims Administration**

P.O. BOX 1549

TARPON SPRINGS, FL 34688-1549 Telephone Number: 817-265-2000

Insurer: State National Insurance

2739 US HWY 19 N Holiday, FL 34691

Div#: 12831

Payee:

Joyce Altman Interpreters, Inc. P.O. Box 4165 Tustin, CA 92781-4165

Claimant Name:

Claimant SSN:

Incident Date: Claim Number:

01/05/2019 2019055261

**Division Claim No.:** 

2019021312524

Policy ID:

CWC 71949-1017

Examiner: Check Number: AHENNING 10070261

**Check Amount:** Check Date:

\$3,480.00 09/06/2019

Description:

Translation

Invoice No:

75375

Document

PRA-PKCA-102580

Bill Type:

Doctors Office - 50

From: 03/20/2019

Through: 08/22/2019

Pharmacy No.:

**Received Date:** Reviewed

08/28/2019 09/05/2019

Primary ICD:

T14.90 PPO Name:

Injury, unspecified

DRG Code: T14

PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

# ION NEGOTIABI

10070261-3

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* NO# Date 10/08/19 75709

EAMS#(s):

SS # : XXX-XX-DOB : Terms: 60 days

Claim #(s):

PEGWC82749

BILL TO:

PREFERRED EMPLOYERS (SAN DIEG)

W. C. DEPARTMENT

ATTN: CLAIM ADJUSTER

P.O. BOX # 85838

SAN DIEGO, CA 92186-5838

Case:

vs KD CULVER LLC

Date Of Injury: 12/20/18

04/03/19 INITIAL EXAM DR MAYYA KRAVCHENKO @ GOFNUNG 230.00 CHIRO*  /	DOS	SERVICE	DESCRIPTION	AMOUNT
OA/03/19	========	=======================================		
NITERPRETER:	04/03/19	INITIAL EXAM		
04/08/19	, ,	TMTEPPRETER		
INTERPRETER: ALBERTO VILLAGOMEZ # 500341	04/09/19		CHIRO TX W/DR KRAVCHENKO*	
04/10/19 F/U CHIRO TX CHIRO TX W/DR ERIC GOFNUNG*  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  04/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  / INTERPRETER: ALBERTO VILLAGOMEZ # 500341 0.00  04/26/19 F/U CHIRO TX CHIRO TX W/DR GOFNUNG* 90.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  04/29/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/01/19 F/U CHIRO TX CHIRO TX W/DR GOFNUNG* 90.00  INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/06/19 PR2/REEVAL DR KRAVCHENKO @ GOFNUNG* 180.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/13/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/13/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/15/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  1NTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/20/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  INTERPRETER: IRIS J. GALVEZ # 100727 0.00		•	ALBERTO VILLAGOMEZ # 500341	
O4/22/19			CHIRO TX W/DR ERIC GOFNUNG*	
04/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO*  / INTERPRETER: ALBERTO VILLAGOMEZ # 500341 0.00  04/26/19 F/U CHIRO TX CHIRO TX W/DR GOFNUNG* 90.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  04/29/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/01/19 F/U CHIRO TX CHIRO TX W/DR GOFNUNG* 90.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/06/19 PR2/REEVAL DR KRAVCHENKO @ GOFNUNG* 180.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/13/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/13/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/15/19 F/U CHIRO TX CHIRO TX W/DR GOFNUNG* 90.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/20/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  INTERPRETER: IRIS J. GALVEZ # 100727 0.00			IRIS J. GALVEZ # 100727	
NITERPRETER: ALBERTO VILLAGOMEZ # 500341	•		CHIRO TX W/DR KRAVCHENKO*	
04/26/19			ALBERTO VILLAGOMEZ # 500341	
			CHIRO TX W/DR GOFNUNG*	
04/29/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO*  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/01/19 F/U CHIRO TX CHIRO TX W/DR GOFNUNG* 90.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/06/19 PR2/REEVAL DR KRAVCHENKO @ GOFNUNG* 180.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/13/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/15/19 F/U CHIRO TX CHIRO TX W/DR GOFNUNG* 90.00  / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/20/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00  INTERPRETER: IRIS J. GALVEZ # 100727 0.00			TRIS J. GALVEZ # 100727	
O5/01/19			CHIRO TX W/DR KRAVCHENKO*	
05/01/19	The state of the s		TRIS J. GALVEZ # 100727	
INTERPRETER:			CHIRO TX W/DR GOFNUNG*	
05/06/19 PR2/REEVAL DR KRAVCHENKO @ GOFNUNG* 180.00 / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/13/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00 / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/15/19 F/U CHIRO TX CHIRO TX W/DR GOFNUNG* 90.00 / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/20/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00 / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00 / INTERPRETER: IRIS J. GALVEZ # 100727 0.00			TRIS J. GALVEZ # 100727	
NTERPRETER:   IRIS J. GALVEZ # 100727   0.00     O5/13/19			DR KRAVCHENKO @ GOFNUNG*	
05/13/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00 / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/15/19 F/U CHIRO TX CHIRO TX W/DR GOFNUNG* 90.00 / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/20/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00 / INTERPRETER: IRIS J. GALVEZ # 100727 0.00  05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00 / INTERPRETER: IRIS J. GALVEZ # 100727 0.00 / INTERPRETER: IRIS J. GALVEZ # 100727 0.00			TRIS J. GALVEZ # 100727	
INTERPRETER:   IRIS J. GALVEZ # 100727   0.00     O5/15/19			CHIRO TX W/DR KRAVCHENKO*	
05/15/19 F/U CHIRO TX CHIRO TX W/DR GOFNUNG* 90.00 / INTERPRETER: IRIS J. GALVEZ # 100727 0.00 05/20/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00 / INTERPRETER: IRIS J. GALVEZ # 100727 0.00 05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00 / INTERPRETER: IRIS J. GALVEZ # 100727 0.00 / INTERPRETER: IRIS J. GALVEZ # 100727 90.00			TRIS J. GALVEZ # 100727	
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05/22/19 F/U CHIRO TX CHIRO TX W/DR KRAVCHENKO* 90.00 // INTERPRETER: IRIS J. GALVEZ # 100727 0.00			TRIS J. GALVEZ # 100727	
// INTERPRETER: IRIS J. GALVEZ # 100727 0.00			CHIRO TX W/DR KRAVCHENKO*	90.00
$\frac{1}{2}$			TRIS J. GALVEZ # 100727	
Ar / AA / 1A P/II CUTDA 'I'Y ('HIRO 'IX W/DR GOENONG''		F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
7/ TNTERDRETER. TRIS J. GALVEZ # 100727	• •		TRIS J. GALVEZ # 100727	
$^{\prime}$			CHIRO TX W/DR KRAVCHENKO*	90.00
00/03/13 TDTG T CALVEZ # 100727			TRIS J. GALVEZ # 100727	0.00
$\sim$			DR KRAVCHENKO @ GOFNUNG*	180.00
06/05/19 PR2/REEVAL DR KRAVCHENKO @ GOFNUNG* 100.00 // INTERPRETER: IRIS J. GALVEZ # 100727 0.00	06/05/19 / /		IRIS J. GALVEZ # 100727	0.00

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/08/19 75709

EAMS#(s):

SS # : XXX-XX-DOB :

Claim #(s):

PEGWC82749

BILL TO:

PREFERRED EMPLOYERS (SAN DIEG) Terms: 60 days

W. C. DEPARTMENT

ATTN: CLAIM ADJUSTER

P.O. BOX # 85838

SAN DIEGO, CA 92186-5838

Case:

vs KD CULVER LLC

Date Of Injury: 12/20/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/19/19 / / 06/26/19 / 07/20/19 / 08/14/19 08/10/19 / 08/23/19 / 09/18/19	F/U CHIRO TX INTERPRETER: PR2/REEVAL INTERPRETER: INITIAL EXAM INTERPRETER: PMT BY CHECK  PR2/REEVAL INTERPRETER: P AND S INTERPRETER: PMT BY CHECK	CHIRO TX W/DR GOFNUNG* IRIS J. GALVEZ # 100727 DR GOFNUNG @ GOFNUNG CHIRO* IRIS J. GALVEZ # 100727 DR ALLEN MASSIHI @ GOFNUNG* GLADYS REYNA # 301721 DOS 4/3/19-7/20/19* # 5002327497 DR MASSIHI @ GOFNUNG* IRIS J. GALVEZ # 100727 DR GOFNUNG @ GOFNUNG* IRIS J. GALVEZ # 100727 DR GOFNUNG @ GOFNUNG* IRIS J. GALVEZ # 100727 DOS 4/3/19-8/23/19* # 6000007415	AMOUNT  90.00 0.00 180.00 0.00 230.00 0.00 -2170.00  180.00 0.00 230.00 0.00 -410.00
09/21/19 / /	P AND S INTERPRETER:	DR ALLEN MASSIHI @ GOFNUNG* IRIS J. GALVEZ # 100727	0.00

BALANCE 230.00

<sup>\*</sup> 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 \*\*

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



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

Check Dat Sep 18 201		Supplier Number 0000099708	Pay Group CL	<b>AP Unit</b> 10045	Print Group Code	Check Number 6000007415	
Policy Number	WKN158631-4		4				
Insured	KDFMC A CALIFORNIA CORPOR	ATION					
Date of Loss	12/20/2018						
Reported Date of Loss	03/13/2019				<b>x</b>		
Claims System ID	bnuCCV9:20041827						
Claim Number	PEG WC 000000082749						
Claimant Name	Tereso Castellanos						
Supplier Invoice Date	09/17/2019						
Supplier Invoice Number	175709						
Service Dates	04/03/2019 08/23/2019						
Adjuster Name	Payment for [AIS INVOICE_NUMB]	ER:75709]					
Agency Code							
Agency Name							
Pay Amount	\$ 410.00						
Memo / Description	Payment for [AIS INVOICE_NUMB]	sER:75709]					
e 1 Summary e 1 through 1 Summary	Total Pai Total Pai		1		Total Paid Amount Total Paid Amount		410.00 ** 410.00 **

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/10/19 73718

EAMS#(s):

BILL TO:

ATTN: SALLY RICO

P.O. BOX 14440 LEXINGTON, KY 40512 SS # : DOB :

VS CARDENAS MARKET LLC

Date Of Injury: 5/9/17; 5/9/17

DOS	SERVICE	DESCRIPTION	AMOUNT
=========	=======================================		
04/03/18	PR2/REEVAL	JIANG QIAN/DAVE FRANKE,PA @ SIDHU CHIRO*	180.00
/ / 09/05/19	INTERPRETER: PMT BY CHECK	ELISA LOPEZ MEDINA # 003693 DOS 4/3/18* =# 104700984	0.00 -180.00

BALANCE 0.00

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

Sedgwick Claims Management Services, Inc P O Box 14440 Lexington, KY 40512-4440

## ւլեցիկին մերդի հայրի կոլույին այր և հարանակին արև հայրի հ 0005326-0016027 0106 001 822226 swk





DATE	CHECK AMOUNT	CHECK NUMBER
09/05/2019	180.00	104700984
PAYEE		TAX ID
JOYCE ALTMAN INTERPR	······································	*****6713
SCMS UNIT	<del></del>	PAGE
660 Sedgwick Claims Manaç Services, Inc	jement	01 of 01

Claimant Name			Loss Date	Claim I	Number
			05/09/2017	6342-0000351	
Amt Paid:	180.00	Description:	Interpreter		
Amt Billed:	180.00	Invoice:	5312019090300670	ICN:6903-28431	700.4
Dates:	04/03/2018 - 04/03/2018	Comment:			13+18

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

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

Cardenas Markets LLC Safety National Casualty Corporation ORIGIN 6606903 Wells Fargo Bank, N.A.

**VOID AFTER 60 DAYS** 

DATE: 09/05/2019

104700984

62-22

PAY: \*\*\*\*\*ONE HUNDRED EIGHTY AND 00/100 DOLLARS

\$180.00

**PAY TO** THE **ORDER** OF

JOYCE ALTMAN INTERPR

MEMO:

Cardenas Markets LLC, Principal Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankensh

## **EXPLANATION OF BILL REVIEW**

PAYOR Sedgwick	RECEIVED B	Y VENDOR 09/03/2019	DATE OF INJURY	5/09/2017	
BILL ID(ICN) 6903-28431	PROCESSED	BY VENDOR 09/03/2019	SOCIAL SECURITY	NUMBER	
INJURED NAME (LAST FIRST	ΓMI)	TPA CLAIM NUMB		2-0000351	sedgwick₀
INJURED ADDRESS		PATIENT ACCOUN	NT NUMBER	73718	PROVIDER NAME AND ADDRESS JOYCE ALTMAN INTERPR PO BOX 4165
		EMPLOYER CONT	RACT NUMBER	6903	TUSTIN, CA 92781
IMAGE NUMBER (DCN) 5120190829088232R000		TPA TRANSACTIO		90300670	
EMPLOYER NAME Cardenas Markets		CARRIER NAME Safety National	Casualty Corporation		
EMPLOYER ADDRESS 2501 E. Guasti Ontario, CA 91			Schuetz Road ouis, MO 63146		TREATING PROVIDER JOYCE ALTMAN INTERPRETERS INC
Safety Nationa Corporation			995-5300		PROVIDER TAX ID 330956713
PROVIDER NPI		ICD CODES			DATES OF SERVICE 04/03/2018 - 04/03/2018

Date of	Submitted			Reimbursed	Billed	FS/UCR	Negotiated/	Network	Recommended
Service	Code	Mod(s)	Units	Code	Amount	Reduction	Discount	Reduction	Allowance
04/03/2018	T1013		8	T1013	180.00	0.00	0.00	0.00	180.00

SIGN LANGUAGE/ORAL INTEPR SERVICES PER 15 MIN

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: 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. Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which

### 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 Customer Service

PPO Network:

PPO Sub Network:

### FOR RECONSIDERATIONS

Address: Sec

Sedgwick Claims Management Services P O Box 14440 Lexington, KY 40512-4440 Fax: Phone: 951-275-5499 951-275-5400

5400

\_\_\_\_

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# 10/04/19 75803

EAMS#(s):

BILL TO: TOKIO MARINE MGMT (483-JERSEY) Terms: 60 days

W. C. DEPARTMENT ATTN: ERIC CHAVIRA

P.O. BOX 483

JERSEY CITY, NJ 07303

SS # : DOB :

Claim #(s): WC0000140896

VS YUSEN LOGISTICS Case:

Date Of Injury: 12/2/18

DOS	SERVICE	DESCRIPTION	TRUOMA
=========	=======================================	=======================================	
04/25/10	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO	230.00
04/25/19	INTITAD EXAM	OF SO. CALIF*	
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
/ 05/14/19	PMT BY CHECK	DOS 4/25/19* # 800526648	-230.00
05/30/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/12/19	PMT BY CHECK	DOS 5/30/19* # 800527585	-180.00
06/20/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/12/19	PMT BY CHECK	DOS 6/20/19* # 800528736	-180.00
07/18/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/07/19	PMT BY CHECK	DOS 7/18/19* # 800529673	-180.00
08/15/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/04/19	PMT BY CHECK	DOS 8/15/19* # 800530667	-180.00
09/19/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00

BALANCE 180.00

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

Tokio Marine America Insurance Company CLAIMS ACCOUNT

Joyce Altman Interpreters

499 Washington Blvd, Suite 1500

Jersey City, NJ 07310 Claim Number

210WC0000140896

Policy Number WC 6405463-07

\*\*\*ONE HUNDRED EIGHTY AND 00/100 Dollars\*

UNION BANK

445 S. Figueroa Streeet, Los Angeles, CA 90071-1602

CONTROL NO. CHECK NO.

cc:3454762 800530667

\$180.00

Date of Issue 09/04/2019 Date of Loss 12/02/2018

FOR: 75803

Insured/Claimant NYK GROUP AMERICAS INC.

AUTHORIZED SIGNATURE

##800530667# #1122241501# 9080013660#

Check No. 800530667

FROM 08/15/2019 TO 08/15/2019

Claim WC0000140896

Payment explanations may be mailed to you separately.

42803

MAIL TO

Company

Joyce Altman Interpreters PO Box 4165 Tustin, CA 92781 Attn. To:

Tokio Marine America Insurance

499 Washington Blvd, Suite 1500 Jersey City, NJ 07310

**AGENT** 

ABD INSURANCE & FINANCIAL SERVICES, INC. 1201 THIRD AVENUE, SUITE 1600 SEATTLE, WA 98101

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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# 09/05/19 75942

EAMS#(s):

BILL TO:

SAINT PAUL TRAVELERS (660055)

W. C. DEPARTMENT

ATTN: CLAIM ADJUSTER

P.O. BOX 660055 DALLAS, TX 75266 SS # : DOB :

Terms: 60 days

Claim #(s): 152-CB-EOB6711-J

SIGUE CORP

Date Of Injury: 10/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/19 / / 06/06/19 / / 07/16/19 / / 08/30/19	INITIAL EXAM  INTERPRETER:  PR2/REEVAL  INTERPRETER:  PR2/REEVAL  INTERPRETER:  PMT BY CHECK	DR CHRISTINE ABGARYAN @ PHYSICAL REHAB SVCS* ALBERTO VILLAGOMEZ # 500341 DR ABGARYAN @ PHYS REHAB* JENNIFER MINOTTA # 101254 DR ABGARYAN @ PHYS REHAB* JOSUE CALDERON # 101193 DOS 5/9/19-7/16/19* =# 891A 90533395	230.00 0.00 180.00 0.00 180.00 0.00 -590.00

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 \*\*

JOYCE ALTMAN INTERPRETERS INC

P 0 BOX 4165

**TUSTIN CA 92781** 

90533395

TRAVELERS

DATE:

08/30/19

TIN:

330956713

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

Our Customer Service Phone is 1-800-258-3710. Please contact us if you have any questions.

TRAVELERS INDEMNITY CO OF CT

## EXPLANATION OF PAYMENT

File Number	Dates of Service	Amount	Reference	Remarks
152 CB A4A0330E	08/07/19	\$ 1,600.00	1023474746SW	
152 CB E0B6711J	05/09/19 - 07/16/19	\$ 590.00		75942
				·
	Number 152 CB A4A0330E 152 CB	Number of Service  152 CB 08/07/19  A4A0330E 05/09/19 - 07/16/19	Number         of Service         Amount           152 CB         08/07/19         \$ 1,600.00           A4A0330E         \$ 590.00	Number         of Service         Amount         Reference           152 CB         08/07/19         \$ 1,600.00         1023474746SW           A4A0330E         05/09/19 - 07/16/19         \$ 590.00

Total Amount Paid

\$\*\*\*\*2190.00

242020807

DETACH CHECK

SUMM -111311 OVRPSUM1-021509

DETACH CHECK

Citibank, N.A. One Penns Way New Castle DE 19720 TRAVELERS P O BOX 660055 891A

90533395

DATE 08/30/19 ACCOUNT NUMBER

J99

TIN NUMBER 330956713

**FILE NUMBER** SUMMARIZED

TX 75266-0055

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

AUTHORIZED SIGNATURE

TWO THOUSAND ONE HUNDRED NINETY AND 00/100

PAY: \$\*\*\*\*2190.00

PAY JOYCE ALTMAN INTERPRETERS INC P 0 BOX 4165 TO THE

008151 SE01733

ORDER OF TUSTIN CA 92781

tdloollobbilddibbildloonloodd sandiodd bloodd bennoudd be

**"90533395**"

1:0311002091:

38621267#

M

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/30/19 76117

EAMS#(s):

SS #

BILL TO:

SAINT PAUL TRAVELERS (660055)

W. C. DEPARTMENT

ATTN: JILL CASPERITE

P.O. BOX 660055 DALLAS, TX 75266

DOB

Terms: 60 days

Claim #(s):

FBA9441

vs EXEMPLIS CORP.

Date Of Injury: 3/21/18

DOS	SERVICE	DESCRIPTION	AMOUNT
=======================================	=======================================	<b>=========================</b>	
05/30/19	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO OF SO. CALIF*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/02/19	PMT BY CHECK	DOS 5/30/19* # 896D 92694015	-180.00
08/01/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/16/19	PMT BY CHECK	DOS 5/30/19-8/1/19*	-230.00
00/10/10	11.12 21 01.12 01.1	# 896D 92878199	
08/22/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/13/19	PMT BY CHECK	DOS 8/22/19* 896D 92995026	-180.00
09/13/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00

BALANCE 180.00

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

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

JOYCE ALTMAN INTERPRETERS INC P O BOX 4165

896D 92995026

TRAVELERS

DATE:

09/13/19

LOSS DATE:

03/15/18

FILE NUMBER:

152 CB FBA9441 A

M

**EMPLOYEE** 

ACCOUNT NAME: EXEMPLIS LLC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT -

Med Interpreting Srvc

TUSTIN, CA 92781

SERVICE DATE: 8/22/2019

TOTAL PAID: \$180.00 TAX INFO: 330956713 Y C

PAY MISC: 76117

PAYEE:

JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: JILL CASPERITE AT (909)612-3168

256009677 DETACH CHECK UNSUMM -11131 OVRPUNS2-12129E DETACH CHECK \_\_\_\_

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/03/19 73724

EAMS#(s):

SS # : DOB :

BILL TO:

W. C. DEPARTMENT ATTN: LORRAINE J. P.O. BOX 619079 ROSEVILLE, CA 95661

YORK CLAIMS SVCS.(ROSE-619079) Terms: 60 days W. C. DEPARTMENT Claim #(s): SCIH043426

Case: vs IN HOME SUPPORTIVE SERVICES

Date Of Injury: 12/31/16

DOS	SERVICE	DESCRIPTION	AMOUNT
===========	=======================================	=======================================	
04/03/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/DAVE FRANKE,PA @ SIDHU*	180.00
/ / 08/27/19	INTERPRETER: PMT BY CHECK	ELISA LOPEZ MEDINA # 003693 DOS 4/3/18* # 62-293359	0.00 -180.00

BALANCE 0.00

<sup>\*</sup> 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 \*\*

FORM CD-85(1/99) CONTROLLERS WARRANT

# State of California 62-293309

THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. FUND NAME 0001 GENERAL FUND

IDENTIFICATION NO. **XXXXX275** 

5180

MO. L DAY ! YR. 08 27 2019 90-1342/1211

62293359

\$\*\*\*\*180.00

TO: 293359 JOYCE ALTMAN INTERPRETING PO BOX 4165 TUSTIN CA 92781

CALIFORNIA STATE CONTROLLER

#121113423# 622933596#

DETACH ON DOTTED LINE KEEP THIS PORTION FOR YOUR RECORDS

62-293359

ISSUE DATE: 08/27/2019

CLAIM NUMBER: SCIH-043426

CLAIMANT NAME:

DATE OF INJURY: 12-31-2016

PAY DESCRIPTION: INTERPRETER MED PERIOD FROM - PERIOD TO: 04-03-2018 - 04-03-2018

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/08/19 75998

EAMS#(s):

BILL TO:

YORK CLAIMS SVCS. (ROSE-619079) Terms: 60 days

W. C. DEPARTMENT ATTN: MARY BAKER P.O. BOX 619079 ROSEVILLE, CA 95661 SS # : XXX-XX DOB :

Claim #(s): SCIH-046731

Case: vs EL MONTE IHSS

Date Of Injury: 2/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT
========	:======================================	=======================================	
			220 00
05/15/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00 0.00
/ /	INTERPRETER:	IRENE MORA # 101159	
05/21/19	INITIAL ACUP	W/ ACUPUNCT IL JU LEE @ FMR*	230.00
, ,	INTERPRETER:	IRENE MORA # 101159	180.00
05/22/19	FOLLOW-UP	W/ ACUPUNCT TAE GON KIM @	180.00
, ,		FMR*	0.00
/ /	INTERPRETER:	RAQUEL ISUNZA # 500258	
05/28/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER	180.00
		@ FMR*	0 00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/29/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00 0.00
/ /	INTERPRETER:	RAQUEL ISUNZA # 500258	
06/05/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/20/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/01/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/10/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
, ,	INTERPRETER:	BLANCA DUARTE # 011036	0.00 180.00
07/15/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	0.00
/ /	INTERPRETER:	IRENE MORA # 101159	180.00
07/17/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	0.00
, ,	INTERPRETER:	IRENE MORA # 101159	180.00
07/24/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	0.00
, ,	INTERPRETER:	EDUARDO REYES # 004539	¢180.00
08/01/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	0.00
///	INTERPRETER:	IRENE MORA # 101159	180.00
08/13/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	0.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	180.00
08/22/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	100.00

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/08/19 75998

EAMS#(s):

SS # : XXX-XX-DOB :

Claim #(s):

SCIH-046731

BILL TO:

YORK CLAIMS SVCS. (ROSE-619079) Terms: 60 days

W. C. DEPARTMENT ATTN: MARY BAKER P.O. BOX 619079

ROSEVILLE, CA 95661

vs EL MONTE IHSS

Date Of Injury: 2/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT
========	=======================================	=======================================	
, ,	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/26/19	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
/ / 09/04/19	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/11/19	PMT BY CHECK	DOS 5/15/19-8/1/19*	-2440.00
		# 62-411242	90.00
09/09/19	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	0.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	90.00
09/11/19	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
09/12/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/16/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
09/23/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00

BALANCE 1080.00

<sup>\*</sup> 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 \*\*



DVAVLE OF LALIFORNIA 62-411242

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

FUND NAME GENERAL FUND FUND NO. 0 0 0 1

5180

MO. I DAY I YR.

90-1342/1211

FORM CD. RECUSSI CONTROLL FRS WARRANT

XXXXX224

09 11 2019

62411242

TO: 411242 JOYCE ALTMAN INTERPRETERS, INC PO BOX 4165 TUSTIN CA 92781

DOLLARS CENTS \$\*\*\*2440.00

CALIFORNIA STATE CONTROLLER

#121113423# 624112425#

DETACH ON DOTTED LINE KEEP THIS PORTION FOR YOUR RECORDS

62-411242

ISSUE DATE: 09/11/2019

CLAIM NUMBER: SCIH-046731

CLAIMANT NAME:

DATE OF INJURY: 02-25-2019

PAY DESCRIPTION: TREATING PHYSICIAN

PERIOD FROM - PERIOD TO: 05-15-2019 - 08-01-2019

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 10/08/19 75554

EAMS#(s):

ZURICH INS. (968005-SCHAUMBURG)

W. C. DEPARTMENT

ATTN: CLAIM ADJUSTER

P.O. BOX 968005

SCHAUMBURG, IL 60196

SS # : DOB :

Terms: 60 days Claim #(s):

2010373425

Case:

BILL TO:

Date Of Injury: 2/22/19

VS CCM OF CALIFORNIA

DOS	SERVICE	DESCRIPTION	AMOUNT
	=======================================		========
03/05/19	POST-OP	DR MICHAEL FELDMAN @ HAND &	180.00
00,00,00		ORTHO OF SO. CALIF*	
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/05/19	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/19/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/10/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/22/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/28/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	•	JOSUE CALDERON # 101193	0.00
06/14/19	PMT BY CHECK	DOS 3/5/19-5/10/19*	-720.00
06/14/19	IMI DI CIIDOR	# 1102016023	
06/11/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/11/19	PMT BY CHECK	DOS 3/5/19-6/11/19*	-540.00
0//11/19	FMI BI CHECK	# 1102039842	
07/00/10	PR2/REEVAL	DR ROY CAPUTO @ HAND & ORTHO*	180.00
07/09/19	INTERPRETER:	JOSUE CALDERON # 101193	0.00
/ / 08/06/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
	PMT BY CHECK	DOS 3/5/19-7/9/19*	-180.00
08/14/19	PMI BI CHECK	# 1102071077	
00/02/10	DDO /DEEUAT	DR FELDMAN @ HAND & ORTHO*	180.00
09/03/19	PR2/REEVAL INTERPRETER:	JOSUE CALDERON # 101193	0.00
/ /		DOS 3/5-19-8/6/19*	-360.00
09/09/19	PMT BY CHECK	# 1102094406	
00/11/10		DR FELDMAN @ HAND & ORTHO*	180.00
09/11/19	PR2/REEVAL INTERPRETER:	JOSUE CALDERON # 101193	0.00
/ /	INTERPRETER:	OODOR CUIDRION # TOTTOO	

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# 10/08/19 75554

EAMS#(s):

BILL TO:

ZURICH INS. (968005-SCHAUMBURG) Terms: 60 da W C DEPARTMENT Claim #(s):

ATTN: CLAIM ADJUSTER

P.O. BOX 968005

SCHAUMBURG, IL 60196

SS # : DOB : Terms: 60 days 2010373425

Case:

vs CCM OF CALIFORNIA

Date Of Injury: 2/22/19

DESCRIPTION SERVICE 

10/02/19 PMT BY CHECK

DOS 3/5/19-9/3/19\* # 1102116855

-180.00

BALANCE 0.00

<sup>\*</sup> 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 \*\*

## 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 INC PO BOX 4165 TUSTIN

CA 92781 4165

00590

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Num	ber	Tax ID	Date of Loss	Payment Service Dates
201-0373425 001 MR	WC 0117919	75554			02/22/19	03/05/19-08/06/19
Check Number	1102094406	Date Is	sued 09/0	09/19	Amount	\$***360.00
Insured	Channel Control Merchants LLC					
Claimant						
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES					
Issued To	1	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Shikha Gupta					
File Supervisor	Eva Reale		Ph	one Number	818 227-17	00
Payment Description		AMOUNT PAID	Payment E	escription		AMOUNT PAID
WC MEDICAL		360.00				
		A. A				
	TOTAL	\$360.00				

THE FACE OF THIS DOCUMENT HAS A BLUE BACKGROUND - NOT A WHITE BACKGROUND, SIMULATED WATERMARK ON BACK, HOLD AT AN ANGLE TO VIEW. 56-1544/441 **ZURICH AMERICAN INSURANCE COMPANY** 

ZURICH

PO BOX 968046 SCHAUMBURG

IL 60196 8046

 Claim Number	Date Issued	CHECK NO.
201-0373425 001 MR	09/09/19 VOID AFTER 03/07/20	1102094406

Amount:

THREE HUNDRED SIXTY AND 00/100 -

ON BEHALF OF American Zurich Ins. Co.

----DOLLARS

ORDER OF

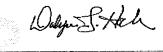
PO BOX 4165 TUSTIN

PAY TO THE JOYCE ALTMAN INTERPRETERS INC

CA 92781 4165

\$\*\*\*360.00

JPMORGAN CHASE BANK, N.A. COLUMBUS OH



\*\* THE BACKGROUND IS COLORED \*\*

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/25/19 75881

EAMS#(s):

SS # : XXX-XX-DOB :

Terms: 60 days

Claim #(s):

208036486

BILL TO:

ZURICH INS. (968005-SCHAUMBURG)

W. C. DEPARTMENT ATTN: LEA LIBANG

P.O. BOX 968005

SCHAUMBURG, IL 60196

Case: vs MHX LLC Date Or Injury: 4/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
=		=======================================	
	TITMEN HVAN	DR MARINA RUSSMAN @ FMR*	230.00
05/06/19	INITIAL EXAM	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	W/ ACUPUNCT CYNTHIA BIRKHIMER	230.00
06/03/19	INITIAL ACUP	@ FMR*	
, ,	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
06/04/19	INTERPRETER:	TRENE MORA # 101159	0.00
1 / 1	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @	90.00
06/06/19	INTITAL PRIO	FMR*	
, ,	INTERPRETER:	ALBERTO VILLAGOMEZ # 500641	0.00
/ /	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
06/08/19	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
06/10/19	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/33/30	FOLLOW UP	PHYSTCAL TX W/DR NAJIB @ FMR*	90.00
06/13/19	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/11/10	FOLLOW UP	PHYSICAL TX W/DR NAJIB*	90.00 0.00
06/11/19	INTERPRETER:	LISBETH C. PARRENO # 101080	180.00
05/14/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	0.00
06/14/19 / /	INTERPRETER:	TRENE MORA # 101159	180.00
06/18/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	180.00
06/19/19	PR2/REEVAL	DR RUSSMAN @ FMR*	0.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	180.00
06/24/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	180.00
06/26/19		W/ ACUPUNCT BIRKHIMER @ FMR*	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	180.00
07/01/19		W/ ACUPUNCT BIRKHIMER @ FMR*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	180.00
07/03/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	200.00
0,,00, 40			

P.O. BOX # 4165

Tustin, CA 92781-4165 PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/25/19 75881

EAMS#(s):

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

208036486

BILL TO:

ZURICH INS. (968005-SCHAUMBURG)

W. C. DEPARTMENT ATTN: LEA LIBANG

P.O. BOX 968005

SCHAUMBURG, IL 60196

vs MHX LLC

Date Of Injury: 4/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
===========	=======================================		=======
		IRENE MORA # 101159	0.00
/ /	INTERPRETER:	W/ ACUPUNCT BIRKHIMER*	180.00
07/08/19	FOLLOW-UP	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
07/10/19	FOLLOW-UP	LISBETH C. PARRENO # 101080	0.00
/ /	INTERPRETER:	DR RUSSMAN/RAMESHNI @ FMR*	180.00
07/26/19	PR2/REEVAL	IRENE MORA # 101159	0.00
/ /	INTERPRETER:	W/ ACUPUNCT BIRHIMER @ FMR*	180.00
08/05/19	FOLLOW-UP	JOSE GERRY LUGO # 500049	0.00
/ /	INTERPRETER:	PHYSICAL TX W/D JAVAD NAJIB	90.00
08/06/19	FOLLOW UP	@ FMR*	
		JOSE GERRY LUGO # 500049	0.00
/ /	INTERPRETER:	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
08/07/19	FOLLOW-UP	LISBETH C. PARRENO # 101080	0.00
/ /	INTERPRETER:	PHYS TX W/DR NAJIB @ FMR*	90.00
08/08/19	FOLLOW UP	ALBERTO VILLAGOMEZ # 500341	0.00
1 1	INTERPRETER:	PHYS TX W/DR NAJIB @ FMR*	90.00
08/13/19	FOLLOW UP	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
08/12/19	FOLLOW-UP	ALBERTO VILLAGOMEZ # 500341	0.00
/_/_/	INTERPRETER:	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
08/14/19	FOLLOW-UP	JOSE GERRY LUGO # 500049	0.00
/ /	INTERPRETER:	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
08/15/19	FOLLOW UP	IRENE MORA # 101159	0.00
1 1	INTERPRETER:	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
08/20/19	FOLLOW-UP	PAUL LAZCANO # 101143	0.00
/ /	INTERPRETER:	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
08/19/19	FOLLOW-UP	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	THERAPY W/DR NAJIB @ FMR*	90.00
08/22/19	<pre>F/U PHYSIO INTERPRETER:</pre>	IRENE MORA # 101159	0.00
/ /		PHYS TX W/DR NAJIB @ FMR*	90.00
08/23/19	FOLLOW UP	FRID IN WIDE THE	

P.O. BOX # 4165

Tustin, CA 92781-4165

PH: 714 838-0950 FAX: 714 832-1979

TAX ID# 33-0956713

\*\*\* INVOICE \*\*\* Date NO# 09/25/19 75881

EAMS#(s):

SS # : XXX-XX-

DOB

Terms: 60 days

Claim #(s):

208036486

BILL TO:

ZURICH INS. (968005-SCHAUMBURG)

W. C. DEPARTMENT ATTN: LEA LIBANG P.O. BOX 968005

SCHAUMBURG, IL 60196

Case: vs MHX LLC Date Or Injury: 4/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ / 08/28/19 / / 09/03/19 / / 09/04/19 / / 09/05/19 / / 09/09/19 / / 09/10/19 / / 09/17/19	INTERPRETER: PR2/REEVAL INTERPRETER: FOLLOW UP INTERPRETER: FOLLOW-UP INTERPRETER: FOLLOW UP INTERPRETER: FOLLOW-UP INTERPRETER: FOLLOW-UP INTERPRETER: FOLLOW UP INTERPRETER: FOLLOW UP	ALBERTO VILLAGOMEZ # 500341 DR RUSSMAN/RAMESHNI @ FMR* ALBERTO VILLAGOMEZ # 500341 PHYS TX W/DR NAJIB @ FMR* LISBETH C. PARRENO # 101080 W/ ACUPUNCT BIRKHIMER @ FMR* JOSE G. LUGO # 500049 PHYS TX W/DR NAJIB @ FMR* ALBERTO VILLAGOMEZ # 500341 W/ ACUPUNCT BIRKHIMER @ FMR* ALBERTO VILLAGOMEZ # 500341 PHYS TX W/DR NAJIB @ FMR* BLANCA DUARTE # 011036 DOS 5/6/19-8/8/19* # 110210576	0.00 180.00 0.00 90.00 0.00 180.00 90.00 0.00 180.00 90.00 90.00

BALANCE 1890.00

\* 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 \*\*

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

JOYCE ALTMAN INTERPRETERS INC PO BOX 4165
TUSTIN CA 92781

00227

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Num		Tax ID	Date of Loss	
208-0364867 001 LL	WC 0142341	75881	V		04/25/18	05/06/19-08/08/19
Check Number	1102101576	Date Is	ssued (	)9/17/19	Amount	\$**3,520.00
Insured	MHX LLC					
Claimant						
Nature of Payment	MEDICAL TRA	ANSLATION & INTE	RPRETE	R FEES		
Issued To	JOYCE ALTM	AN INTERPRETER	S INC			
	PO BOX 4165					
Requested By	Neha Pandey		To a			
File Supervisor	Lea Libang			Phone Number	818 227-17	00
Payment Description		AMOUNT PAID	Payme	nt Description		AMOUNT PAID
WC MEDICAL		3,520.00				
			-			
		£2520.00	-			
	TOTAL	\$3520.00	1		1	

P.O. BOX # 4165

Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

ZURICH INS. (968005-SCHAUMBURG)

\*\*\* INVOICE \*\*\* Date NO# 09/12/19 76036

EAMS#(s):

SS # : XXX-XX DOB :

Terms: 60 days

.UMBURG) Terms: 60 da Claim #(s): 2080368618

W. C. DEPARTMENT ATTN: RITA THOMASSIAM

P.O. BOX 968005

SCHAUMBURG, IL 60196

BILL TO:

VS RANCHO VALLEY CONSTRUCTION

Date Of Injury: 10/10/18

DOS	SERVICE	DESCRIPTION	AMOUNT
	=======================================	=======================================	
05/22/19	PR2/REEVAL	DR MAGGIE PEZESHKAIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	180.00
06/05/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	
/ /	INTERPRETER:	TRENE MORA # 101159	0.00
06/17/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/26/19	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	EDUARDO REYES # 004539	0.00
08/05/19	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @	90.00
		FMR* PAUL LAZCANO # 101143	0.00
/ /	INTERPRETER:	W/ ACUPUNCT SEONG KWANG LIM @	180.00
08/06/19	FOLLOW-UP	FMR*	
, ,	INTERPRETER:	BLANCA DUARTE # 011036	0.00
/ / 08/07/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	90.00
		LILIANA HAPERIN # 100048	0.00
/ /	INTERPRETER:	PHYSICAL TX W/DR PEZESHKIAN*	90.00
08/12/19	FOLLOW UP	BLANCA DUARTE # 011036	0.00
/ /	INTERPRETER:	W/ ACUPUNCT LIM @ FMR*	180.00
08/20/19	FOLLOW-UP	JOSE GERRY LUGO # 500049	0.00
/ /	INTERPRETER:	THERAPY W/DR PEZESHKIAN @ FMR	90.00
08/26/19	F/U PHYSIO		
		*	0.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	90.00
08/28/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	0.00
1 1	INTERPRETER:	JENNIFER MINOTTA # 101254	-810.00
08/30/19	PMT BY CHECK	DOS 5/22/19-8/5/19*	
• •		# 1102087549	180.00
08/29/19 / /	PR2/REEVAL INTERPRETER:	DR PEZESHKIAN @ FMR* IRENE MORA # 101159	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# 09/12/19 76036

EAMS#(s):

BILL TO:

ATTN: RITA THOMASSIAM

P.O. BOX 968005

SCHAUMBURG, IL 60196

ss # : XXX-XX-...

DOB

ZURICH INS. (968005-SCHAUMBURG) Terms: 60 days W. C. DEPARTMENT Claim #(s): 2080368618

VS RANCHO VALLEY CONSTRUCTION

Date Of Injury: 10/10/18

DOS

SERVICE

DESCRIPTION 

TRUOMA

BALANCE 900.00

<sup>\*</sup> 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 the balance of the balance of the balance of the balance of the balance. 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 \*\*

## 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 INC PO BOX 4165 TUSTIN CA 92781 4165

00934

## PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice N	umber	Tax ID	Date of Loss	Payment Service Dates
208-0368618 001 RZ	WC 0092715	7603	6		10/10/18	05/22/19-08/05/19
Check Number	1102087549	Date	Issued 08	/30/19	Amount	\$***810.00
Insured	Employers Resource Mgt @ Ralph S K		oh S Kirsch			
Claimant						
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES					
Issued To	:	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Pankaj Trivedi					
File Supervisor	Rita Thomassian			hone Number	818 227-17	00
Payment Description		AMOUNT PAID	Payment	Description		AMOUNT PAID
WC MEDICAL		810.00				
11.75						
	TOTAL	\$810.00				

