Market Rate Summary Graph

Payments at market rate for Initial, PR-2, Initial acup, F/u acup, F.C.E., EMG/NCV, and PandS, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
1	74839	10/17/18 - 7/31/19	10/11/2019	$ 1,720.00	**Initial ($230),** 8 f/u chiro tx, **PR-2 ($180)**	$ 1,170.00	02996942	8/22/2019	**100%**	Amtrust/ ANA BUI Claims
		10/17/18 - 7/31/19				$ 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

Market Rate Summary Graph

Payments at market rate for Initial, PR-2, Initial acup, F/u acup, F.C.E., EMG/NCV, and PandS, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
10	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
		8/9/19 - 8/13/19		$ 360.00	**F/u acup**	$ 360.00	2804603	9/25/2019		
13	75606	7/24/2019	10/4/2019	$ 180.00	**F/u acup**	$ 180.00	2769388	8/28/2019	**100%**	Ins. Co. of the West
		8/7/2019		$ 180.00	**F/u acup**	$ 180.00	2790125	9/13/2019		
		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

Market Rate Summary Graph

Payments at market rate for Initial, PR-2, Initial acup, F/u acup, F.C.E., EMG/NCV, and PandS, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
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

Market Rate Summary Graph

Payments at market rate for Initial, PR-2, Initial acup, F/u acup, F.C.E., EMG/NCV, and PandS, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Billed Amt (medicals billed at a minimum of 2 hours, unless noted)	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
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

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):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2880085-1; 2878752-1

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: ADRIEL WHITMORE
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 @ GOFNUNG CHIRO*	90.00
/ /	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
/ /	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):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2880085-1; 2878752-1

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: ADRIEL WHITMORE
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
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	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	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 **

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02996942
2880085-1
SWC1153470

DATE	AMOUNT
8/22/2019	$1,170.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

VOID AFTER 180 DAYS

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

⑈02996942⑈ ⑆021309379⑆ 790262463⑈

-1
74839

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:	11/1/2017 FP1-MJCA-811705
Location:	2575 S. Normandie Ave Los Angeles CA 90007 -
Examiner Code:	24249
Network/PPO Network:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

RECEIVED
AUG 28 2019

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
10/17/2018	Q00014	INTERPRETER OTHER 15	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	0.00	0.00	90.00	
11/16/2018	Q00014	INTERPRETER OTHER 15	120.00	90.00	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	Q00014	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	Q00014	INTERPRETER OTHER 15	120.00	180.00	90.00	0.00	90.00	G1, 790
7/31/2019	Q00014	INTERPRETER OTHER 15	120.00	180.00	90.00	0.00	90.00	G1, 790
				1720.00	550.00	0.00	1170.00	

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

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

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

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03017888
2878752-1
SWC1153470

DATE	AMOUNT
9/9/2019	$550.00

Five Hundred Fifty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈03017888⑈ ⑆021309379⑆ 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:	8/22/2019-8/22/2019
Explanation:	INV 74839
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

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

*** INVOICE ***
Date NO#
10/02/19 75120

EAMS#(s):

SS # : [redacted]
DOB :
Terms: 60 days
Claim #(s):
3019015

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

Case: [redacted] vs 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* # 02788238	-180.00
05/08/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
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

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

*** INVOICE ***
Date NO#
10/02/19 75120

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
3019015

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

Case: vs NEXT DAY FRAME INC
Date Of Injury: 11/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/27/19	PMT BY CHECK	DOS 8/28/19* # 03045411	-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 **

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03045411
3019015-1
SWC1193319

DATE	AMOUNT
9/27/2019	$180.00

One Hundred Eighty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

M

VOID AFTER 180 DAYS

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

⑈03045411⑈ ⑆021309379⑆ 790262463⑈

Check Number	03045411
Claim Number:	3019015-1
Bill Number:	0
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:	8/28/2019-8/28/2019
Explanation:	Invoice 75120 DOS 8 28 19
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

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):

SS # :
DOB :
Terms: 60 days
Claim #(s):
55095256

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

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

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):

SS # :
DOB :
Terms: 60 days
Claim #(s):
55095256

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: ALIYAH HUSSAIN
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):

SS # :
DOB :
Terms: 60 days
Claim #(s):
55095256

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

Case: [redacted] vs BRIGHT EVENT RENTALS LLC
Date Of Injury: 1/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 3250.00

* 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
1210(8)

CHECK NO. 903982

DATE
10/01/2019

California Workers' Compensation Payment

**********180.00

Pay One Hundred Eighty Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE RUB AREA TO VERIFY

⑈090398 2⑈ ⑆121000248⑆ 4125523753⑈ M

Payee: JOYCE ALTMAN INTERPRETERS INC

IRS/SSN:

Check Number: 903982

Check Date: 10/01/2019

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55095256		01/09/2019	Interpreter Fees - Medical	09/04/2019	09/04/2019	09/19/2019	75873 ✓	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-
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	SERVICE	DESCRIPTION	AMOUNT
05/22/19	INITIAL EXAM	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/04/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/05/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/06/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/07/19	FOLLOW-UP	W/ ACUPUNCT BIRKHMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/11/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/12/19	FOLLOW-UP	W/ ACUPUNCT BIRKIMERN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/13/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/14/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/18/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/19/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/20/19	PR2/REEVAL	DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/21/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/28/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 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	SERVICE	DESCRIPTION	AMOUNT
07/02/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/03/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	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:	ALBERTO VILLAGOMEZ # 500341	0.00
07/09/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/11/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/12/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/16/19	FOLLOW-UP	W/ ACUPUNCT NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/17/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
07/18/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/19/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/02/19	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/06/19	FOLLOW UP	PHYS TX W/DR NAJIB*	90.00
/ /	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
08/08/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/09/19	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#
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	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/13/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/15/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/16/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/20/19	FOLLOW UP	PHYS TX 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
08/22/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/23/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/28/19	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/27/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/03/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/04/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/06/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/05/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/11/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/24/19	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-
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	SERVICE	DESCRIPTION	AMOUNT

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
1210(8)

CHECK NO. 900541

DATE
09/24/2019

California Workers' Compensation Payment

**********180.00

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

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈0900541⑈ ⑆121000248⑆ 41255237538

Payee: JOYCE ALTMAN INTERPRETERS INC

Check Number: 900541

IRS/SSN:

Check Date: 09/24/2019

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55096955		04/07/2019	Interpreter Fees - Medical	08/28/2019	08/28/2019	09/16/2019	76183	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#
10/09/19 76049

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

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LINZY NAKAHARA
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: 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 CHRIO & PHYS TX	230.00
/ /	-	W/DR HA @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
05/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
06/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	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#
10/09/19 76049

EAMS#(s):

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

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LINZY NAKAHARA
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: 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

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#
10/09/19 76049

EAMS#(s):

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

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LINZY NAKAHARA
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs TRI-STAR ELECTRONICS
Date Of Injury: 1/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
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* =# 34058353	-4122.50
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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/09/19	76049

EAMS#(s):

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

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LINZY NAKAHARA
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs TRI-STAR ELECTRONICS
Date Of Injury: 1/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 900.00

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

P4000028000

M1

[redacted]

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201909121613

Electronic Service Requested

1 OF 2 F

ENV 1435

MIXED AADC 926
1435 0.5738 MB 0.425

JOYCE ALTMAN INTERPRETERS INC 109
PO BOX 4165
TUSTIN, CA 92781-4165

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

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000021361488	00052763	001	01/01/2016	MED	O	4,122.50
				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

AIG

EXPLANATION OF BILL REVIEW

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

Invoice #: 1924800118
Control #: 06192520134700

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Tax ID: 330956713
State License #:
NPI #: 9999999999

Rendering Provider:

Tax ID/NPI #:

Claim #: 5720527630000
Claimant:
Date of Injury: 01/01/2016
Claimant SSN:

State Claim #:
Patient Acct #: 76049
Service Dates: 05/22/2019-08/05/2019

Policy #: 000021361488
Employer: CARLISLE COMPANIES INCORPORATE
Insurer: NEW HAMPSHIRE INSURANCE CO

Date Received: 08/23/2019
Date Reviewed: 09/09/2019
Date Processed: 09/11/2019

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
05/22/2019	T1013	T1013	10.00	112.50	112.50	0.00	112.50	
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:
T1490 INJURY, UNSPECIFIED

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

CONTINUED

P4000028000

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

20190918012O

Electronic Service Requested

ALL FOR AADC 926
17024 0.9555 AB 0.409

JOYCE ALTMAN INTERPRETERS INC 197
PO BOX 4165
TUSTIN, CA 92781-4165

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

ENV 17024 1 OF 4 F

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000021361488	00052763	001	01/01/2016	MED	O	180.00
					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 50-937/213

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

CHECK No. 34069013
RFP No. 00556906
DATE 09/18/2019

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

AMOUNT PAID
*******$180.00

Void after 90 Days

5626408

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

JPMORGAN CHASE BANK, N.A
SYRACUSE, NY 13206

AUTHORIZED SIGNATURE

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

⑈34069013⑈ ⑆021309379⑆ 7864205394⑈

EXPLANATION OF BILL REVIEW

AIG

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

Invoice #: 1924801712
Control #: 06192540051800

ALL FOR AADC 926
17024 0.9555 AB 0.409

JOYCE ALTMAN INTERPRETERS INC 197
PO BOX 4165
TUSTIN, CA 92781-4165

2 OF 4 F
ENV 17024

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Tax ID: 330956713
State License #:
NPI #: 9999999999

Rendering Provider:

Tax ID/NPI #:

Claim #: 5720527630000
Claimant:
Date of Injury: 01/01/2016
Claimant SSN:

State Claim #:
Patient Acct #: 76049
Service Dates: 05/22/2019-08/07/2019

Policy #: 000021361488
Employer: CARLISLE COMPANIES INCORPORATE
Insurer: NEW HAMPSHIRE INSURANCE CO

Date Received: 08/26/2019
Date Reviewed: 09/11/2019
Date Processed: 09/17/2019

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
05/22/2019	T1013	T1013	0.00	112.50	0.00	0.00	0.00	1 ,2 ,3
05/24/2019	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
05/29/2019	T1013	T1013	0.00	230.00	0.00	0.00	0.00	1 ,2 ,3
05/31/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/03/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/05/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/07/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/10/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/14/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/17/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/19/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/24/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/26/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/03/2019	T1013	T1013	0.00	90.00	0.00	0.00	0.00	1 ,2 ,3
07/05/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/08/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/10/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/15/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/17/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/24/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/26/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/29/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/31/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
08/05/2019	T1013	T1013	0.00	180.00	0.00	0.00	0.00	1 ,2 ,3
08/07/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
			Totals	4,302.50	180.00	0.00	180.00	

Diagnosis:
T1490 INJURY, UNSPECIFIED

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

CONTINUED

P4000028000

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

JOYCE ALTMAN INTERPRETERS INC 194
PO BOX 4165
TUSTIN, CA 92781-4165

M 1 OF 4 F

ENV 20656

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

PAID
OCT 07 2019

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

[redacted]

P4000028003

20190930O119

AIG

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

EXPLANATION OF BILL REVIEW

Invoice #: 1926101611
Control #: 06192630096100

ENV 20656 2 OF 4 F

ALL FOR AADC 926
20656 0.9555 AB 0.409

JOYCE ALTMAN INTERPRETERS INC 194
PO BOX 4165
TUSTIN, CA 92781-4165

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Tax ID: 330956713
State License #:
NPI #: 9999999999

Rendering Provider:

Tax ID/NPI #:

Claim #: 5720527630000
Claimant:
Date of Injury: 01/01/2016
Claimant SSN:

State Claim #:
Patient Acct #: 76049
Service Dates: 05/22/2019-08/13/2019

Policy #: 000021361488
Employer: CARLISLE COMPANIES INCORPORATE
Insurer: NEW HAMPSHIRE INSURANCE CO

Date Received: 09/05/2019
Date Reviewed: 09/20/2019
Date Processed: 09/27/2019

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended 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
07/17/2019	T1013	T1013	0.00	180.00	0.00	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	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

CONTINUED

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

ALL FOR AADC 926
20656 0.9555 AB 0.409

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

194

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	Type	Status	Amount
000021361488	00052763	001	01/01/2016	MED	O	180.00
					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

EXPLANATION OF BILL REVIEW

AIG

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

Invoice #: 1926400552
Control #: 06192670096200

ALL FOR AADC 926
20656 0.9555 AB 0.409

JOYCE ALTMAN INTERPRETERS INC 194
PO BOX 4165
TUSTIN, CA 92781-4165

4 OF 4 F
ENV 20656

Billing Provider:
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Tax ID: 330956713
State License #:
NPI #: 9999999999

Rendering Provider:

Tax ID/NPI #:

Claim #: 5720527630000
Claimant:
Date of Injury: 01/01/2016
Claimant SSN:

State Claim #:
Patient Acct #: 76049
Service Dates: 05/22/2019-08/20/2019

Policy #: 000021361488
Employer: CARLISLE COMPANIES INCORPORATE
Insurer: NEW HAMPSHIRE INSURANCE CO

Date Received: 09/10/2019
Date Reviewed: 09/24/2019
Date Processed: 09/27/2019

Jurisdiction: CA

Dates of Service	Billed Proc Code	Paid Proc Code	Units	Billed Charges	Fee Schedule or Customary	PPO Savings	Recommended Allowance	Codes
05/22/2019	T1013	T1013	10.00	112.50	0.00	0.00	0.00	1 ,2 ,3
05/24/2019	T1013	T1013	8.00	90.00	0.00	0.00	0.00	1 ,2 ,3
05/29/2019	T1013	T1013	8.00	230.00	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	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/05/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/07/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/10/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/14/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/17/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/19/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/24/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
06/26/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/03/2019	T1013	T1013	8.00	90.00	0.00	0.00	0.00	1 ,2 ,3
07/05/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/08/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/10/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/15/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/17/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/24/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/26/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/29/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
07/31/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
08/05/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
08/07/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
08/13/2019	T1013	T1013	8.00	180.00	0.00	0.00	0.00	1 ,2 ,3
08/20/2019	T1013	T1013	8.00	180.00	180.00	0.00	180.00	
			Totals	4,662.50	180.00	0.00	180.00	

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

CONTINUED

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):

SS # :
DOB :
Terms: 60 days
Claim #(s):
076918032056

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs FLEET WOOD FIBRE
Date Of Injury: 7/21/17

DOS	SERVICE	DESCRIPTION	AMOUNT
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

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

M

CHUBB®

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Payment Summary

Claim Ref #: 076918032056
Policy: 000071763534
Occurence: 000011
Date of Loss: 07/21/2018
SSN#/TIN#:
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 4434728
Print Date: 09/17/2019
Issue Date: 09/17/2019

Insured: Fleetwood-Fibre Packaging & Graphics

DATE	CLAIMANT	DESCRIPTION	AMOUNT
05/08/2019-05/08/2019		Translator	180.00

✓

CHECK TOTAL: 180.00

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

Claim Representative: PAUL PAN

Phone: (213)612-5478

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	73298

EAMS#(s):

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

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

Case: 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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

AS ADMINISTRATOR OF:
Ace American Insurance Company

CHECK NUMBER	CHECK DATE
8914613	09/19/19

Claim#: BB-18-000217

*******$360.00

PAY EXACTLY: *Three hundred sixty and 00/100 Dollars*

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0008914613⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

DETACH HER

CORVEL

Explanation of Review

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

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5256594 - 1
Reprice: CA, 92781
Billed Date: 07/23/2019
Business Rcvd: 08/06/2019
MBR Rcvd: 08/06/2019
MBR Date: 09/19/2019
Date Approved: 09/19/2019
DOS From - To: 01/31/2018 - 02/08/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1578

Treating Provider:
Referring Physician: MICHAEL FELDMAN
Patient Control #: 73298
Provider Tax Id: 33-0956713

Claim #: BB-18-000217
Processor Initials: BB
DOI: 01/19/2018
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/31/18	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
	Billed: 99199; Units: 1								
02/08/18	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
	Billed: 99199; Units: 1								
Sub-Totals for Bill: 5256594					**$360.00**			**$0.00**	**$360.00**
Totals for Bill:5256594									**$360.00**

Line Item Reason Codes and Descriptions
MV0 Market Value

RZZ Payer/ Provider agreement in place

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

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):

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

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

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

BALANCE 920.00

* 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-18-006888

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8897168	09/03/19

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0008897168⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

M

DETACH HERE

CORVEL

Explanation of Review

Business Unit: 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
Site/Bill #: 48/5272468 - 1
Reprice: CA, 92781
Billed Date: 08/08/2019
Business Rcvd: 08/19/2019
MBR Rcvd: 08/19/2019
MBR Date: 09/03/2019
Date Approved: 09/03/2019
DOS From - To: 03/22/2019 - 07/31/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3711

Treating Provider:
Referring Physician: ARBI MIRZAIANS
Patient Control #: 75612
Provider Tax Id: 33-0956713

Claim #: BB-18-006888
Processor Initials: ML
DOI: 11/09/2018
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
03/22/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		A	$230.00	$0.00
	These services have been previously objected to. Original bill [5214254.48]								
05/01/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	These services have been previously objected to. Original bill [5214254.48]								
05/06/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$150.00		A	$150.00	$0.00
	These services have been previously objected to. Original bill [5214254.48]								

06/12/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00	A	$180.00	$0.00
	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	A	$0.00	$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

507 Priced According to Contract Agreement

R1 Duplicate Billing

RZZ Payer/ Provider agreement in place

Line Item Reason Codes and Descriptions

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

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

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 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
FAX: 866-449-4217

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

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 75106

EAMS#(s):

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

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

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* # 0152944755	-1400.00
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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/24/19	75106

EAMS#(s):

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

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

Case: vs SODEXO INC/SDH SERVICES WEST
Date Of Injury: 8/10/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

PO BOX 2934
CLINTON IA 52733-2934

000808 PAGE 1 OF 1 003331

M

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**

BRANCH NO.: 138
ACC DATE: 10Aug18

NO.: 0157569668
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 003331
VN. 0002873912
DATE: 18Sep19 62-20/311

CLAIM NO.: 000808 117932 WC 01 (77179001) **BRANCH NO.:** 138

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **360.00

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

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0157569668⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
09/10/19 75712

EAMS#(s):

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

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

Case: vs CHAURA EVENTS
Date Of Injury: 8/19/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/17/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/05/19	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/28/19	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 **

GALLAGHER BASSETT - CORONA, CA
PO BOX 2934
CLINTON IA 52733-2934

006316 PAGE 1 OF 1 002955

MDG2009 00004179 1 MB .428 1

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

DATES OF SERVICE: 05Apr19 **THRU** 07Aug19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 19Aug18

NO.: 0157135875
VN: 0000014120
DATE: 29Aug19
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 002955
VN. 0000014120
DATE: 29Aug19 62-20/311

CLAIM NO.: 006316 000376 WC 01 (2728133001) **BRANCH NO.:** 170
PAY ONE THOUSAND AND 00/100 DOLLARS**********

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1000.00

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

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0157135875⑈ ⑆031100209⑆ 4007490⑈

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

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

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2018014618

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 509039
SAN DIEGO, CA 92150

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

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/18	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/29/18	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	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* # 2440230	-820.00
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
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/05/19	PMT BY CHECK	DOS 7/29/19*= #2779728	-180.00
09/09/19	P AND S	DR KHAN @ AMERI CHIRO*	230.00

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Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/20/19	74465

EAMS#(s):

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Claim #(s):
2018014618

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 509039
SAN DIEGO, CA 92150

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

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	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

WUARDA

11/9/18 3:44 PM 3 0000956 20190906 OI1ZL102 JOP-FEC 1 oz DOM OI1ZL10000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Paymen
2018014618	[redacted]	07/20/2018	$2,260.00	$2,080.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3087718,3127505,3204689,3283746\n	$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

Check Number: 2779728
Check Date: 09/05/2019

Claim #: 2018014618 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 08/08/2018 **Through:** 07/29/2019 **Adjuster:** Kuhn, Christopher
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 07/20/2018
Reviewed By: 2Q **Date Received:** 08/16/2019 **Date Reviewed:** 08/21/2019 **Bill Review #:** FIC-IWCA-3303562
Patient Acct #: 74465 ✓ **Bill Control #:** FIC-IWCA-3303562 **PPO Subnet:**
Employer: EAST BAY LOGISTICS INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
08/08/2018	001	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	402, 224
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
08/29/2018	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
09/17/2018	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
10/26/2018	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
11/26/2018	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
12/10/2018	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
01/23/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/04/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/29/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/13/2019	010	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
07/03/2019	011	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.								
07/29/2019	012	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		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	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
18	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

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

EAMS#(s):

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Terms: 60 days
Claim #(s):
2019007204

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KART HIRATE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs J.L. FURNISHINGS
Date Of Injury: 3/1/16 - 1/4/19

DOS	SERVICE	DESCRIPTION	AMOUNT
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

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

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

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SAN DIEGO, CA 92150

Case: vs J.L. FURNISHINGS
Date Of Injury: 3/1/16 - 1/4/19

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
		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*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	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

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DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/23/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/02/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

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

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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 :
Terms: 60 days
Claim #(s):
2019007204

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KART HIRATE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs J.L. FURNISHINGS
Date Of Injury: 3/1/16 - 1/4/19

DOS	SERVICE	DESCRIPTION	AMOUNT

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

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,6Z6VD5

6Z6VD5

11/9/18 3:44 PM 3 0001452 20190917 OI5LZ103 JOP-FEC 1 oz DOM OI5LZ10000* 161281 CK

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

75458

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019007204		02/13/2018	$8,150.00	$7,970.00	$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

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
Check Date: 09/16/2019

Claim #: 2019007204 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/20/2019 **Through:** 08/06/2019 **Adjuster:** Hirata, Kurt
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 02/13/2018
Reviewed By: I9 **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 Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
02/20/2019	001	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
02/22/2019	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
02/27/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/01/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/06/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/08/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/15/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/20/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/22/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/27/2019	010	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/29/2019	011	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/03/2019	012	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/05/2019	013	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/10/2019	014	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/12/2019	015	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/17/2019	016	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/19/2019	017	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/24/2019	018	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/26/2019	019	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.								
05/01/2019	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.								
05/10/2019	023	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	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.								
05/17/2019	025	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.								
05/22/2019	026	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.								

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
Check Date: 09/16/2019

Claim #: 2019007204 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/20/2019 **Through:** 08/06/2019 **Adjuster:** Hirata, Kurt
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 02/13/2018
Reviewed By: I9 **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 Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
05/24/2019	027	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.								
05/29/2019	028	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.								
05/31/2019	029	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.								
06/05/2019	030	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.								
06/07/2019	031	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.								
06/12/2019	032	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.								
06/14/2019	033	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.								
06/19/2019	034	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.								
06/21/2019	035	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.								
06/25/2019	036	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.								
07/05/2019	037	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.								
07/09/2019	038	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.								
07/12/2019	039	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.								
07/16/2019	040	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.								
07/19/2019	041	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.								
07/23/2019	042	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.								
07/26/2019	043	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.								
07/30/2019	044	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.								
08/02/2019	045	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.								
08/06/2019	046	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		8,150.00	7,970.00	0.00	0.00	0.00	180.00	

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

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

Claim #: 2019007204 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/20/2019 **Through:** 08/06/2019 **Adjuster:** Hirata, Kurt
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 02/13/2018
Reviewed By: I9 **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 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
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402		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.

ANSI Claim Adjustment Reason Codes:

Code	Description
18	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

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

M

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

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 #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019007204	[redacted]	02/13/2018	$8,510.00	$8,150.00	$360.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP 3231740, 3308778, 3292129, 3239799, 33	$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

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

Claim #: 2019007204 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/20/2019 **Through:** 08/13/2019 **Adjuster:** Hirata, Kurt
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 02/13/2018
Reviewed By: I8 **Date Received:** 09/10/2019 **Date Reviewed:** 09/12/2019 **Bill Review #:** FIC-IWCA-3338280
Patient Acct #: 75458 **Bill Control #:** FIC-IWCA-3338280 **PPO Subnet:**
Employer: ELITE LEATHER COMPANY

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
02/20/2019	001	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
02/22/2019	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
02/27/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
03/01/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
03/06/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
03/08/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
03/15/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
03/20/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
03/22/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
03/27/2019	010	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
03/29/2019	011	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
04/03/2019	012	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
04/05/2019	013	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
04/10/2019	014	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
04/12/2019	015	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
04/17/2019	016	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
04/19/2019	017	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
04/24/2019	018	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
04/26/2019	019	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.											
05/01/2019	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.											
05/10/2019	023	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	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.											
05/17/2019	025	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.											
05/22/2019	026	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.											

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

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

Claim #: 2019007204 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/20/2019 **Through:** 08/13/2019 **Adjuster:** Hirata, Kurt
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 02/13/2018
Reviewed By: I8 **Date Received:** 09/10/2019 **Date Reviewed:** 09/12/2019 **Bill Review #:** FIC-IWCA-3338280
Patient Acct #: 75458 **Bill Control #:** FIC-IWCA-3338280 **PPO Subnet:**
Employer: ELITE LEATHER COMPANY

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
05/24/2019	027	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.								
05/29/2019	028	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.								
05/31/2019	029	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.								
06/05/2019	030	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.								
06/07/2019	031	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.								
06/12/2019	032	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.								
06/14/2019	033	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.								
06/19/2019	034	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.								
06/21/2019	035	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.								
06/25/2019	036	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.								
07/05/2019	037	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.								
07/09/2019	038	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.								
07/12/2019	039	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.								
07/16/2019	040	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.								
07/19/2019	041	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	402, 224
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
07/23/2019	042	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.								
07/26/2019	043	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.								
07/30/2019	044	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.								
08/02/2019	045	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.								
08/06/2019	046	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.								
08/09/2019	047	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
08/13/2019	048	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		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

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	75606

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
201813763

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: 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
/ /	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
/ /	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

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 75606

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
201813763

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: [redacted] vs SUN & SANDS ENTERPR/PRIME TIME
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

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 75606

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
201813763

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 509039
SAN DIEGO, CA 92150

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

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/19	PMT BY CHECK	DOS 6/19/19* =# 2731725	-180.00
08/01/19	PMT BY CHECK	DOS 6/26/19* =# 2736041	-90.00
08/02/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	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
08/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/21/19	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 & PHYS TX W/DR HA*	180.00
/ /	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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/04/19	75606

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
201813763

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 509039
SAN DIEGO, CA 92150

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

DOS	SERVICE	DESCRIPTION	AMOUNT

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

0X9MDK

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

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

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Paymen
2018013763		07/10/2018	$3,200.00	$3,020.00	$180.0(

Category	Stub Notes	Stub Amount
180	\nPARTIAL DUP IWCA 3204821 ,IWCA 3216121 ,IWCA 321	$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

Check Number: 2769388
Check Date: 08/28/2019

Claim #: 2018013763 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 03/22/2019 **Through:** 07/24/2019 **Adjuster:** Parham, Robert
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 07/10/2018
Reviewed By: 3Q **Date Received:** 08/10/2019 **Date Reviewed:** 08/13/2019 **Bill Review #:** FIC-IWCA-3293782
Patient Acct #: 75606 **Bill Control #:** FIC-IWCA-3293782 **PPO Subnet:**
Employer: SUN & SANDS ENTERPRISES LLC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
03/22/2019	001	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
03/25/2019	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
04/01/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
04/12/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
04/17/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
04/24/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
05/03/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
05/06/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
05/15/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
05/20/2019	010	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
05/31/2019	011	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.							
06/07/2019	012	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.							
06/12/2019	013	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.							
06/19/2019	014	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	402, 224
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
06/26/2019	015	11	T1013	0	90.00	90.00	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.							
07/03/2019	016	11	T1013	0	90.00	90.00	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.							
07/10/2019	017	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.							
07/19/2019	018	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.							
07/24/2019	019	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
			Totals:		3,200.00	3,020.00	0.00	0.00	0.00	180.00	

Comments:

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			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

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

HDNUD0

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

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

75606

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total 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

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
Check Date: 09/13/2019

Claim #: 2018013763 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 03/22/2019 **Through:** 08/07/2019 **Adjuster:** Parham, Robert
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 07/10/2018
Reviewed By: 3L **Date Received:** 08/30/2019 **Date Reviewed:** 09/03/2019 **Bill Review #:** FIC-IWCA-3324224
Patient Acct #: 75606 **Bill Control #:** FIC-IWCA-3324224 **PPO Subnet:**
Employer: SUN & SANDS ENTERPRISES LLC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation 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	008	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:

BR	State	ANSI	BR Description
224			A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
790			WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

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

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

M

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

GDNUDX

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2018013763		07/10/2018	$3,380.00	$3,200.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3176420,3179909,3204821,3216121,3	$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

Check Number: 2790126
Check Date: 09/13/2019

Claim #: 2018013763 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 03/22/2019 **Through:** 08/02/2019 **Adjuster:** Parham, Robert
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 07/10/2018
Reviewed By: 2Q **Date Received:** 08/28/2019 **Date Reviewed:** 09/01/2019 **Bill Review #:** FIC-IWCA-3320721
Patient Acct #: 75606 **Bill Control #:** FIC-IWCA-3320721 **PPO Subnet:**
Employer: SUN & SANDS ENTERPRISES LLC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
03/22/2019	001	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
03/25/2019	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/01/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/12/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/17/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/24/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/03/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/06/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/15/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/20/2019	010	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/31/2019	011	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.								
06/07/2019	012	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.								
06/12/2019	013	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.								
06/19/2019	014	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.								
06/26/2019	015	11	T1013	0	90.00	90.00	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.								
07/03/2019	016	11	T1013	0	90.00	90.00	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.								
07/10/2019	017	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.								
07/19/2019	018	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.								
07/24/2019	019	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.								
• 08/02/2019	020	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00 •	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		3,380.00	3,200.00	0.00	0.00	0.00	180.00	

Comments:

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 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

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

M

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

DF6ZDE

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2018013763		07/10/2018	$3,740.00	$3,560.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3176420, 3179909, 3204821, 321612	$0.00

75604

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

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

Claim #: 2018013763 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 03/22/2019 **Through:** 08/14/2019 **Adjuster:** Parham, Robert
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 07/10/2018
Reviewed By: V3 **Date Received:** 09/10/2019 **Date Reviewed:** 09/11/2019 **Bill Review #:** FIC-IWCA-3337553
Patient Acct #: 75606 **Bill Control #:** FIC-IWCA-3337553 **PPO Subnet:**
Employer: SUN & SANDS ENTERPRISES LLC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
03/22/2019	001	11	T1013	0	90.00	90.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
03/25/2019	002	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
04/01/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
04/12/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
04/17/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
04/24/2019	006	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
05/03/2019	007	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
05/06/2019	008	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
05/15/2019	009	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
05/20/2019	010	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
05/31/2019	011	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.							
06/07/2019	012	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.							
06/12/2019	013	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.							
06/19/2019	014	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.							
06/26/2019	015	11	T1013	0	90.00	90.00	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.							
07/03/2019	016	11	T1013	0	90.00	90.00	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.							
07/10/2019	017	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.							
07/19/2019	018	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.							
07/24/2019	019	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.							
08/02/2019	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.							
08/07/2019	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.							
08/14/2019	022	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
				This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.							
			Totals:		3,740.00	3,560.00	0.00	0.00	0.00	180.00	

Comments:

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

The charges have been paid per ICW s usual and customary rates, the recommended allowances are reasonable for the services provided.

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#
09/11/19 75759

EAMS#(s):

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

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: MARIA MADISON
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs TRI-FITTING MFG.
Date Of Injury: 4/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/19/19	INITIAL EXAM	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/30/19	POST-OP	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/08/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/20/19	PMT BY CHECK	DOS 4/19/19* =# 2642655	-180.00
05/22/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/28/19	PMT BY CHECK	DOS 4/30/19* =# 2653065	-180.00
06/07/19	PMT BY CHECK	DOS 5/8/19* =# 2667251	-180.00
06/19/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/27/19	PMT BY CHECK	DOS 5/22/19* =# 2691183	-180.00
07/23/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
07/29/19	PMT BY CHECK	DOS 6/19/19* =# 2729611	-180.00
08/20/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/29/19	PMT BY CHECK	DOS 6/27/19-7/23/19* =# 2771677	-360.00

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#
09/11/19	75759

EAMS#(s):

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

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: MARIA MADISON
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs TRI-FITTING MFG.
Date Of Injury: 4/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT

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

8FSMDA

11/9/18 3:44 PM 3 0001334 20190830 OH9V6103 JOP-FEC 1 oz DOM OH9V610000* 161281 CK

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

7 57 57

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019005997		04/09/2019	$1,310.00	$950.00	$360.00

Category	Stub Notes	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

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

Claim #: 2019005997 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 04/19/2019 **Through:** 07/23/2019 **Adjuster:** Almeida, Marcy
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 04/09/2019
Reviewed By: 9I **Date Received:** 08/15/2019 **Date Reviewed:** 08/16/2019 **Bill Review #:** FIC-IWCA-3299634
Patient Acct #: 75759 **Bill Control #:** FIC-IWCA-3299634 **PPO Subnet:**
Employer: TRI-FITTING MFG. COMPANY

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
04/19/2019	001	11	T1013	0	230.00	230.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
04/30/2019	002	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/08/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/22/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
06/19/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
06/27/2019	006	11	T1013	1	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
07/23/2019	007	11	T1013	1	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		1,310.00	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
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.

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#
10/03/19 75762

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2019006458; 2019006461

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: KURT HIRADA
P.O. BOX # 509039
SAN DIEGO, CA 92150

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

DOS	SERVICE	DESCRIPTION	AMOUNT
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 @ AMERI CHIRO*	230.00
/ /	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

GF6ZDR

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019006458		09/16/2015	$1,000.00	$820.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3283548, 3301625\n\nThe charges h	$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

Check Number: 2804606
Check Date: 09/25/2019

Claim #: 2019006458
From: 04/22/2019 **Through:** 08/14/2019
Claimant: I
SS#:
Reviewed By: V3
Patient Acct #: 75762
Employer: ELITE LEATHER COMPANY

Bill Type: PROF **Jurisdiction:** CA **Payment Type:** MED
Adjuster: Hirata, Kurt
Date of Birth:
Date Received: 09/10/2019 **Date Reviewed:** 09/11/2019
Bill Control #: FIC-IWCA-3337535

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

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
04/22/2019	001	11	T1013	0	230.00	230.00	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.											
05/22/2019	002	11	T1013	0	230.00	230.00	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.											
06/05/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
07/22/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
08/14/2019	005	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.											
			Totals:		1,000.00	820.00	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:

BR	State	ANSI	BR Description
224	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

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

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

Code	Description
T1013	Sign language or oral interpretive services, per 15 minutes

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

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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

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#
09/03/19 75826

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2019005339

BILL TO:
INSURANCE CO. OF THE WEST (IA)
W. C. DEPARTMENT
ATTN: NORA ARREOLA DURHAM
PO BOX 2965
CLINTON, IA 52733

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

7K1JD4

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

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

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019005339		03/28/2019	$720.00	$540.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3233871\nThe charges have been pa	$0.00

FILED
SEP 03 2019
BY: .....

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

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

Claim #: 2019005339 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 04/03/2019 **Through:** 07/24/2019 **Adjuster:** Arreola-Durham, Nora
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 03/28/2019
Reviewed By: I8 **Date Received:** 08/07/2019 **Date Reviewed:** 08/08/2019 **Bill Review #:** FIC-IWCA-3289411
Patient Acct #: 75826 **Bill Control #:** FIC-IWCA-3289411 **PPO Subnet:**
Employer: AFE INDUSTRIES INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
04/03/2019	001	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
05/01/2019	002	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
06/12/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
07/24/2019	004	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		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
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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
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Notices:

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ICW Group,PO BOX 2965 Clinton, IA 52733-2965 or FAX to (858)586-2446

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

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

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2018017998

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: MICHELLE RIVERA
P.O. BOX # 509039
SAN DIEGO, CA 92150

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	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/02/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	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. @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/24/19	PR2/REEVAL	DR MARINA RUSSMAN/ RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/30/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	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#
10/15/19 75871

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2018017998

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: MICHELLE RIVERA
P.O. BOX # 509039
SAN DIEGO, CA 92150

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
08/10/19	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* =# 2761140	-1170.00
08/20/19	FOLLOW-UP	W/ ACUPUNCT NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/29/19	PMT BY CHECK	DOS 7/13/19* =# 2771679	-90.00
08/29/19	PMT BY CHECK	DOS 7/16/19* =# 2771678	-90.00
09/04/19	PMT BY CHECK	DOS 7/23/19-7/24/19*= # 2778318	-410.00
09/04/19	PMT BY CHECK	DOS 7/30/19*= # 2778319	-90.00
09/04/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/18/19	PMT BY CHECK	DOS 8/3/19-8/6/19* =# 2795911	-180.00
09/17/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/25/19	PMT BY CHECK	DOS 8/10/19* =# 2804604	-90.00
09/25/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
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#
10/15/19	75871

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2018017998

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: MICHELLE RIVERA
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs GO FRESH PRODUCE INC
Date Of Injury: 9/23/17

DOS	SERVICE	DESCRIPTION	AMOUNT

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

TXTPDG

11/9/18 3:44 PM 3 0000962 20190905 OI1HC102 JOP-FEC 1 oz DOM OI1HC10000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2018017998		09/23/2017	$1,950.00	$1,540.00	$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

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

Claim #: 2018017998 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 05/06/2019 **Through:** 07/24/2019 **Adjuster:** Rivera, Michelle
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 09/23/2017
Reviewed By: I8 **Date Received:** 08/14/2019 **Date Reviewed:** 08/18/2019 **Bill Review #:** FIC-IWCA-3298653
Patient Acct #: 75871 **Bill Control #:** FIC-IWCA-3298653 **PPO Subnet:**
Employer: GO FRESH PRODUCE INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
05/06/2019	001	11	T1013	0	230.00	230.00	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.								
06/06/2019	002	11	T1013	0	230.00	230.00	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.								
06/11/2019	003	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
06/12/2019	004	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
06/19/2019	005	11	T1013	0	180.00	180.00	0.00	0.00	0.00	0.00	224, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
06/25/2019	006	11	T1013	0	90.00	90.00	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.								
06/29/2019	007	11	T1013	0	90.00	90.00	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.								
07/02/2019	008	11	T1013	0	90.00	90.00	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.								
07/09/2019	009	11	T1013	0	90.00	90.00	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.								
07/13/2019	010	11	T1013	0	90.00	90.00	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.								
07/16/2019	011	11	T1013	0	90.00	90.00	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.								
07/23/2019	012	11	T1013	8	230.00	0.00	0.00	0.00	0.00	230.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
07/24/2019	013	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	790, 402
			This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		1,950.00	1,540.00	0.00	0.00	0.00	410.00	

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 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	G56	18	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
402			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.
G56	THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL" CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
18	Exact duplicate claim/service
P12	Workers' compensation jurisdictional fee schedule adjustment.

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

*** INVOICE ***
Date NO#
10/02/19 57970

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
7190240344

BILL TO:
INTERCARE INS (ROSEV-579)
W. C. DEPARTMENT
ATTN: DANIELLE CORONA
P.O. BOX # 579
ROSEVILLE, CA 95661

Case: 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 CARE*	230.00
/ /	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 MUZABEIGI (2.5 HRS)	225.00
/ /	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 **

P8528028002

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

20190926O102

Electronic Service Requested

ALL FOR AADC 926
24477 0.3820 AB 0.409

Joyce Altman Interpeters
P0 B0X 4165
TUSTIN, CA 92781-4165

322

Payee:	Joyce Altman Interpeters
Company Name:	Clarendon National Insurance Compan
Facility:	MJO Staffing, Inc.
Policy ID:	CPCA13846
IRS/SSN:	
Administrator:	CENG
Claim Number:	7190240344
Check #:	3267141
Check Total:	985.00
Check Date:	09/25/2019

1 OF 1

ENV 24477

Explanation of Benefits

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

Totals: 985.00

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):

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

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ERIK YOOSC
P.O. BOX 61000
NEWARK, NJ 07101

Case: 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 @ FMR*	230.00
/ /	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
07/08/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/10/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/15/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/19/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

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

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

EAMS#(s):

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

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ERIK YOOSC
P.O. BOX 61000
NEWARK, NJ 07101

Case: 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
/ /	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
09/18/19	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):

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

BILL TO:
MITSUI SUMITOMO INS (N.J.)
W. C. DEPARTMENT
ATTN: ERIK YOOSC
P.O. BOX 61000
NEWARK, NJ 07101

Case: vs BURGER KING
Date Of Injury: 10/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

BALANCE 4740.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CORVEL CORPORATION
MITSUI SUMITOMO INSURANCE GROUP
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= MSIG
11-24
1210(8)

CHECK NUMBER	CHECK DATE
420509	09/25/19

Claim#: WA226284

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈00004205091⑈ ⑆121000248⑆ 4129 655528⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: CALIFORNIA FOOD MANAGEMEN-06
15 Independence Blvd
Warren, NJ 07059
M

Employer Patient: CALIFORNIA FOOD MANAGEMENT,

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/5316302 - 1
Reprice:	CA, 92781
Billed Date:	09/04/2019
Business Rcvd:	09/13/2019
MBR Rcvd:	09/13/2019
MBR Date:	09/24/2019
Date Approved:	09/24/2019
DOS From - To:	08/19/2019 - 08/19/2019

Network:		**Treating Provider:**		**Claim #:**	WA226284
Network Branch:		**Referring Physician:**	MARINA RUSSMAN	**Processor Initials:**	MDM
Sub Network:		**Patient Control #:**	75891	**DOI:**	10/23/2018
Contract:		**Provider Tax Id:**	33-0956713	**RX Number:**	
Claim Rep.:	Yoose, Eric	**Claim Rep Phone #:**	818-942-3944	**Claim Rep Ext.:**	

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/19/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		A	$0.00	$180.00

Sub-Totals for Bill: 5316302		$0.00	$180.00
Charges not listed have been previously processed			$0.00
Totals for Bill:5316302			$180.00

Line Item Reason Codes and Descriptions
MV0 Market Value
RZZ Payer/ Provider agreement in place

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

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
Phone: 973-360-6500
FAX: 888-296-1930

Claim Summary to Date

Date Range: 10/24/2018 - 09/04/2019
Dollars Billed on Claim: $29,494.32
Allowed Fee on Claim: $8,431.59
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 ID - 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.

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

*** INVOICE ***
Date NO#
10/02/19 75933

EAMS#(s):

SS # :
DOB : 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

Case: 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
/ /	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

Next Level Administrators
P.O. Box 1061
Bradenton, FL 34206
1-877-306-6398

M

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

Claimant / DOS From / To	Claim # / Invoice	Payment Code / Memo	Amount
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 & FINGERPRINT 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

Fifth Third Bank
999 Vanderbilt Beach Road
Naples, FL 34108

09/26/2019

535647
63-9171
670

THE SUM OF: **Seven Hundred Twenty and 00/100 Dollars**

$********720.00**

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

THIS CHECK WILL NOT BE PAID UNLESS PRESENTED FOR PAYMENT WITHIN 90 DAYS FROM DATE OF ISSUE. ENDORSEMENT MUST APPEAR AS PAYEE LISTED.

AUTHORIZED SIGNATURES

⑈0000535647⑈ ⑆067091719⑆ 7434398801⑈

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):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2019055261

BILL TO:
PACKARD CLAIMS (TARPON SPRINGS
W. C. DEPARTMENT
ATTN: AMANDA HENNING
P.O. BOX 1549
TARPON SPRINGS, FL 34688

Case: [redacted] 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
/ /	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

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):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2019055261

BILL TO:
PACKARD CLAIMS (TARPON SPRINGS
W. C. DEPARTMENT
ATTN: AMANDA HENNING
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 & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/25/19	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
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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
04/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/15/19	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:	MARIA BARBOSA # 500267	0.00
04/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00

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

*** INVOICE ***

Date	NO#
09/26/19	75375

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2019055261

BILL TO:
PACKARD CLAIMS (TARPON SPRINGS
W. C. DEPARTMENT
ATTN: AMANDA HENNING
P.O. BOX 1549
TARPON SPRINGS, FL 34688

Case: vs PRIORITY WORKFORCE
Date Of Injury: 1/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	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
04/29/19	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 @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/22/19	LIEN FIL FEE	LIEN FILING FEE	150.00
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):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2019055261

BILL TO:
PACKARD CLAIMS (TARPON SPRINGS
W. C. DEPARTMENT
ATTN: AMANDA HENNING
P.O. BOX 1549
TARPON SPRINGS, FL 34688

Case: vs PRIORITY WORKFORCE
Date Of Injury: 1/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT

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
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: 2019055261
Division Claim No.: 2019021312524

Policy ID: CWC 71949-1017
Examiner: AHENNING
Check Number: 10070261
Check Amount: $3,480.00
Check Date: 09/06/2019
Description: Translation
Invoice No: 75375

Document PRA-PKCA-102580
Received Date: 08/28/2019
Reviewed 09/05/2019

Bill Type: Doctors Office - 50
Primary ICD: T14.90 Injury, unspecified
PPO Name:

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 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	

WARNING — THIS CHECK IS PROTECTED BY SPECIAL SECURITY FEATURES

Packard Claims Administration
P.O. Box 1549
Tarpon Springs, FL 34688

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

CHECK NO. 10070261

DATE 09/06/2019

AMOUNT $3,480.00

PAY Thirty Four Hundred Eighty Dollars And 00/100

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

VOID VOID VOID

SECURE FEATURES INCLUDE MICROPRINTING • VOID FEATURE PANTOGRAPH • ENDORSEMENT BACKER

⑈10070261⑈ ⑆121000248⑆ 4463595157⑈

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: 2019055261
Division Claim No.: 2019021312524

Policy ID: CWC 71949-1017
Examiner: AHENNING
Check Number: 10070261
Check Amount: $3,480.00
Check Date: 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
Received Date: 08/28/2019 **Primary ICD:** T14.90 Injury, unspecified **Pharmacy No.:**
Reviewed 09/05/2019 **PPO Name:** **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	
				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

* 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: 01/05/2019
Claim Number: 2019055261
Division Claim No.: 2019021312524

Policy ID: CWC 71949-1017
Examiner: AHENNING
Check Number: 10070261
Check Amount: $3,480.00
Check Date: 09/06/2019
Description: Translation
Invoice No: 75375

Document PRA-PKCA-102580
Received Date: 08/28/2019
Reviewed 09/05/2019

Bill Type: Doctors Office - 50
Primary ICD: T14.90 Injury, unspecified
PPO Name:

From: 03/20/2019 **Through:** 08/22/2019
Pharmacy No.:
DRG Code: T14

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

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 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

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/19	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/08/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/10/19	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	90.00
/ /	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
05/15/19	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
05/29/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/03/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/05/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00

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 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

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

BALANCE 230.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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
US

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
Sep 18 2019	6000007415	0000099708	CL	10045	1	6000007415

Policy Number	WKN158631-4
Insured	KDFMC A CALIFORNIA CORPORATION
Date of Loss	12/20/2018
Reported Date of Loss	03/13/2019
Claims System ID	bnuCCV9:20041827
Claim Number	PEG WC 000000082749
Claimant Name	Tereso Castellanos
Supplier Invoice Date	09/17/2019
Supplier Invoice Number	I75709
Service Dates	04/03/2019 08/23/2019
Adjuster Name	Payment for [AIS INVOICE_NUMBER:75709]
Agency Code	
Agency Name	
Pay Amount	$ 410.00
Memo / Description	Payment for [AIS INVOICE_NUMBER:75709]

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 410.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 410.00 ***

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#
09/10/19 73718

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
6342-00000351/0000369

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: SALLY RICO
P.O. BOX 14440
LEXINGTON, KY 40512

Case: 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
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/05/19	PMT BY CHECK	DOS 4/3/18* =# 104700984	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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M

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

0005326-0016027 0106 001 822226 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

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

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

73718

SWK.RM.STD.00.NP

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

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

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
311

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

$180.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

639187150

MEMO: MP

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

Bob Blankenship

⑈104700984⑈ ⑆031100225⑆ 207995005970 3⑈

EXPLANATION OF BILL REVIEW

PAYOR **Sedgwick**	RECEIVED BY VENDOR **09/03/2019**	DATE OF INJURY **05/09/2017**	
BILL ID(ICN) **6903-28431**	PROCESSED BY VENDOR **09/03/2019**	SOCIAL SECURITY NUMBER	
INJURED NAME (LAST FIRST MI)	TPA CLAIM NUMBER **6342-0000351**		
INJURED ADDRESS	PATIENT ACCOUNT NUMBER **73718**		PROVIDER NAME AND ADDRESS **JOYCE ALTMAN INTERPR PO BOX 4165 TUSTIN, CA 92781**
	EMPLOYER CONTRACT NUMBER **6903**		
IMAGE NUMBER (DCN) **5120190829088232R000**	TPA TRANSACTION# (MBDCN) **5312019090300670**		
EMPLOYER NAME **Cardenas Markets**	CARRIER NAME **Safety National Casualty Corporation**		
EMPLOYER ADDRESS **2501 E. Guasti Rd. Ontario, CA 91761 Safety National Casualty Corporation**	CARRIER ADDRESS **1832 Schuetz Road St. Louis, MO 63146 314-995-5300**		TREATING PROVIDER **JOYCE ALTMAN INTERPRETERS INC**
			PROVIDER TAX ID **330956713**
PROVIDER NPI	ICD CODES **T14.90**		DATES OF SERVICE **04/03/2018 - 04/03/2018**

Date of Service	Submitted Code	Mod(s)	Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended 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: Sedgwick Claims Management Services
P O Box 14440
Lexington, KY 40512-4440

Fax: 951-275-5499
Phone: 951-275-5400

639187150

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):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC0000140896

BILL TO:
TOKIO MARINE MGMT (483-JERSEY)
W. C. DEPARTMENT
ATTN: ERIC CHAVIRA
P.O. BOX 483
JERSEY CITY, NJ 07303

Case: vs YUSEN LOGISTICS
Date Of Injury: 12/2/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/19	INITIAL EXAM	DR EMMETT COX @ HAND & ORTHO OF SO. CALIF*	230.00
/ /	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
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Tokio Marine America Insurance Company
CLAIMS ACCOUNT
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

Claim Number: 210WC0000140896
Policy Number: WC 6405463-07

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

90-415
1222

CONTROL NO. cc:3454762
CHECK NO. 800530667

ONE HUNDRED EIGHTY AND 00/100 Dollars

$180.00

PAY TO THE ORDER OF: Joyce Altman Interpreters

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

FOR: 75803

Insured/Claimant
NYK GROUP AMERICAS INC.

AUTHORIZED SIGNATURE

Payment No. 1 of 1

VOID AFTER 90 DAYS

THIS CHECK CONTAINS SECURITY FEATURES: VOID PANTOGRAPH - WATERMARK ON BACK (HOLD AT ANGLE TO VIEW) - CHEMICAL PROTECTION

m

⑈800530667⑈ ⑆122241501⑆ 908001366O⑈

Check No. 800530667

Tokio Marine America Insurance Company
499 Washington Blvd, Suite 1500
Jersey City, NJ 07310

FROM 08/15/2019 TO 08/15/2019
Claim WC0000140896

Payment explanations may be mailed to you separately.

75803

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

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):

SS # :
DOB :
Terms: 60 days
Claim #(s):
152-CB-EOB6711-J

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 660055
DALLAS, TX 75266

Case: SIGUE CORP
Date Of Injury: 10/1/14

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

BALANCE 0.00

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M

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SE01733

891A 90533395

TRAVELERS

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

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

Name	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
		Total Amount Paid	$*****2190.00		

242020807

DETACH CHECK

SUMM -111311
OVRPSUM1-02150

DETACH CHECK

THIS DOCUMENT HAS A RED BACKGROUND - BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

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

TRAVELERS
P O BOX 660055
DALLAS TX 75266-0055

891A 90533395 62-20 311

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
08/30/19	J99	330956713	SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

TWO THOUSAND ONE HUNDRED NINETY AND 00/100 ------------------------------ PAY: $*****2190.00

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

008151
SE01733

Douglas K. Russell
AUTHORIZED SIGNATURE

⑈90533395⑈ ⑆031100209⑆ 38621267⑈

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#
09/30/19 76117

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
FBA9441

BILL TO:
SAINT PAUL TRAVELERS (660055)
W. C. DEPARTMENT
ATTN: JILL CASPERITE
P.O. BOX 660055
DALLAS, TX 75266

Case: vs EXEMPLIS CORP.
Date Of Injury: 3/21/18

DOS	SERVICE	DESCRIPTION	AMOUNT
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* # 896D 92878199	-230.00
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
09/12/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00

BALANCE 180.00

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019255

n/1

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

O

896D 92995026

TRAVELERS

DATE: 09/13/19
LOSS DATE: 03/15/18
FILE NUMBER: 152 CB FBA9441 A

EMPLOYEE

ACCOUNT NAME:
EXEMPLIS LLC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Med Interpreting Srvc

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
OVRPUNS2-121295
DETACH CHECK

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#
09/03/19 73724

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
SCIH043426

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: LORRAINE J.
P.O. BOX 619079
ROSEVILLE, CA 95661

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
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/27/19	PMT BY CHECK	DOS 4/3/18* # 62-293359	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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STATE OF CALIFORNIA 62-293359

M

H THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. 0001 FUND NAME GENERAL FUND

IDENTIFICATION NO. XXXXX275 5180

MO. 08 DAY 27 YR. 2019

90-1342/1211

62293359

DOLLARS	CENTS
$*****180	.00

FORM CD-85(1/99) CONTROLLERS WARRANT

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

Betty T. Yee

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

⑆121143231⑆ 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 73724
PAY DESCRIPTION: INTERPRETER MED
PERIOD FROM - PERIOD TO: 04-03-2018 - 04-03-2018

PAID
SEP 0 3 2019

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 75998

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SCIH-046731

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: MARY BAKER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs EL MONTE IHSS
Date Of Injury: 2/25/19

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

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 75998

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCIH-046731

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: MARY BAKER
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: 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* # 62-411242	-2440.00
09/09/19	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/11/19	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
09/12/19	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

* 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 **

STATE OF CALIFORNIA

WARRANT NUMBER 62-411242

THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. 0001 FUND NAME GENERAL FUND

IDENTIFICATION NO. XXXXX224 5180

MO. 09 DAY 11 YR. 2019

90-1342/1211

62411242

TO: 411242

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

DOLLARS	CENTS
$****2440	.00

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM DD-854/998 CONTROLLERS WARRANT

⑆121134231⑆ 624124251⑈

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

75998

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):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2010373425

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs CCM OF CALIFORNIA
Date Of Injury: 2/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/19	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	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
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/14/19	PMT BY CHECK	DOS 3/5/19-5/10/19* # 1102016023	-720.00
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* # 1102039842	-540.00
07/09/19	PR2/REEVAL	DR ROY CAPUTO @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/06/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/14/19	PMT BY CHECK	DOS 3/5/19-7/9/19* # 1102071077	-180.00
09/03/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/09/19	PMT BY CHECK	DOS 3/5-19-8/6/19* # 1102094406	-360.00
09/11/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	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 75554

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2010373425

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs CCM OF CALIFORNIA
Date Of Injury: 2/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/19	PMT BY CHECK	DOS 3/5/19-9/3/19* # 1102116855	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

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 Number	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 Issued**	09/09/19	**Amount**	$***360.00
Insured	Channel Control Merchants LLC				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Shikha Gupta				
File Supervisor	Eva Reale	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	360.00		
TOTAL	**$360.00**		

THE FACE OF THIS DOCUMENT HAS A BLUE BACKGROUND - NOT A WHITE BACKGROUND, SIMULATED WATERMARK ON BACK. HOLD AT AN ANGLE TO VIEW.

56-1544/441

ZURICH AMERICAN INSURANCE COMPANY
ON BEHALF OF American Zurich Ins. Co.

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 ----------DOLLARS***

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

$***360.00

JPMORGAN CHASE BANK, N.A.
COLUMBUS OH

** THE BACKGROUND IS COLORED **

⑈1102094406⑈ ⑆044115443⑆ 528291201⑈

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#
09/25/19 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 Of Injury: 4/25/18

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 @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/04/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/06/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500641	0.00
06/08/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/10/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/13/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/11/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/14/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	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
06/24/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/26/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/01/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/03/19	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#
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 Of Injury: 4/25/18

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

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#
09/25/19 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 Of Injury: 4/25/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/28/19	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/03/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/04/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/05/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/09/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/10/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/17/19	PMT BY CHECK	DOS 5/6/19-8/8/19* # 110210576	-3520.00

BALANCE 1890.00

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

00227

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0364867 001 LL	WC 0142341	75881 ✓		04/25/18	05/06/19-08/08/19

Check Number	1102101576	Date Issued	09/17/19	Amount	$**3,520.00
Insured	MHX LLC				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Neha Pandey				
File Supervisor	Lea Libang	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	3,520.00		
TOTAL	$3520.00		

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):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080368618

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: RITA THOMASSIAM
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: 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	0.00
06/05/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE 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 @ FMR*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/06/19	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/07/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	LILIANA HAPERIN # 100048	0.00
08/12/19	FOLLOW UP	PHYSICAL TX W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/20/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/26/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR *	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/28/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
08/30/19	PMT BY CHECK	DOS 5/22/19-8/5/19* # 1102087549	-810.00
08/29/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00

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

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080368618

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: RITA THOMASSIAM
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs RANCHO VALLEY CONSTRUCTION
Date Of Injury: 10/10/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 900.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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m

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00934

Please Note:
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Visit **enrollments.zurichna.com** to enroll in electronic payments.

1010093400934

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0368618 001 RZ	WC 0092715	76036		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 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	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	810.00		

TOTAL $810.00