Market Rate Summary Graph

Payments at market rate for all medical dates of service billed, received between 1/2/20 and 1/31/20

	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	75125	12/11/18-10/10/19	1/6/2020	$ 1,610.00	**Initial ($230), 6 PR-2s ($180 each), 2 F.I.M.s ($150 each)**	$ 720.00	108858	10/16/2019	**100%**	AdminSure
						$ 90.00	109260	11/25/2019		
						$ 800.00	109543	12/31/2019		
						$ 1,610.00				
2	74460	8/8/2018	1/13/2020	$ 150.00	**F.C.E.**	$ 150.00	76884	1/7/2020	**100%**	Athens Administrators
3	73263	1/23/18-12/4/19	1/27/2020	$ 2,150.00	**Initial ($230), 2 FCEs ($150 each), 9 PR-2s ($180 each)**	$ 2,150.00	04289231	1/22/2020	**100%**	Amtrust/Technology Ins Co
4	76571	11/11/19-11/19/19	1/23/2020	$ 360.00	**2 f/u acup ($180 each)**	$ 360.00	90622	1/13/2020	**100%**	Berkshire- National Liability & Fire
5	76932	11/26/2019	1/7/2020	$ 180.00	**PR-2**	$ 180.00	950821	1/3/2020	**100%**	Berkshire Hathaway
6	77329	11/15/2019	1/31/2020	$ 180.00	**PR-2**	$ 180.00	955907	1/14/2020	**100%**	Berkshire Hathaway
		12/6/2019		$ 180.00	**PR-2**	$ 180.00	962468	1/28/2020	**100%**	
7	76600	8/14/19-11/27/19	1/23/2020	$ 4,280.00	**Initial Acup ($230), 21 f/u acup ($180 each),** Initial chiro tx, 2 f/u chiro tx	$ 1,850.00	5662104345	12/19/2019	**100%**	Broadspire
						$ 360.00	3891373	12/27/2019		
						$ 2,070.00	5662529487	1/13/2020		
						$ 4,280.00				

Market Rate Summary Graph

Payments at market rate for all medical dates of service billed, received between 1/2/20 and 1/31/20

	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
8	70324	6/16/2017	1/15/2020	$ 180.00	**F/u acup**	$ 180.00	9008891	1/8/2020	**100%**	Corvel
9	75843	8/14/19-10/2/19	1/14/2020	$ 630.00	**3 f/u acup ($180 each),** f/u physical therapy	$ 630.00	9008446	1/8/2020	**100%**	Corvel
10	76395	10/29/19-11/7/19	1/28/2020	$ 630.00	**3 f/u acup ($180 each),** f/u physical therapy	$ 630.00	9008992	1/8/2020	**100%**	Corvel
		11/6/19-11/20/19		$ 720.00	**2 F/u acup ($180 each), 2 PR-2s ($180 each)**	$ 720.00	9017559	1/17/2020	**100%**	
11	76402	11/6/2019	1/6/2020	$ 360.00	**2 F/u acup ($180 each)**	$ 180.00	9002671	12/30/2019	**100%**	Corvel
		11/15/2019				$ 180.00	9002673	12/30/2019		
12	76432	11/25/2019	1/28/2020	$ 180.00	**F/u acup**	$ 180.00	9021368	1/21/2020	**100%**	Corvel
13	77168	12/4/2019	1/30/2020	$ 180.00	**PR-2**	$ 180.00	1005196	1/24/2020	**100%**	Corvel
14	75309	1/23/2019	1/27/2020	$ 230.00	**Initial acup**	$ 230.00	23873902	1/20/2020	**100%**	Employers
15	74851	10/3-10/24/19	1/7/2020	$ 360.00	**2 PR-2s ($180 each)**	$ 360.00	0160021236	12/29/2019	**100%**	Gallagher Bassett
16	75753	4/17/19-12/3/19	1/29/2020	$ 7,430.00	**Initial acup ($230), 38 f/u acup,** Initial chiro $90, 3 f/u chiro tx	$ 7,430.00	0160416416	1/16/2020	**100%**	Gallagher Bassett

Market Rate Summary Graph

Payments at market rate for all medical dates of service billed, received between 1/2/20 and 1/31/20

	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
17	76439	9/21/19-11/20/19	1/6/2020	$ 1,350.00	**4 f/u acup ($180 each), 2 PR-2s ($180 each),** 3 f/u physical therapy	$ 1,350.00	0159968863	12/26/2019	**100%**	Gallagher Bassett
18	69646	5/25/16-5/1/18	1/6/2020	$ 1,870.00	**Initial ($230), Initial acup ($230), 5 PR-2s ($180 each), 2 f/u acup ($180 each),** lien filing fee	$ 1,870.00	1310812071	12/30/2019	**100%**	The Hartford
19	77360	11/8/2019	1/30/2020	$ 180.00	**PR-2**	$ 180.00	1311583548	1/22/2020	**100%**	The Hartford
20	75978	5/13/19-10/22/19	1/8/2020	$ 5,832.50	**Intial acup ($230), 30 f/u acup ($180 each),** Initial chiro tx, f/u chiro tx	$ 5,832.50	236966	1/2/2020	**100%**	Heritage (Employer)
21	75606	11/12/2019	1/24/2020	$ 180.00	**F/u acup**	$ 180.00	2926451	12/27/2019	**100%**	Ins. Co. of the West
		11/19/2019		$ 360.00	**2 F/u acup ($180 each)**	$ 180.00	2946939	1/14/2020	**100%**	
		11/26/2019				$ 180.00	2946940	1/14/2020		
22	76470	11/22/2019	1/24/2020	$ 180.00	**PR-2**	$ 180.00	2944959	1/13/2020	**100%**	Ins. Co. of the West
23	76559	11/13/2019	1/24/2020	$ 180.00	**F/u acup**	$ 180.00	2941056	1/9/2020	**100%**	Ins. Co. of the West
		11/15/2019		$ 180.00	**F/u acup**	$ 180.00	2941055	1/9/2020		

Market Rate Summary Graph

Payments at market rate for all medical dates of service billed, received between 1/2/20 and 1/31/20

	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
24	76868	11/15/2019	1/8/2020	$ 180.00	**PR-2**	$ 180.00	2924826	12/26/2019	**100%**	Ins. Co. of the West
25	76117	12/5/2019	1/24/2020	$ 230.00	**P&S**	$ 230.00	896D93498365	1/15/2020	**100%**	Travelers
26	77348	11/20/2019	1/14/2020	$ 180.00	**PR-2**	$ 180.00	891A90854522	1/8/2020	**100%**	Travelers
27	77367	11/12/19-11/22/19	1/28/2020	$ 540.00	**Post-op, 2 PR-2s ($180 each)**	$ 540.00	896D93467853	1/8/2020	**100%**	Travelers
		12/6/2019		$ 180.00	**PR-2**	$ 180.00	896D93523648	1/21/2020	**100%**	
28	75893	11/19/19-12/4/19	1/24/2020	$ 270.00	**PR-2 ($180),** f/u physio therapy	$ 270.00	1102212039	1/17/2020	**100%**	Zurich
29	76036	5/22/19-12/6/19	1/24/2020	$ 1,260.00	**5 PR-2s ($180 each), 2 F/u acup ($180 each)**	$ 1,260.00	1102212648	1/17/2020	**100%**	Zurich

Average % of Market Rate paid	**100%**

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

*** INVOICE ***
Date NO#
01/06/20 75125

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
3291904

BILL TO:
ADMINSURE INS. (ONTARIO)
W. C. DEPARTMENT
ATTN: JACKIE CISANTO
3380 SHELBY ST.
ONTARIO, CA 91764

Case: vs GOODWILL INDUSTRIES OF SOUTHER
Date Of Injury: 8/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/18	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSISCAL REHAB SERVICES* PRS	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/15/19	PR2/REEVAL	DR MIRZAIANS/ DR CHRISTINE ABGARYAN @ PRS*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/29/19	F.I.M.	FUNTUCTIONAL INDEPENDENCE MEASURE W/DR ARBI	150.00
/ /	-	MIRZAIANS @ PHYS REHAB*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/05/19	PR2/REEVAL	DR MIRZAIANS @ PRS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/28/19	F.I.M.	FUNTUCTIONAL INDEPENDENCE MEASURE FINAL W/DR	150.00
/ /	-	ABGARYAN @ PHYS REHAB SVCS*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/11/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/23/19	PR2/REEVAL	DR ABGARAYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
07/18/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/16/19	PMT BY CHECK	DOS 12/11/18-7/18/19* =# 108858	-720.00
10/10/19	PR2/REEVAL	DR ABGARYAN 2 PHYS REHAB*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/25/19	PMT BY CHECK	DOS 10/10/19* =# 109260	-90.00
12/31/19	PMT BY CHECK	DOS 12/11/18-10/10/19* =# 109543	-800.00

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

*** INVOICE ***
Date NO#
01/06/20 75125

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3291904

BILL TO:
ADMINSURE INS. (ONTARIO)
W. C. DEPARTMENT
ATTN: JACKIE CISANTO
3380 SHELBY ST.
ONTARIO, CA 91764

Case: vs GOODWILL INDUSTRIES OF SOUTHER
Date Of Injury: 8/3/11

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 **

AdminSure

3380 Shelby Street
Ontario, California 91764

Telephone (909) 861-0816
Fax (909) 860-3995

CLAIMANT				CHECK AMOUNT	720.00
EMPLOYER	Goodwill Industries of Southern California			CHECK DATE	10/16/2019
CLAIM NUMBER	3291904	Invoice #	75125	CHECK NUMBER	108858
INCIDENT DATE	08/03/2011	PPO:	PrimeHealth Pend And	PAYMENT TYPE	Translator Expense
DOCUMENT #	000000014506509	ALLOCATION	29302	FROM - THRU	12/11/2018 - 07/18/2019

DOS	Code	Mod	Service Description	Units	Billed	BR Red	PPO Red	Other Red	Allowance	Reason Code
12/11/2018	T1013		SIGN LANGUAGE/ORAL	1.0	230.00	140.00	0.00	0.00	90.00	DG1 863
01/15/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	90.00	0.00	0.00	90.00	DG1 863
01/29/2019	T1013		SIGN LANGUAGE/ORAL	1.0	150.00	60.00	0.00	0.00	90.00	DG1 863
03/05/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	90.00	0.00	0.00	90.00	DG1 863
03/28/2019	T1013		SIGN LANGUAGE/ORAL	1.0	150.00	60.00	0.00	0.00	90.00	DG1 863
04/11/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	90.00	0.00	0.00	90.00	DG1 863
05/23/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	90.00	0.00	0.00	90.00	DG1 863
07/18/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	90.00	0.00	0.00	90.00	DG1 863
				Totals:	1,430.00	710.00	0.00	0.00	720.00	

Reason Codes:

863 REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.

DG1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

OCT 2 2 2019

After receipt of an EOR for an original bill, a Provider disputing the amount paid may submit a 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/Payment Guide and regulations at CA_ 9792.5. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of EOR service, the bill shall be deemed satisfied. Neither the employer nor the employee shall be liable for any further payment. 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 for the second bill review, 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 at CA_ 9792.5.4. If the Provider fails to request an IBR within 30 days, the bill shall be deemed satisfied. Neither the employer nor the employee shall be liable for any further payment.

For reconsideration of denied or reduced payment, please respond in writing to MedReview at the below address. Attn: Provider Services. Please include 1) What specifically you wish considered, 2) A copy of this EOR, and 3) Supporting documentation. Should you have further questions, please contact MedReview Provider Services at (909) 978-1130 or fax (909) 860-3995.

THIS DOCUMENT HAS A COLORED BACKGROUND AND A SIMULATED WATERMARK ON THE BACK

GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA

Workers' Compensation
Administered by AdminSure (909) 861-0816

BANK OF AMERICA
333 S. Hope Street
Los Angeles, CA 90071

16-66
1120

CHECK NUMBER 108858

DATE
10/16/2019

AMOUNT
**********720.00

Seven Hundred Twenty Dollars And 00/100

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

Alethea Vargas-Flores
Ashley Wells

THIS CHECK EXPIRES AND IS VOID
90 DAYS FROM CHECK DATE

⑈108858⑈ ⑆122000661⑆ 14535355564⑈

AdminSure

PAID
DEC 0 3 2019

3380 Shelby Street
Ontario, California 91764

Telephone (909) 861-0816
Fax (909) 860-3995

CLAIMANT				**CHECK AMOUNT**	90.00
EMPLOYER	Goodwill Industries of Southern California			**CHECK DATE**	11/25/2019
CLAIM NUMBER	3291904	**Invoice #**	75125	**CHECK NUMBER**	109260
INCIDENT DATE	08/03/2011	**PPO:**	PrimeHealth Pend And	**PAYMENT TYPE**	Translator Expense
DOCUMENT #	000000014506868	**ALLOCATION**	29302	**FROM - THRU**	12/11/2018 - 10/10/2019

DOS	Code	Mod	Service Description	Units	Billed	BR Red	PPO Red	Other Red	Allowance	Reason Code
12/11/2018	T1013		SIGN LANGUAGE/ORAL	1.0	230.00	230.00	0.00	0.00	0.00	DG56 DG1 420 247
01/15/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	180.00	0.00	0.00	0.00	DG56 DG1 420 247
01/29/2019	T1013		SIGN LANGUAGE/ORAL	1.0	150.00	150.00	0.00	0.00	0.00	DG56 DG1 420 247
03/05/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	180.00	0.00	0.00	0.00	DG56 DG1 420 247
03/28/2019	T1013		SIGN LANGUAGE/ORAL	1.0	150.00	150.00	0.00	0.00	0.00	DG56 DG1 420 247
04/11/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	180.00	0.00	0.00	0.00	DG56 DG1 420 247
05/23/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	180.00	0.00	0.00	0.00	DG56 DG1 420 247
07/18/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	180.00	0.00	0.00	0.00	DG56 DG1 420 247
10/10/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	90.00	0.00	0.00	90.00	DG1 863
				Totals:	1,610.00	1,520.00	0.00	0.00	90.00	

Reason Codes:

247 A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.

4207 THE 90-DAY PERIOD TO SUBMIT A REQUEST FOR SECOND REVIEW BEGAN WITH THE DATE OF THE FIRST REVIEW OF THIS SERVICE.

863 REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.

After receipt of an EOR for an original bill, a Provider disputing the amount paid may submit a 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/Payment Guide and regulations at CA_ 9792.5. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of EOR service, the bill shall be deemed satisfied. Neither the employer nor the employee shall be liable for any further payment. 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 for the second bill review, 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 at CA_ 9792.5.4. If the Provider fails to request an IBR within 30 days, the bill shall be deemed satisfied. Neither the employer nor the employee shall be liable for any further payment.

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THIS DOCUMENT HAS A COLORED BACKGROUND AND A SIMULATED WATERMARK ON THE BACK

GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA

Workers' Compensation
Administered by AdminSure (909) 861-0816

BANK OF AMERICA
333 S. Hope Street
Los Angeles, CA 90071

16-66
1120

CHECK NUMBER 109260

DATE
11/25/2019

AMOUNT
**********90.00

Ninety Dollars And 00/100

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

Alithia Vergara-Flores
Ashley Sells

THIS CHECK EXPIRES AND IS VOID
90 DAYS FROM CHECK DATE

⑈109260⑈ ⑆122000661⑆ 145353556⑈

AdminSure

3380 Shelby Street
Ontario, California 91764

Telephone (909) 861-0816
Fax (909) 860-3995

CLAIMANT				**CHECK AMOUNT**	800.00
EMPLOYER	Goodwill Industries of Southern California			**CHECK DATE**	12/31/2019
CLAIM NUMBER	3291904	**Invoice #**	75125 ✓	**CHECK NUMBER**	109543
INCIDENT DATE	08/03/2011	**PPO:**	PrimeHealth Pend And	**PAYMENT TYPE**	Translator Expense
DOCUMENT #	000000014507084	**ALLOCATION**	29302	**FROM - THRU**	12/11/2018 - 10/10/2019

DOS	Code	Mod	Service Description	Units	Billed	BR Red	PPO Red	Other Red	Allowance	Reason Code
12/11/2018	T1013		SIGN LANGUAGE/ORAL	1.0	230.00	115.71	0.00	0.00	114.29	DG1 863
01/15/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	90.56	0.00	0.00	89.44	DG1 863
01/29/2019	T1013		SIGN LANGUAGE/ORAL	1.0	150.00	75.47	0.00	0.00	74.53	DG1 863
03/05/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	90.56	0.00	0.00	89.44	DG1 863
03/28/2019	T1013		SIGN LANGUAGE/ORAL	1.0	150.00	75.47	0.00	0.00	74.53	DG1 863
04/11/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	90.56	0.00	0.00	89.44	DG1 863
05/23/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	90.56	0.00	0.00	89.44	DG1 863
07/18/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	90.56	0.00	0.00	89.44	DG1 863
10/10/2019	T1013		SIGN LANGUAGE/ORAL	1.0	180.00	90.55	0.00	0.00	89.45	DG1 863
				Totals:	1,610.00	810.00	0.00	0.00	800.00	

Reason Codes:

863 REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.

DG1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.

After receipt of an EOR for an original bill, a Provider disputing the amount paid may submit a 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/Payment Guide and regulations at CA_ 9792.5. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of EOR service, the bill shall be deemed satisfied. Neither the employer nor the employee shall be liable for any further payment. 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 for the second bill review, 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 at CA_ 9792.5.4. If the Provider fails to request an IBR within 30 days, the bill shall be deemed satisfied. Neither the employer nor the employee shall be liable for any further payment.

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GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA

Workers' Compensation
Administered by AdminSure (909) 861-0816

BANK OF AMERICA
333 S. Hope Street
Los Angeles, CA 90071

16-66
1120

CHECK NUMBER 109543

DATE
12/31/2019

AMOUNT
*********800.00

Eight Hundred Dollars And 00/100

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

Alithia Vargas-Flores
Ashley Sells

THIS CHECK EXPIRES AND IS VOID 90 DAYS FROM CHECK DATE

⑈109543⑈ ⑆122000661⑆ 1453535564⑈

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

*** INVOICE ***
Date NO#
01/13/20 74460

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
16013200

BILL TO:
ATHENS ADMIN (CONCORD)
W. C. DEPARTMENT
ATTN: CLAM ADJUSTER
P.O. BOX # 696
CONCORD, CA 94522

Case: vs AMERICAN APPAREL USA LLC
Date Of Injury: 4/18/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/18	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CHRISTINE ABGARIAN @	150.00
/ /	-	PHYSICAL REHAB SVCS* INITIAL	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/07/20	PMT BY CHECK	DOS 8/8/18* # 76884	-150.00

BALANCE 0.00

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

California Bank of Commerce

11-24/175
1210(8)

American Apparel

CHECK NO: 76884

DATE: 1/7/2020

WORKERS' COMPENSATION PROGRAM
ADMINISTERED BY: ATHENS ADMINISTRATORS
P.O. BOX 696, CONCORD, CALIFORNIA 94522

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT

*********$150.00

CLAIMANT:
CLAIM NO: 16013200
PAY *One Hundred And Fifty And 00/100 US Dollars*

PAYABLE TO JOYCE ALTMAN INTERPRETING
P.O. Box 4165
Tustin CA 92781

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈000076884⑈ ⑆121144696⑆ 1060904⑈

Provider Bill Detail

Payer: American Apparel
Provider Patient Account #: 74460

Check Number: 76884
Check Date: 1/7/2020

Claim Number: 16013200
Claimant Name:
SSN: XXX-XX
Date of Birth: no valid date
State of Jurisdiction: California

Date Received: 12/5/2019
Date Reviewed: 12/29/2019
Date of Injury: 7/13/2016
Document Number: 74460
Employer: American Apparel

Examiner: jvillasenor
Bill Type:
Pay Code: 32400
From: 8/8/2018
Through: 8/8/2018

ICD9 Codes:

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
8/8/2018	99199	00 00 00	UNLISTED SPECIAL SERV/REPORT	1.00	150.00	0.00	0.00	0.00	150.00	G1
			Totals:		150.00	0.00	0.00	0.00	150.00	

Reduction Reason Codes:

Code:	Description:
G1	

Notices:

For reconsideration of denied or reduced payment, please respond in writing to the contact information below and include 1) What specifically you wish to reconsider, 2) a copy of this Review Analysis, and 3) supporting documentation. Should you have further questions, you may contact:

Athens
PO Box 4029, Concord, CA 94524
Phone:
Fax:
Email:

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

*** INVOICE ***
Date NO#
01/27/20 73263

EAMS#(s):ADJ9415341

SS # : xxx-XX-
DOB :
Terms: 60 days
Claim #(s):
1237292

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

Case: vs AMERICAS BEST VALUE INN HOLLYW
Date Of Injury: 4/16/13-4/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/18	INITIAL EXAM	DR ARBI MIRZAIANS @ PHYSICAL REHAB SVCS*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/15/18	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CHRISTINE ABGARYAN	150.00
/ /	-	@ PHYS REHAB SVCS* (INITIAL)	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/27/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
05/29/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
07/10/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/14/18	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/15/19	PR2/REEVAL	DR MIRZAIANS/DR ABGARYAN @ PHYS REHAB SERVICES*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
05/20/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
07/01/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/14/19	PR2/REEVAL	DR ABGARYAN @ PHYS REHAB*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/18/19	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR ABGARYAN @ PRS*	150.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897 FINAL	0.00
12/04/19	PR2/REEVAL	DR MIRZAIANS @ PHYS REHAB*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/22/20	PMT BY CHECK	DOS 1/23/18* =# 04289231	-2150.00

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

*** INVOICE ***
Date NO#
01/27/20 73263

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1237292

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

Case: vs AMERICAS BEST VALUE INN HOLLYW
Date Of Injury: 4/16/13-4/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
04289231
1237292-1
TWC3395183

DATE	AMOUNT
1/22/2020	$2,150.00

Two Thousand One Hundred Fifty 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

⑈04289231⑈ ⑆021309379⑆ 601877533⑈

Explanation Of Bill Review

Check Number	04289231
Claim Number:	1237292-1
Regulatory ID:	
Bill Number:	15187972
Invoice Number:	FP1-MTCA-341273
Policy / Insured:	TWC3395183/Legacy Hospitality Inc. a corp.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS, INC
Loss Date:	4/16/2014 FP1-MTCA-341273
Location:	5625 West Sunset Blvd Los Angeles CA 90027 -
Examiner Code:	kulrich
Network/PPO Network:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P. O. Box 89404
Cleveland, OH 44101
626-915-1951

73263

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
1/23/2018	MDS11	SETTLEMENT-PAYER LIABLE	1.00	2150.00	0.00	0.00	2150.00	
				2150.00	0.00	0.00	2150.00	

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. 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.

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

*** INVOICE ***
Date NO#
01/23/20 76571

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
A9WC731436-001

BILL TO:
BERKSHIRE/NAT'L LIA & FIRE
W. C. DEPARTMENT
ATTN: HOLLIE WALIZER
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs FIT4SALE.COM INC
Date of Injury: 5/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/19	INITIAL EXAM	DR MARINA RUSSMAN/ NEGIN RAMESHNI @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/13/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/14/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/21/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO #101080	0.00
08/22/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/26/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @FMR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/27/19	FOLLOW UP	PHYS TX W/DR NAJBI @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOEMZ # 500341	0.00
08/28/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/29/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/09/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/10/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/25/19	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/01/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/11/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00

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

*** INVOICE ***
Date NO#
01/23/20 76571

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
A9WC731436-001

BILL TO:
BERKSHIRE/NAT'L LIA & FIRE
W. C. DEPARTMENT
ATTN: HOLLIE WALIZER
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs FIT4SALE.COM INC
Date Of Injury: 5/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/19/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/25/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/23/19	PMT BY CHECK	DOS 1/11/19-10/1/19* # 000089137	-180.00
12/04/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/13/20	PMT BY CHECK	DOS 8/7/19-11/19/19* # 000090622	-360.00

BALANCE 2120.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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000090622

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

01/13/2020 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
E034) 360.00 A9WC731436-001 DOL:05/24/2017
Inv/Case#: 76571
:08/07/2019-11/19/2019

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

National Liability & Fire Insurance Company

Wells Fargo Bank, N.A.

000090622

11-24
1210

P.O. Box 113247
Stamford, CT 06911-3247

DATE 01/13/2020

AMOUNT ********$360.00

⇨⇨⇨⇨⇨PAY ONLY $360.00

DOLLAR THREE SIX ZERO PERIOD ZERO ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ THREE HUNDRED SIXTY DOLLARS AND 00 CENTS**********

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

VOID OVER $360.00

⑈0000906 22⑈ ⑆121000248⑆ 4125306548⑈

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

*** INVOICE ***
Date NO#
01/07/20 76932

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55102835

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

Case: vs HOLIAY INN
Date Of Injury: 9/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/27/19	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/11/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/06/19	PMT BY CHECK	DOS 9/27/19-10/11/19* =# 922300	-360.00
11/08/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/26/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/13/19	PMT BY CHECK	DOS 11/8/19-12/2/19* # 940412	-180.00
01/03/20	PMT BY CHECK	DOS 11/26/19* # 950821	-180.00

BALANCE 0.00

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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. 950821

DATE
01/03/2020

California Workers' Compensation Payment

Pay One Hundred Eighty Dollars And 00/100 **********180.00

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

R M Daley

⑈095082 1⑈ ⑆121000248⑆ 4125523753⑈ M

Payee: JOYCE ALTMAN INTERPRETERS INC

IRS/SSN: XX-XX;

Check Number: 950821

Check Date: 01/03/2020

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55102835		09/13/2019	Interpreter Fees - Medical	11/26/2019	11/26/2019	12/23/2019	76932	180.00

PAID
JAN 07 2020
BY: .....

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

*** INVOICE ***
Date NO#
01/31/20 77329

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
5503838

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

Case: vs ESQUISITE SURFACES
Date Of Injury: 10/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/19	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/06/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/14/20	PMT BY CHECK	DOS 11/15/19* # 955907	-180.00
01/28/20	PMT BY CHECK	DOS 12/6/19* # 962468	-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

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. 962468

DATE
01/28/2020

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

⑈096 2468⑈ ⑆121000248⑆ 4125523753⑈

Payee: JOYCE ALTMAN INTERPRETERS INC

Check Number: 962468

IRS/SSN: XX-XXX

Check Date: 01/28/2020

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55103838		10/01/2019	Interpreter Fees - Medical	12/06/2019	12/06/2019	01/13/2020	77329	180.00

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. 955907

DATE
01/14/2020

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

⑈0955907⑈ ⑆121000248⑆ 4125523753⑈

Payee: JOYCE ALTMAN INTERPRETERS INC

Check Number: 955907

IRS/SSN: XX-XX

Check Date: 01/14/2020

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55103838		10/01/2019	Interpreter Fees - Medical	11/15/2019	11/15/2019	01/06/2020	77329	180.00

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

*** INVOICE ***
Date NO#
01/23/20 76600

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
189142004-001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: TOBETRIA STRONG
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs REAL TIME STAFF/STAFFING SOLUT
Date Of Injury: 7/18-7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/19	INITL CHIRO	TREATMENT/PHYS TX W/ DR CHRISTINE HA @SIDHU*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/19/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/26/19	INITIAL ACUP	W/ACUPUNCT MIN CHOI,F/U CHIRO & PHYS TX W/DR HA*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/28/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/23/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
01/23/20 76600

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189142004-001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: TOBETRIA STRONG
P.O. BOX 14645
LEXINGTON, KY 40512

Case: [redacted] vs REAL TIME STAFF/STAFFING SOLUT
Date Of Injury: 7/18-7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/22/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ROSARIO J. RIVAS # 500276	0.00
10/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/08/19	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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/23/20 76600

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189142004-001

BILL TO:
BROADSPIRE INS (LEX-14645)
W. C. DEPARTMENT
ATTN: TOBETRIA STRONG
P.O. BOX 14645
LEXINGTON, KY 40512

Case: vs REAL TIME STAFF/STAFFING SOLUT
Date Of Injury: 7/18-7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/19/19	PMT BY CHECK	DOS 8/14/19-9/30/19* # 5662104345 BROADSP	-1850.00
11/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	SONJA M. HICKMON # 500402	0.00
12/27/19	PMT BY CHECK	DOS 10/21/19-11/1/19* =# 3891373	-360.00
12/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 003693	0.00
12/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/13/20	PMT BY CHECK	DOS 10/4/19-12/27/19* # 5662529487	-2070.00

BALANCE 540.00

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

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

Check Date	:	12/19/2019
Check Amount	:	$1850.00
Check Number	:	5662104345

JOYCE ALTMAN INTERPRETERS
PO BOX 3969
TUSTIN CA 92781-3969

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
189142004-001	07/19/2019 $1850.00		
BP WC Rancho Cord-Rt All Other WC Medical Interpretation services	$1850.00	Tobetria M. Strong 76600	916-850-8250 08/14/2019-09/30/2019

PAID
JAN 0 2 2020

Please Fold on Perforation Before Tearing

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

ON BEHALF OF: XL INSURANCE COMPANY
INSURER: XL INSURANCE AMERICA INC.

Check Date : 12/19/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Amount
*** One Thousand Eight Hundred Fifty and 00/100 Dollars **********

Claim #: 189142004-001

Claim Check Number
5662104345
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST
GA

64-79
611
8800600242

PAYABLE IF DESIRED
AT WELLS FARGO
BANK, N.A. CALIFORNIA

Void if not presented for payment within 180 days after the date of issue

Amount
******* $1850.00*

JOYCE ALTMAN INTERPRETERS
PO BOX 3969
TUSTIN CA 92781-3969

By

⑈5662104345⑈ ⑆061100790⑆ 8800600242⑈

Broadspire Services, Inc.
PO Box 189080
Plantation, FL 33318-9080

0000836-0002525 S0106 001 853018 BSP

JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 92781-0000

Broadspire
A CRAWFORD COMPANY

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc. who has partnered with VPay® to process their payments. If you have questions regarding the payment, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire Services, Inc. at 1-800-800-7885.

Claim ID:	189142004-001
Client Reference ID:	9120765970
VP Trans ID:	710316822 BSP0001002
Date:	12/27/2019
Amount:	$360.00
Check Number:	3891373

PAID
JAN 0 2 2020
BY.

Get Paid Faster

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VCard or ACH

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

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay® at (877) 399-5917 and provide the VP Trans ID shown above and destroy this communication and its attachments, if any.

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

Broadspire
A CRAWFORD COMPANY

Broadspire Services, Inc.
PO Box 189080
Plantation, FL 33318-9080

METABANK
Sioux Falls, SD
72-7011/2739

3891373

12/27/2019

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$360.00**

THREE HUNDRED SIXTY DOLLARS AND 00/100 DOLLARS

JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 92781-0000

VOID AFTER 120 DAYS

MEMO

710316822

⑈3891373⑈ ⑆273970116⑆ 1700102966⑈

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2602303

Carrier

XL INSURANCE AMERICA, INC.
70 SEAVIEW AVE
STAMFORD, CT 06902

Provider

JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 92781-0000

Claimant

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 11/19/2019
Patient Account: 76600
Region: 9
Payment Status Code: 1

Claim Number: 189142004-001
DOI/DOL: 07/19/2019
CR Date / BR Date: 12/13/2019 / 12/13/2019
External Claim Number: 20191116152806539358 44
Social Security Number: *****6055
Employer/Insured: EMPLOYBRIDGE, LLC
Employer/Insured Address: REAL TIME STAFFING SERVICES
18543 S. WESTERN AVE
GARDENA, CA 90248
Policy Admin Information: 023363
Branch ID: RCO

Bill Details

Dates of Service: 08/14/2019 to 11/01/2019
Post Date: 12/23/2019
Client Type of Bill: 74
Adjuster: TMSTRO

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	08/14/2019	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	G56,224 0.00	0.00
2	08/19/2019	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	90.00	0.00	G56,224 0.00	0.00
3	08/26/2019	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	230.00	0.00	G56,224 0.00	0.00
4	08/28/2019	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
5	09/04/2019	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
6	09/09/2019	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
7	09/13/2019	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
8	09/16/2019	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
9	09/20/2019	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
10	09/23/2019	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
11	09/30/2019	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
12	10/04/2019	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
13	10/09/2019	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
14	10/11/2019	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
15	10/14/2019	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	180.00	0.00	G56,224 0.00	0.00
16	10/21/2019	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	G1,790 0.00	90.00
17	10/22/2019	99	00014	A	8	INTERPRETER OTHER 15	90.00	0.00	0.00	0.00	90.00
18	10/30/2019	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	G1,790 0.00	90.00
19	11/01/2019	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	G1,790 0.00	90.00

7103168 22

Bill Id: BRS-BSCA-2602303

Carrier

XL INSURANCE AMERICA, INC.
70 SEAVIEW AVE
STAMFORD, CT 06902

Provider

JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 92781-0000

Claimant

Totals

Total Charges:	3,200.00			
Bill Review Reductions:		2,840.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				360.00

Messages

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
G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G56 THIS APPEARS TO BE A DUPLICATE CHARGE FOR A BILL PREVIOUSLY REVIEWED, OR THIS APPEARS TO BE A "BALANCE FORWARD BILL" CONTAINING A DUPLICATE CHARGE AND BILLING FOR A NEW SERVICE.

Notes

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.

For Reconsiderations, please send your bill and a copy of this EOR to Broadspire at PO Box 14645, Lexington, KY 40512 or contact Customer Assistance at 800-800-7885 or Provider24@choosebroadspire.com

Broadspire offers a Provider Portal where you can view the status of your medical bills anytime, anywhere. Visit MyMBRStatus.choosebroadspire.com to get started today.

710316822

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	01/13/2020
Check Amount	:	$2070.00
Check Number	:	5662529487

JOYCE ALTMAN INTERPETING
PO BOX 4165
TUSTIN CA 92781-4165

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
189142004-001	07/19/2019 $2070.00		
BP WC Rancho Cord-Rt All Other WC Medical	$2070.00	Tobetria M. Strong 76600 ✓	916-850-8250 10/04/2019-12/27/2019

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

ON BEHALF OF: XL INSURANCE COMPANY
INSURER: XL INSURANCE AMERICA INC.

Check Date : 01/13/2020

PAY TO THE ORDER OF JOYCE ALTMAN INTERPETING

Amount
*** Two Thousand Seventy and 00/100 Dollars **********

Claim #: 189142004-001

Claim Check Number
5662529487
SUNTRUST
SUNTRUST BANK ATLANTA
SUNTRUST BANK NORTHWEST
GA

64-79
611
8800600242

PAYABLE IF DESIRED
AT WELLS FARGO
BANK, N.A. CALIFORNIA

Void If not presented for payment within 180 days after the date of Issue

Amount
******* $2070.00*

JOYCE ALTMAN INTERPETING
PO BOX 4165
TUSTIN CA 92781-4165

By

⑈5662529487⑈ ⑆061100790⑆ 8800600242⑈

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

*** INVOICE ***
Date NO#
01/15/20 70324

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-16-003468

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

Case: vs UNIVERSAL ELASTIC AND GARMENT
Date Of Injury: 7/24/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/16	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/08/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/10/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
09/14/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/28/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/02/16	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/04/16	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/09/16	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/16/16	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/18/16	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/30/16	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/07/16	F/U CHIRO TX	CHIRO TX W/DR KRAVHENKO*	90.00

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

*** INVOICE ***
Date NO#
01/15/20 70324

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-16-003468

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

Case: vs UNIVERSAL ELASTIC AND GARMENT
Date Of Injury: 7/24/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/14/16	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/18/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
02/13/17	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
02/20/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/24/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/27/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/03/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
03/10/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARI SALINAS # 100942	0.00
03/17/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
04/07/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/09/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
06/16/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/28/17	PMT BY CHECK	DOS 8/5/16-6/6/17* =# 8235802	-1400.00
12/04/18	LIEN FIL FEE	LIEN FILING FEE	150.00
01/08/20	PMT BY CHECK	DOS 6/16/17* =# 9008891	-180.00

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

*** INVOICE ***
Date NO#
01/15/20 70324

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-16-003468

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

Case: vs UNIVERSAL ELASTIC AND GARMENT
Date Of Injury: 7/24/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 2090.00

* 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-16-006369

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
9008891	01/08/20

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

⑈0009008891⑈ ⑆122000248⑆ 4121 514012⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: UNIVERSAL ELASTIC & GARMENT,S/
2200 S Alameda St
Vernon, CA 90058

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5460115 - 1
Reprice: CA, 92781
Billed Date: 11/12/2019
Business Rcvd: 11/26/2019
MBR Rcvd: 11/26/2019
MBR Date: 01/08/2020
Date Approved: 01/08/2020
DOS From - To: 06/16/2017 - 06/16/2017

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 973
Vendor #:
PIN:

Treating Provider:
Referring Physician: ERIC GOFNUNG
Patient Control #: 70324
Provider Tax Id: 33-0956713

Claim #: BB-16-006369
Processor Initials: LZ
DOI: 03/25/2016
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/16/17	T1013 G67, MVO	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 5460115					**$180.00**			**$0.00**	**$180.00**
Charges not listed have been previously processed									$0.00
Totals for Bill:5460115									**$180.00**

Line Item Reason Codes and Descriptions
MVO Market Value

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

ICD Diagnosis Code
T14.90 INJURY UNSPECIFIED

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 - 9008892
Payment Date - 01/08/2020

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

*** INVOICE ***
Date NO#
01/14/20 75843

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-19-005319

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

Case: vs BARRETT BUSINESS SVCS., INC.
Date Of Injury: 1/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/01/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINA HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/22/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS THERAPY	230.00
/ /	-	DR HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	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
06/28/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	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:	MARIA BARBOSA # 500267	0.00
07/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PYYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	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:	ELISA L. MEDINA # 003693	0.00
08/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/28/19	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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/14/20 75843

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-19-005319

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

Case: vs BARRETT BUSINESS SVCS., INC.
Date Of Injury: 1/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
		PHYS TX W/DR HA*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/13/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/02/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/13/19	PMT BY CHECK	DOS 5/1/19-8/5/19* =# 8966172	-1490.00
01/08/20	PMT BY CHECK	DOS 8/14/19-10/2/19* =# 9008446	-630.00

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

Bank Code= BBSEC
11-24
1210(8)

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

CORVEL

AS ADMINISTRATOR OF:
Ace American Insurance Company

Claim#: BB-19-005319

CHECK NUMBER	CHECK DATE
9008446	01/08/20

*******$630.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY EXACTLY: *Six hundred thirty and 00/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0009008446⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: COUNTRY ARCHER, ONTARIO - 8118
379 Industrial Rd
San Bernardino, CA 92408

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5496403 - 1
Reprice: CA, 92781
Billed Date: 12/04/2019
Business Rcvd: 12/14/2019
MBR Rcvd: 12/14/2019
MBR Date: 01/08/2020
Date Approved: 01/08/2020
DOS From - To: 05/01/2019 - 10/02/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 973

Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 75843
Provider Tax Id: 33-0956713

Claim #: BB-19-005319
Processor Initials: LZ
DOI: 01/14/2019
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
08/14/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
08/28/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
09/13/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		A	$0.00	$90.00
10/02/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 5496403					**$630.00**			**$0.00**	**$630.00**

Charges not listed have been previously processed $0.00

Totals for Bill:5496403 **$630.00**

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.

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****"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 - 9008446
Payment Date - 01/08/2020

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

*** INVOICE ***
Date NO#
01/28/20 76395

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB18000478

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

Case: vs CHOURA EVENTS
Date Of Injury: 7/1/17 - 12/22/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/19	INITIAL EXAM	DR MARINA RUSSMAN/NEGIN RAMESHNI @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/25/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/01/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/03/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	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
08/20/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/23/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/28/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZACANO # 101143	0.00
09/11/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER FMR*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/12/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/24/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/11/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/23/19	PMT BY CHECK	DOS 7/17/19-9/12/19* =# 8947279	-1130.00
10/17/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ 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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/28/20 76395

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB18000478

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

Case: vs CHOURA EVENTS
Date Of Injury: 7/1/17 - 12/22/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
10/24/19	FOLLOW-UP	W/ ACUPUNCT NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/23/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/25/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/29/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/30/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/31/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/14/19	PMT BY CHECK	DOS 9/11/19-9/24/19* =# 8967557	-410.00
11/07/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/06/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K. CALDERON #101897	0.00
11/20/19	PMT BY CHECK	DOS 10/11/19-10/11/19* = #8972842	-180.00
11/14/19	PR2/REEVAL	DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/19/19	FOLLOW-UP	W/ ACUPUNCT NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/20/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/05/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
01/08/20	PMT BY CHECK	DOS 10/29/19-11/7/19*	-630.00

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

*** INVOICE ***
Date NO#
01/28/20 76395

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB18000478

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

Case: vs CHOURA EVENTS
Date Of Injury: 7/1/17 - 12/22/18

DOS	SERVICE	DESCRIPTION	AMOUNT
		=# 9008992	
12/17/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/18/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/16/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/19/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/17/20	PMT BY CHECK	DOS 11/6/19-11/20/19*	-720.00
		=# 9017559	

BALANCE 1350.00

* 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-18-000478

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
9008992	01/08/20

*******$630.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY EXACTLY: *Six hundred thirty and 00/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0009008992⑈ ⑆121000248⑆ 4121 5140 12⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HERE

Business Unit: CALIFORNIA TECHNICAL PLATING, V
11533 Bradley Ave
San Fernando, CA 91340

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5493835 - 1
Reprice: CA, 92781
Billed Date: 11/26/2019
Business Rcvd: 12/11/2019
MBR Rcvd: 12/11/2019
MBR Date: 01/08/2020
Date Approved: 01/08/2020
DOS From - To: 07/17/2019 - 11/07/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 973

Vendor #:
PIN:

Treating Provider:
Referring Physician: MARINA RUSSMAN
Patient Control #: 76395
Provider Tax Id: 33-0956713

Claim #: BB-18-000478
Processor Initials: LZ
DOI: 01/30/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/29/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
10/30/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		A	$0.00	$90.00
10/31/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
11/07/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 5493835					**$630.00**			**$0.00**	**$630.00**

Charges not listed have been previously processed $0.00

Totals for Bill:5493835 **$630.00**

Line Item Reason Codes and Descriptions
MVO 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.
****"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 - 9008993
Payment Date - 01/08/2020

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

AS ADMINISTRATOR OF:
Ace American Insurance Company

Claim#: BB-18-000478

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
9017559	01/17/20

PAY EXACTLY: *Seven hundred twenty and 00/100 Dollars*

*******$720.00

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

⑈0009017559⑈ ⑆121000248⑆ 4121 5140 12⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: CALIFORNIA TECHNICAL PLATING, V
11533 Bradley Ave
San Fernando, CA 91340

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5510902 - 1
Reprice: CA, 92781
Billed Date: 12/13/2019
Business Rcvd: 12/23/2019
MBR Rcvd: 12/23/2019
MBR Date: 01/17/2020
Date Approved: 01/17/2020
DOS From - To: 11/06/2019 - 11/20/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 973
Vendor #:
PIN:

Treating Provider:
Referring Physician: MARINA RUSSMAN
Patient Control #: 76395
Provider Tax Id: 33-0956713

Claim #: BB-18-000478
Processor Initials: LZ
DOI: 01/30/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/06/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
11/14/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
11/19/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
11/20/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 5510902					**$720.00**			**$0.00**	**$720.00**

CORVEL

Totals for Bill:5510902 **$720.00**

Line Item Reason Codes and Descriptions
MVO 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.

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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
T14.90 INJURY UNSPECIFIED

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 - 9017558
Payment Date - 01/17/2020

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

*** INVOICE ***
Date NO#
01/06/20 76402

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-17-1004917

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

Case: vs BARRETT BUSINESS SERVICES
Date Of Injury: 9/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/19	INITL CHIRO	& PHYSICAL TX W/DR CHRISTINE HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/02/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/09/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/23/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/23/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
01/06/20 76402

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
BB-17-1004917

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

Case: vs BARRETT BUSINESS SERVICES
Date Of Injury: 9/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/31/19	PMT BY CHECK	DOS 7/15/19-9/23/19* =# 8954664	-1350.00
10/18/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/05/19	F/U CHIRO TX	& PHYS TX W/DR HA SIDHU*	90.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
11/19/19	PMT BY CHECK	DOS 10/11/19* =# 8970907	-180.00
11/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/20/19	PMT BY CHECK	DOS 10/4/19-10/4/19 * = # 8973509	-180.00
11/26/19	PMT BY CHECK	DOS 10/9/19* =# 8978452	-180.00
11/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/10/19	PMT BY CHECK	DOS 10/18/19-10/30/19* =# 8986545	-540.00

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

*** INVOICE ***
Date NO#
01/06/20 76402

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-17-1004917

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

Case: vs BARRETT BUSINESS SERVICES
Date Of Injury: 9/28/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
12/30/19	PMT BY CHECK	DOS 11/5/19* =# 9002640	-90.00
12/30/19	PMT BY CHECK	DOS 11/6/19* =# 9002671	-180.00
12/30/19	PMT BY CHECK	DOS 11/15/19* =# 9002673	-180.00

BALANCE 360.00

* 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-17-004917

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
9002671	12/30/19

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

⑈000900267⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HE

Business Unit: UNDER ARMOUR INC, ONTARIO-81
2510 W Walnut Ave
Rialto, CA 92376

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5494149 - 1
Reprice: CA, 92781
Billed Date: 12/06/2019
Business Rcvd: 12/14/2019
MBR Rcvd: 12/14/2019
MBR Date: 12/30/2019
Date Approved: 12/30/2019
DOS From - To: 07/15/2019 - 12/06/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4667
Vendor #:
PIN:

Treating Provider:
Referring Physician: CHRISTINE HA
Patient Control #: 76402
Provider Tax Id: 33-0956713

Claim #: BB-17-004917
Processor Initials: JLC
DOI: 09/28/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/06/19	T1013 G67, MVO, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 5494149					$180.00			$0.00	$180.00
Totals for Bill:5494149									$180.00

Line Item Reason Codes and Descriptions
MVO 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.

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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 - 9002671
Payment Date - 12/30/2019

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

AS ADMINISTRATOR OF:
Ace American Insurance Company

Claim#: BB-17-004917

Bank Code= BBSEC
11-24
1210(9)

CHECK NUMBER	CHECK DATE
9002673	12/30/19

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

⑈000900 2673⑈ ⑆121000248⑆ 4121 5140 12⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HE

Business Unit: UNDER ARMOUR INC, ONTARIO-811
2510 W Walnut Ave
Rialto, CA 92376

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/5494607 - 1
Reprice:	CA, 92781
Billed Date:	12/06/2019
Business Rcvd:	12/14/2019
MBR Rcvd:	12/14/2019
MBR Date:	12/30/2019
Date Approved:	12/30/2019
DOS From - To:	07/15/2019 - 11/15/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 4667

Vendor #:
PIN:

Treating Provider:
Referring Physician: CHRISTINE HA
Patient Control #: 76402
Provider Tax Id: 33-0956713

Claim #: BB-17-004917
Processor Initials: JLC
DOI: 09/28/2017
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/05/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		A	$90.00	$0.00
	Original bill [5489165,48]								
11/06/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [5494149,48]								
11/15/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 5494607					**$450.00**			**$270.00**	$180.00

Charges not listed have been previously processed

$0.00

CORVEL

Totals for Bill:5494607 **$180.00**

Line Item Reason Codes and Descriptions
MVO Market Value
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.

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****"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 - 9002673
Payment Date - 12/30/2019

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

*** INVOICE ***
Date NO#
01/28/20 76432

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-19-00715;BB-18-006752

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

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 5/26/19; 12/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/19	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
07/30/19	INITIAL ACUP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/01/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/29/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/03/19	FOLLOW-UP	W/ ACUPUNCT SOONHO PARK @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/10/19	FOLLOW-UP	W/ ACUPUNCT HWANG/KWANG @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO #500049	0.00
09/26/19	FOLLOW-UP	W/ ACUPUNCT SUE RYO @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/24/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/10/19	PMT BY CHECK	DOS 7/24/19-9/10/19* =# 8935133	-1080.00
10/04/19	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	EDUARDO REYES # 004539	0.00
10/24/19	PMT BY CHECK	DOS 7/24/19-9/26/19* =# 8949584	-640.00
10/14/19	INIT PHYSIO	THERAPY @ FMR W/DR MAGGIE PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/24/19	PMT BY CHECK	DOS 7/24/19-9/26/19* =# 8949584	-90.00
10/16/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00

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

*** INVOICE ***
Date NO#
01/28/20 76432

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-19-00715;BB-18-006752

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

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 5/26/19; 12/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/24/19	PMT BY CHECK	DOS 7/24/19-9/26/19* =# 8949584	-90.00
10/17/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/31/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/24/19	PMT BY CHECK	DOS 7/24/19-9/26/19* =# 8949584	-360.00
10/22/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
10/24/19	PMT BY CHECK	DOS 7/24/19-9/26/19* =# 8949584	-180.00
10/24/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/29/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
11/06/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANA M. TORRALBA # 004052	0.00
11/22/19	PMT BY CHECK	DOS 7/24/19-10/4/19* =# 8975816	-360.00
11/15/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/24/19	PMT BY CHECK	DOS 7/24/19-9/26/19* =# 8949584	-180.00
11/25/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/12/19	PMT BY CHECK	DOS 10/14/19-10/31/19* =# 8989447	-360.00
12/27/19	PR2/REEVAL	DR HASSANIN/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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/28/20 76432

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-19-00715;BB-18-006752

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

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 5/26/19; 12/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/20	PMT BY CHECK	DOS 11/25/19* =# 9021368	-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 **

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
9021368	01/21/20

Claim#: BB-18-006752

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

⑈0009021368⑈ ⑆121000248⑆ 4121 5140121⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: FIRST RELIABLE MAINTENANCE, LL
4157 E Live Oak Ave
Arcadia, CA 91006

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5523934 - 1
Reprice: CA, 92780
Billed Date: 12/16/2019
Business Rcvd: 12/30/2019
MBR Rcvd: 12/30/2019
MBR Date: 01/21/2020
Date Approved: 01/21/2020
DOS From - To: 11/25/2019 - 11/25/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 973
Vendor #:
PIN:

Treating Provider:
Referring Physician: MARINA RUSSMAN
Patient Control #: 76432
Provider Tax Id: 33-0956713

Claim #: BB-18-006752
Processor Initials: LZ
DOI: 12/14/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/25/19	T1013 G67, MVO, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 5523934					$180.00			$0.00	$180.00
Totals for Bill:5523934									$180.00

Line Item Reason Codes and Descriptions
MVO 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.
****"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 - 9021368
Payment Date - 01/21/2020

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

*** INVOICE ***
Date NO#
01/30/20 77168

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1376-WC-19-0000357

BILL TO:
CORVEL CORP. (CLOUGHERTY - OR)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 6966
PORTLAND, OR 97228

Case: vs PARTNERS PERSONNEL AGENCY/FOAM
Date Of Injury: 10/16/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/19	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/01/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/02/19	PMT BY CHECK	DOS 10/25/19* =# 1003040	-180.00
12/13/19	PMT BY CHECK	DOS 11/1/19* =# 1003476	-180.00
12/04/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/24/20	PMT BY CHECK	DOS 12/4/19* =# 1005196	-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 **

/V/
Bank Code= BAMH
11-24
1210(8)

CORVEL ENTERPRISE COMP, INC.
BUTLER AMERICA HOLDINGS, INC.
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

AS ADMINISTRATOR OF:
Starr Specialty Insurance Company

Claim#: 1375-WC-19-0000357

CHECK NUMBER	CHECK DATE
1005196	01/24/20

*******$180.00

PAY EXACTLY: *One hundred eighty 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

⑈000100519 6⑈ ⑆121000248⑆ 4782 323810⑈

DETACH HERE

DETACH HER

CORVEL

Explanation of Review

Business Unit: Future Foam-Fullerton-1
2451 Cypress Way
Fullerton, CA 92831

Employer
Patient:

Patient DOB: XXX-XX-

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5543172 - 1
Reprice: CA, 92781
Billed Date: 01/06/2020
Business Rcvd: 01/10/2020
MBR Rcvd: 01/10/2020
MBR Date: 01/23/2020
Date Approved: 01/23/2020
DOS From - To: 10/25/2019 - 12/04/2019

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Diaz, Gloria

Treating Provider:
Referring Physician: MICHAEL FELDMAN
Patient Control #: 77168
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 1375-WC-19-0000357
Processor Initials: GXD
DOI: 10/16/2019
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/25/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [5457722,48]								
11/01/19	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$180.00	$0.00
	Original bill [5472193,48]								
12/04/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
Sub-Totals for Bill: 5543172					$540.00			$360.00	$180.00

CORVEL

Totals for Bill:5543172 **$180.00**

Line Item Reason Codes and Descriptions
MVO Market Value 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.

ICD Diagnosis Code
T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

Questions regarding this bill may be sent to:

CorVel Corporation - MedCheck
PO Box 279350
Sacramento, CA 95827

Toll free: 800-758-5866
Phone: 916-605-3800
FAX: 866-449-0449

California DWC
Employer Address -

Payer Identification Number - 814566522
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID -
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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/27/20 75309

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018347092

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

Case: vs MID WEST FABRICATING COMPANY
Date Of Injury: 1/24/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/19	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/20/20	PMT BY CHECK	DOS 1/23/19* =# 23873902	-230.00

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 **

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

0000053-0000263 D0106 001 858717 EIG

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

EMPLOYERS®
America's small business insurance specialist®

75309

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

Claim ID:	2018347092
Client Reference ID:	250927952
VP Trans ID:	724408927
	EIG0001002
Date:	01/20/2020
Amount:	$230.00
Check Number:	23873902

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

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

EMPLOYERS
America's small business insurance specialist

Employers Assurance Company
PO BOX 32036
Lakeland FL, 33802-2036

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

23873902

01/20/2020

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$230.00**

TWO HUNDRED THIRTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

⑈23873902⑈ ⑆273970116⑆ 17000129941⑈

Employers Assurance Company 506

Process Date: 01/17/2020
Control Number: 306096276
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 250927952 **Payment Date: 01/20/2020**

Claim Number:	2018347092		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	COLON	Geo Zip: 90001	Date Of Injury:	01/24/2018	
Provider License:	99999999		Claims Received Date:	01/06/2020	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
01/23/19	11	T1013		SIGN LANGUAGE/(	120.000	230.00	0.00	0.00	0.00	230.00	6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
				TOTALS:		**230.00**	**0.00**	**0.00**	**0.00**	**230.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**230.00**	

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

CARRIER EXPLANATION REASON CODE

5076	-BYPASS NETWORK
6541	-MEDICAL

2111-H-1068136-0 47322291

724408927

Employers Assurance Company 506

Process Date: 01/17/2020
Control Number: 306096276
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 250927952 **Payment Date: 01/20/2020**

Claim Number:	2018347092		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX-	
Provider Ref:	COLON	Geo Zip: 90001	Date Of Injury:	01/24/2018	
Provider License:	99999999		Claims Received Date:	01/06/2020	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Carrier/Insurer: EMPLOYERS ASSURANCE COMPANY

Employer Name: MIDWEST FABRICATING CO. (EIG 256980700), Employer ID: EIG 256980700, Employer Address: 8623 DICE RD, SANTA FE SPGS, CA 90670

Payer Name: EMPLOYERS ASSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 610477370

Claimant Address: 14408 ALLINGHAM AVENUE NORWALK, CA 906504739, Claimant D.O.B.: 01/21/1959

Payment Information: Payment Status Code:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT
REQUEST FOR SECOND REVIEW
After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee (herein referred to as 'Provider') that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the EOR. The Request for Second Review must conform to the requirements of the DWC's Medical Billing and Payment Guide, and regulations at Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the dispute is the amount of payment and the Provider does not request a second review within 90 days of the service of the EOR, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

REQUEST FOR INDEPENDENT BILL REVIEW
After the Provider submits a Request for Second Review, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, the Provider that still disputes the amount paid may submit a request for independent bill review (IBR) within 30 days of service of the EOR. The Request for IBR must conform to the requirements of Title 8, CA Code of Regulations, section 9792.5.4 et seq. If the Provider fails to request an IBR within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for IBR, and the time limit for requesting IBR shall not begin to run until the resolution of that issue becomes final.

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual provider's agreement with the preferred provider organization.

Note to Provider regarding appeals process: Please send appeal requests to Conduent, along with this EOR, the medical bill and all supporting documentation.

47322291

Conduent
PO Box 32045
Lakeland, FL 33802
(866) 851-7739
billinginquiries@conduent.com

Conduent is neither the employer nor the insurance carrier, nor is it responsible for payment of the medical services contained in this explanation of benefits.

2111-H-1068136-0

*** Workers Compensation ***

724408927

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

*** INVOICE ***
Date NO#
01/07/20 74851

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001960135478WC-01

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

Case: vs BRADY COMPANY (L.A.)
Date Of Injury: 10/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/18	POST-OP	DR EMMETT COX @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/25/18	PR2/REEVAL	DR EMMETT COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/01/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/08/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/15/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/06/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/20/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/03/19	POST-OP	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/14/19	PMT BY CHECK	DOS 10/18/18-12/20/18* # 0151651800	-1260.00
01/17/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/31/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/21/19	PR2/REEVAL	W/DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/14/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/11/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/09/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00

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

*** INVOICE ***
Date NO#
01/07/20 74851

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
001960135478WC-01

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

Case: vs BRADY COMPANY (L.A.)
Date Of Injury: 10/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/18/19	PMT BY CHECK	DOS 1/3/19-5/9/19* # 0155378521	-1260.00
07/11/19	P AND S	DR COX @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/03/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	DIANA RODRIGUEZ # 009611	0.00
10/24/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/24/19	PMT BY CHECK	DOS 7/11/19-10/3/19* # 0159918563	-410.00
12/29/19	PMT BY CHECK	DOS 5/23/19-10/24/19* # 0160021236	-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 **

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

001960 PAGE 1 OF 1 001044 M

MDG2009 00000495 1 MB .428 1

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

PAID
JAN 07 2020

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN ZURICH INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 001960 135478 WC 01 (00277-03)
CLAIMANT:
DESCRIPTION: INV#-74851

DATES OF SERVICE: 23May19 **THRU** 24Oct19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 09Oct18

NO.: 0160021236
VN: 0003107099
DATE: 29Dec19

AMOUNT: 360.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000495 000735 001 001

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

3s602

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN ZURICH INSURANCE

CHECK NO. 0160021236 001044
VN. 0003107099
DATE: 29Dec19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **360.00

CLAIM NO.: 001960 135478 WC 01 (00277-03) **BRANCH NO.:** 094
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. Korte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0160021236⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
01/29/20 75753

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
007087072388;007087072389

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

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 5/12/17; 3/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/17/19	INITL CHIRO	& PHYSICAL THERAPY W/DR CHRISTINE HA @	90.00
/ /	-	SIDHU CHIRO*	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/19/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/22/19	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
04/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/17/19	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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/29/20 75753

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
007087072388;007087072389

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

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 5/12/17; 3/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/20/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	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:	MARIA BARBOSA # 500267	0.00
06/14/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/17/19	FOLLOW-UP	W/ ACUPUNCT CHOU, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/01/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00

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

*** INVOICE ***
Date NO#
01/29/20 75753

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
007087072388;007087072389

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

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 5/12/17; 3/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	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
07/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOS # 500267	0.00
08/26/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/10/19	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
09/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
01/29/20 75753

EAMS#(s)

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
007087072388;007087072389

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

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 5/12/17; 3/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/16/20	PMT BY CHECK	DOS 4/17/19-12/3/19* # 0160416416	-7430.00
		BALANCE	360.00

* 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 **

GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

007087 PAGE 1 OF 1 003619

MDG2009 00004001 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR BURLINGTON STORES INC

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO WEST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 007087 072388 WC 01 (00512)
CLAIMANT:
DESCRIPTION: INV#-75753 ✓

DATES OF SERVICE: 17Apr19 **THRU** 03Dec19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 12May17

NO.: 0160416416
VN: 0000959487
DATE: 16Jan20

AMOUNT: 7430.00

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004001 004615 001 002

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

*** INVOICE ***
Date NO#
01/06/20 76439

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
003531101712-WC-01

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

Case: vs COMPASS GROUP NORTH AMERICA
Date Of Injury: 12/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/19	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/12/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/26/19	FOLLOW-UP	W/ ACUPUNCT DA HAE RA @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
07/27/19	FOLLOW UP	PHYSICAL TX W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/01/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/16/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
08/24/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/06/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/21/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/26/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/27/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/04/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 50316	0.00
10/20/19	PMT BY CHECK	DOS 7/10/19-9/21/19* # 0158362296	-1220.00
10/16/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/25/19	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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/06/20 76439

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
003531101712-WC-01

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

Case: vs COMPASS GROUP NORTH AMERICA
Date Of Injury: 12/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/01/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/18/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/20/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/22/19	PR2/REEVAL	DR NAJIB/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	MARIA ALSONSO # 101947	0.00
12/02/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/26/19	PMT BY CHECK	DOS 9/26/19-11/20/19* # 0159968863	-1350.00

BALANCE 360.00

* 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 **

GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

MDG2009 00003305 1 MB .428 1

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

GALLAGHER BASSETT SERVICES INC
FOR NATIONAL UNION FIRE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 003531 101712 WC 01 (100133317)
CLAIMANT:
DESCRIPTION: INV #: 76439
DATES OF SERVICE: 26Sep19 **THRU** 20Nov19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 18Dec18

NO.: 0159968863
VN: 0002371961
DATE: 26Dec19
AMOUNT: 1350.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003305 003688 001 002

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

GALLAGHER BASSETT SERVICES INC
FOR NATIONAL UNION FIRE

CHECK NO. 0159968863 002929
VN. 0002371961
DATE: 26Dec19 62-20/311

CLAIM NO.: 003531 101712 WC 01 (100133317) **BRANCH NO.:** 094

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1350.00

PAY ONE THOUSAND THREE HUNDRED FIFTY 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

⑈0159968863⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
01/06/20 69646

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C19061

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: ASHLEIGH FOLTZ
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs UREMET CORPORATION
Date Of Injury: CT 11/1/15 - 5/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/25/16	INITIAL EXAM	DR NEGIN RAMESHNI @ RAMESHNI CHIROPRACTIC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/08/16	INITIAL ACUP	W/ ACUPUNCT RADPARVAR BEHZAD @ RAMESHNI CHIRO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/29/16	PR2/REEVAL	DR RAMESHNI @ RAMESHNI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/27/16	PR2/REEVAL	DR RAMESHNI @ RAMESHNI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/05/16	FOLLOW-UP	W/ ACUPUNCT BEHZAD @ RAMESHNI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/31/16	PR2/REEVAL	DR RAMESHNI @ RAMESHNI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/09/16	FOLLOW-UP	W/ ACUPUNCT BEHZAD @ RAMESHNI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/05/16	PR2/REEVAL	DR RAMESHNI @ RAMESHNI CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
11/11/16	PR2/REEVAL	DR RAMESHNI @ RAMESHNI CHIRO*	180.00
/ /	INTERPRETER:	MACLOVIA LONG # 101072	0.00
05/01/18	LIEN FIL FEE	LIEN FILING FEE	150.00
12/30/19	PMT BY CHECK	DOS 5/25/16-5/1/18* # 131081207 1	-1870.00

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

*** INVOICE ***
Date NO#
01/06/20 69646

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
Y67C19061

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: ASHLEIGH FOLTZ
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs UREMET CORPORATION
Date Of Injury: CT 11/1/15 - 5/17/16

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 **

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
866/401-9222

MB 01 002408 51551 B 8 C

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
69646 03/21/2016	72WE GH4973 Y67C 19061	UREMET CORPORATION		$1,870.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 05/25/2016 05/01/2018	$1,870.00
Claim Handler: ADAM KRACHENFELS 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments:		

Issue Date	12/30/2019	Check Number	131081207 1	Total Check Amount	$1,870.00

Please keep the above information for your records.

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

*** INVOICE ***
Date NO#
01/30/20 77360

EAMS#(s):
-
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y2PC75151

BILL TO:
THE HARTFORD (LEXINGTON-14187)
W. C. DEPARTMENT
ATTN: MELISSA KARTY
P.O. BOX 14187
LEXINGTON, KY 40512

Case: _____ vs NEILL AIRCRAFT COMPANY
Date Of Injury: 9/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/08/19	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/27/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/22/20	PMT BY CHECK	DOS 11/8/19* =# 131158354 8	-180.00

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 **

M

THE HARTFORD
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
8774699222 x2303596

MB 01 002159 73010 B 7 A

77360

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

Attention: This remittance incorporates 0 claim payments

Special Handling 99

JAN 29 2020

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

119531031

THE HARTFORD
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

56-1544
441

Check Number: 131158354 8

Issue Date: 01/22/2020

$********180.00**

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
ONE HUNDRED EIGHTY DOLLARS AND 00/100

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

Authorized Signature

⑈131158354⑈ ⑆044115443⑆ 6325597 38⑈

Process Date: 01/22/2020
Control Number: 214576460
EOR Page 1 of 2
Rev/Aud: MS/SS

Claim Number:	Y2PC75151		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 0013541032-1	Claimant SSN:	XXX-XX-	
Provider Ref:	77360	Geo Zip: 92867	Date Of Injury:	09/19/2019	
Provider License:	99999999		Claims Received Date:	01/07/2020	
			Packet Control Number:	4200079001909	

002159 2/3

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
11/08/19	11	T1013		SIGN LANGUAGE/(	1.000	180.00	0.00	0.00	0.00	180.00	
			TOTALS:			**180.00**	**0.00**	**0.00**	**0.00**	**180.00**	
			TOTAL RECOMMENDED ALLOWANCE:							**180.00**	

Rendering Provider Name: DR MICHAEL FELDMAN
Rendering Provider NPI:

Bill Control No

THE HARTFORD MEDICAL BILL PROCESSING CTR
P.O. BOX 14187
LEXINGTON, KY 40512

002159 3/3

EXPLANATION OF REIMBURSEMENT

CLAIM NO: Y2P C 75151 INJURY DATE: 09/19/2019

PAYMENT INFORMATION

METHOD OF PAYMENT: CHK
PAYMENT ID NUMBER: 1311583548
PAYMENT DATE: 01/22/2020
PAYMENT STATUS CODE: 1

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

*** INVOICE ***
Date NO#
01/08/20 75978

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
C345C631113X

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

Case: vs HERITAGE BAG COMPANY
Date Of Injury: 9/30/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/13/19	INITL CHIRO	& PHYSICAL THERAPY W/ DR CHRISTINE HA @	112.50
/ /	-	SIDHU CHIRO 2.5 HOURS	0.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/15/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS DR HA*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	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
05/24/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
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	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/05/19	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:	MARIA BARBOSA # 500267	0.00
06/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00

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

*** INVOICE ***
Date NO#
01/08/20 75978

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
C345C631113X

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

Case: vs HERITAGE BAG COMPANY
Date Of Injury: 9/30/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/21/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/26/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/28/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	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:	MARIA BARBOSA # 500267	0.00
07/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/17/19	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
07/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	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:	ELISA L. MEDINA # 003693	0.00
07/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/19	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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/08/20 75978

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
C345C631113X

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

Case: vs HERITAGE BAG COMPANY
Date Of Injury: 9/30/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/05/19	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 @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/16/19	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:	ELISA L. MEDINA # 003693	0.00
08/27/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/04/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/29/19	FOLLOW UP	PHYS TX W/DR CHOI @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
01/08/20 75978

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
C345C631113X

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

Case: _ vs HERITAGE BAG COMPANY
Date Of Injury: 9/30/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 5002567	0.00
11/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/02/20	PMT BY CHECK	DOS 11/5/19 # 236966 HERITAGE	-5832.50

BALANCE 990.00

* 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 **

Vendor 22043 JOYCE ALTMAN INTERPRETERS, INC Check date 1/2/2020 Check 236966

Voucher	Invoice number	Inv Date	Invoice amount	Paid amount	Discount Taken
IJ079846	75978 ✓	11/5/2019	5,832.50	-5,832.50	0.00
Total				5,832.50	

THIS DOCUMENT CONTAINS MICRO PRINTING AND A WATERMARK VISIBLE FROM BOTH SIDES - HOLD TO LIGHT TO VIEW

HERITAGE
A RECYCLED COMPANY

501 GATEWAY PARKWAY
ROANOKE, TEXAS 76262 (972) 241-5525

FIFTH THIRD BANK

73-27
421

236966

CHECK DATE	CONTROL NUMBER	AMOUNT
1/2/2020	236966	5,832.50***

PAY *** Five Thousand Eight Hundred Thirty Two and 50/100 US Dollars

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

⑈236966⑈ ⑆042100272⑆ 7481878168⑈

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

*** INVOICE ***
Date NO#
01/24/20 75606

EAMS#(s):

SS # : XXX-XX-
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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/24/20 75606

EAMS#(s):

SS # : XXX-XX-
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
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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/24/20 75606

EAMS#(s):

SS # : XXX-XX
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
10/01/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
01/24/20 75606

EAMS#(s):

SS # : XXX-XX-
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
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/07/19	PMT BY CHECK	DOS 8/21/19* =# 2819788	-180.00
10/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/28/19	PMT BY CHECK	DOS 9/17/19-9/24/19* =# 2847339	-360.00
10/25/19	PMT BY CHECK	DOS 9/10/19* =# 2845451	-180.00
10/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/11/19	PMT BY CHECK	DOS 10/1/19* =# 2865472	-180.00
11/05/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/18/19	PMT BY CHECK	DOS 3/22/19-10/8/19* =# 2874314	-180.00
11/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/22/19	PMT BY CHECK	DOS 10/15/19* =# 2881430	-180.00
11/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/05/19	PMT BY CHECK	DOS 10/22/19* =# 2894457	-180.00
11/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/10/19	PMT BY CHECK	DOS 10/29/19* =# 2903340	-180.00
12/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/16/19	PMT BY CHECK	DOS 11/5/19* =# 2911713	-180.00
12/27/19	PMT BY CHECK	DOS 11/12/19* =# 2926451	-180.00

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

*** INVOICE ***
Date NO#
01/24/20 75606

EAMS#(s):

SS # : XXX-XX
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
12/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/14/20	PMT BY CHECK	DOS 11/19/19* =# 2946939	-180.00
01/14/20	PMT BY CHECK	DOS 11/26/19* =# 2946940	-180.00

BALANCE 2300.00

* 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: 12/27/2019
Check Number: 2926451
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,8HW5FF

8HW5FF

11/9/18 3:44 PM 3 0000320 20191230 OL8CR101 JOP-FEC 1 oz DOM OL8CR10000* 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
2018013763	75606	07/10/2018	$2,660.00	$2,480.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUPLICATE IWCA 3444178,3441809,3176420,32	$0.00

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2926451
Check Date: 12/27/2019

Claim #: 2018013763 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 03/22/2019 **Through:** 11/12/2019 **Adjuster:** Parham. Robert
Claimant: I
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 07/10/2018
Reviewed By: Y0 **Date Received:** 12/16/2019 **Date Reviewed:** 12/17/2019 **Bill Review #:** FIC-IWCA-3473236
Patient Acct #: 75606 **Bill Control #:** FIC-IWCA-3473236 **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.								
07/19/2019	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.								
08/28/2019	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.								
09/03/2019	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.								
10/15/2019	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.								
10/22/2019	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.								
10/29/2019	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.								
11/05/2019	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.								
11/12/2019	015	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:		2,660.00	2,480.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUPLICATE IWCA 3444178,3441809,3176420,3204821,3412290,3456635
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
24	G2	P12	A CHARGE WAS MADE FOR A DUPLICATE PROCEDURE AND/OR SUPPLY.
02			PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
90	G2		WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

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

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2926451
Check Date: 12/27/2019

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

Check Date: 01/14/2020
Check Number: 2946939
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,VXCCFB

VXCCFB

11/9/18 3:44 PM 3 0000444 20200115 PA49F101 JOP-FEC 1 oz DOM PA49F10000* 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
2018013763		07/10/2018	$6,260.00	$6,080.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3444178, 3441809, 3176420, 320482	$0.00

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2946939
Check Date: 01/14/2020

Claim #: 2018013763 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 03/22/2019 **Through:** 11/19/2019 **Adjuster:** Parham, Robert
Claimant:
SS#: XXX-XX- **Date of Birth:** **Date of Injury:** 07/10/2018
Reviewed By: OA **Date Received:** 12/27/2019 **Date Reviewed:** 01/05/2020 **Bill Review #:** FIC-IWCA-3490449
Patient Acct #: 75606 **Bill Control #:** FIC-IWCA-3490449 **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
09/10/2019	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.								
09/17/2019	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.								
09/24/2019	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.								
10/01/2019	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.								
10/08/2019	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.								
10/15/2019	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.								
10/22/2019	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.								
10/29/2019	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.								
11/05/2019	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.								
11/12/2019	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.								
11/19/2019	036	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:		6,260.00	6,080.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA 3444178, 3441809, 3176420, 3204821, 3412290, 3456635, 3473236
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

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2946939
Check Date: 01/14/2020

Claim #: 2018013763 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 03/22/2019 **Through:** 11/19/2019 **Adjuster:** Parham, Robert
Claimant:
SS#: XXX-XX- **Date of Birth:** **Date of Injury:** 07/10/2018
Reviewed By: OA **Date Received:** 12/27/2019 **Date Reviewed:** 01/05/2020 **Bill Review #:** FIC-IWCA-3490449
Patient Acct #: 75606 **Bill Control #:** FIC-IWCA-3490449 **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	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.								
08/21/2019	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.								
08/28/2019	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.								
09/03/2019	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.								

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2946939
Check Date: 01/14/2020

Notices:

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

Check Date: 01/14/2020
Check Number: 2946940
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,UXCCF8

UXCCF8

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	$6,440.00	$6,260.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3444178, 3441809, 3176420, 320482	$0.00

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2946940
Check Date: 01/14/2020

Claim #: 2018013763 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 03/22/2019 **Through:** 11/26/2019 **Adjuster:** Parham, Robert
Claimant:
SS#: XXX-XX **Date of Birth** **Date of Injury:** 07/10/2018
Reviewed By: 9I **Date Received:** 12/30/2019 **Date Reviewed:** 01/05/2020 **Bill Review #:** FIC-IWCA-3493796
Patient Acct #: 75606 **Bill Control #:** FIC-IWCA-3493796 **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.								
06/03/2019	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.								
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	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.								
08/21/2019	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.								
08/28/2019	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.								
09/03/2019	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.								

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2946940
Check Date: 01/14/2020

Claim #: 2018013763 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 03/22/2019 **Through:** 11/26/2019 **Adjuster:** Parham, Robert
Claimant:
SS#: XXX-XX- **Date of Birth:** **Date of Injury:** 07/10/2018
Reviewed By: 9I **Date Received:** 12/30/2019 **Date Reviewed:** 01/05/2020 **Bill Review #:** FIC-IWCA-3493796
Patient Acct #: 75606 **Bill Control #:** FIC-IWCA-3493796 **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
09/10/2019	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.								
09/17/2019	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.								
09/24/2019	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.								
10/01/2019	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.								
10/08/2019	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.								
10/15/2019	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.								
10/22/2019	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.								
10/29/2019	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.								
11/05/2019	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.								
11/12/2019	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.								
11/19/2019	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.								
11/26/2019	037	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:		6,440.00	6,260.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA 3444178, 3441809, 3176420, 3204821, 3412290, 3456635, 3473236, 3490449
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.

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2946940
Check Date: 01/14/2020

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

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

*** INVOICE ***
Date NO#
01/24/20 76470

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019012012

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

Case: . vs ADRIS PLUMBING INC
Date Of Injury: 11/26/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/19	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/30/19	INITIAL ACUP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/06/19	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
08/08/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/13/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/15/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/30/19	PR2/REEVAL	DR RUSSMAN/HASSANIN @ FMR* (AMENDED)	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/03/19	FOLLOW-UP	W/ ACUPUNCT SOONHO PARK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/05/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/12/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/16/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/17/19	INITIAL PSYC	EVAL W/ ANTHONY FRANCISCO PHD @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/19/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
01/24/20 76470

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019012012

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

Case: vs ADRIS PLUMBING INC
Date Of Injury: 11/26/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/19	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/24/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/31/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/29/19	PMT BY CHECK	DOS 9/12/19-9/19/19* =# 2849023	-720.00
10/21/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/28/19	F/U PHYSIO	THERAPY W/DR EPZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/01/19	PMT BY CHECK	DOS 9/5/19* =# 2854280	-180.00
10/23/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER M. RAMOS # 101254	0.00
10/29/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/05/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/04/19	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER M. RAMOS # 101254	0.00
11/07/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/06/19	F/U PHYSIO	THERAPY W/PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER M. RAMOS # 101254	0.00
11/12/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/22/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/04/19	PMT BY CHECK	DOS 10/21/19* =# 2891614	-90.00
12/10/19	PMT BY CHECK	DOS 10/24/19* =# 2903343	-180.00

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

*** INVOICE ***
Date NO#
01/24/20 76470

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2019012012

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

Case: vs ADRIS PLUMBING INC
Date Of Injury: 11/26/18

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/19	PMT BY CHECK	DOS 11/4/19* =# 2914968	-90.00
12/20/19	PMT BY CHECK	DOS 11/7/19* =# 2918151	-180.00
12/12/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/19/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT SUNG SOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/13/20	PMT BY CHECK	DOS 11/22/19* =# 2944959	-180.00

BALANCE 3300.00

* 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: 01/13/2020
Check Number: 2944959
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,WGRBF1

WGRBF1

11/9/18 3:44 PM 3 0000836 20200114 PA3V1101 JOP-FEC 1 oz DOM PA3V110000* 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
2019012012		11/26/2018	$4,240.00	$4,060.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3373531, 3420572, 3428247, 343577	$0.00

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2944959
Check Date: 01/13/2020

Claim #: 2019012012 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 07/24/2019 **Through:** 11/22/2019 **Adjuster:** Nouri, Roman
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 11/26/2018
Reviewed By: OA **Date Received:** 12/27/2019 **Date Reviewed:** 01/02/2020 **Bill Review #:** FIC-IWCA-3490502
Patient Acct #: 76470 **Bill Control #:** FIC-IWCA-3490502 **PPO Subnet:**
Employer: ADRI S PLUMBING 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
07/24/2019	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.								
07/30/2019	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.								
08/06/2019	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.								
08/08/2019	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.								
08/13/2019	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.								
08/15/2019	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.								
08/30/2019	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.								
09/03/2019	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.								
09/05/2019	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.								
09/12/2019	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.								
09/16/2019	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.								
09/17/2019	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.								
09/19/2019	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.								
10/11/2019	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.								
10/21/2019	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.								
10/23/2019	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.								
10/24/2019	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.								
10/28/2019	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.								
10/29/2019	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.								
10/31/2019	020	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.								
11/04/2019	021	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.								
11/05/2019	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.								
11/06/2019	023	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.								
11/07/2019	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.								
11/12/2019	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.								

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2944959
Check Date: 01/13/2020

Claim #: 2019012012 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 07/24/2019 **Through:** 11/22/2019 **Adjuster:** Nouri. Roman
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 11/26/2018
Reviewed By: OA **Date Received:** 12/27/2019 **Date Reviewed:** 01/02/2020 **Bill Review #:** FIC-IWCA-3490502
Patient Acct #: 76470 **Bill Control #:** FIC-IWCA-3490502 **PPO Subnet:**
Employer: ADRI S PLUMBING 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
11/22/2019	026	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:		4,240.00	4,060.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA 3373531, 3420572, 3428247, 3435775, 3444086, 3444692, 3448872, 3461303, 3463166, 3465600, 3473123
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.

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/24/20 76559

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019000274

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

Case: , vs BELLA + CANVAS LLC/BARON HR
Date Of Injury: 3/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/19	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/08/19	INITIAL ACUP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/13/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/15/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/20/19	INITIAL ACUP	W/ ACUPUNCT LIM @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/22/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/27/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/12/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/16/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/17/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/21/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/24/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/23/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/28/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/30/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00

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

*** INVOICE ***
Date NO#
01/24/20 76559

EAMS#(s):

SS # : xxx-XX
DOB :
Terms: 60 days
Claim #(s):
2019000274

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

Case: vs BELLA + CANVAS LLC/BARON HR
Date Of Injury: 3/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANA M. TORRALBA # 004052	0.00
11/08/19	FOLLOW-UP	W/ACUPUNCT TAE GON KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/13/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
11/15/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
11/20/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/22/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/10/19	PMT BY CHECK	DOS 10/17/19* =# 2903344	-180.00
12/10/19	PMT BY CHECK	DOS 10/21/19* =# 2903341	-180.00
12/13/19	PMT BY CHECK	DOS 10/24/19* =# 2909954	-180.00
12/13/19	PMT BY CHECK	DOS 10/30/19* =# 2909953	-180.00
12/13/19	PMT BY CHECK	DOS 8/2/19-10/28/19* # 2909955	-360.00
12/13/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/09/20	PMT BY CHECK	DOS 11/13/19* =# 2941056	-180.00
01/09/20	PMT BY CHECK	DOS 11/15/19* =# 2941055	-180.00

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

*** INVOICE ***
Date NO#
01/24/20 76559

EAMS#(s):

SS # : xXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019000274

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

Case: vs BELLA + CANVAS LLC/BARON HR
Date Of Injury: 3/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 2670.00

* 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: 01/09/2020
Check Number: 2941055
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,0FJAFW

0FJAFW

11/9/18 3:44 PM 3 0000664 20200110 PA2Z2101 JOP-FEC 1 oz DOM PA2Z210000* 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
2019000274		03/14/2018	$3,570.30	$3,390.30	$180.0(

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3472622 3308799\nThe charges have	$0.00

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2941055
Check Date: 01/09/2020

Claim #: 2019000274 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 08/02/2019 **Through:** 11/15/2019 **Adjuster:** Bethea, Chantal
Claimant:
SS#: XXX-XX
Date of Birth: **Date of Injury:** 03/14/2018
Reviewed By: 3Q **Date Received:** 12/19/2019 **Date Reviewed:** 12/20/2019 **Bill Review #:** FIC-IWCA-3479017
Patient Acct #: 76559 **Bill Control #:** FIC-IWCA-3479017 **PPO Subnet:**
Employer: COLOR IMAGE APPAREL 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
08/02/2019	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.							
08/08/2019	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.							
08/13/2019	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.							
08/15/2019	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.							
08/20/2019	005	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.							
08/22/2019	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.							
08/27/2019	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.							
09/12/2019	008	11	T1013	0	180.30	180.30	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.							
09/16/2019	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.							
10/17/2019	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.							
10/21/2019	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.							
10/23/2019	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.							
10/24/2019	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.							
10/28/2019	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.							
10/30/2019	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.							
11/06/2019	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.							
11/08/2019	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.							
11/13/2019	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.							
11/15/2019	019	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:		3,570.30	3,390.30	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA 3472622 3308799
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

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2941055
Check Date: 01/09/2020

Explanation of State/ANSI Reduction Codes:

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

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

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

Notices:

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

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

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

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

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

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

Check Date: 01/09/2020
Check Number: 2941056
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,1FJAFZ

1FJAFZ

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019000274		03/14/2018	$3,390.00	$3,210.00	$180.0

Category	Stub Notes	Stub Amoun
180	PARTIAL DUP IWCA 3403098,3428260,3434033,3441776,3	$0.0(

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2941056
Check Date: 01/09/2020

Claim #: 2019000274 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 08/02/2019 **Through:** 11/13/2019 **Adjuster:** Bethea, Chantal
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 03/14/2018
Reviewed By: 2N **Date Received:** 12/16/2019 **Date Reviewed:** 12/17/2019 **Bill Review #:** FIC-IWCA-3472633
Patient Acct #: 76559 **Bill Control #:** FIC-IWCA-3472633 **PPO Subnet:**
Employer: COLOR IMAGE APPAREL 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
08/02/2019	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.								
08/08/2019	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.								
08/13/2019	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.								
08/15/2019	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.								
08/20/2019	005	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.								
08/22/2019	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.								
08/27/2019	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.								
09/12/2019	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.								
09/16/2019	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.								
10/17/2019	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.								
10/21/2019	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.								
10/23/2019	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.								
10/24/2019	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.								
10/28/2019	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.								
10/30/2019	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.								
11/06/2019	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.								
11/08/2019	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.								
11/13/2019	018	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:		3,390.00	3,210.00	0.00	0.00	0.00	180.00	

Comments:

PARTIAL DUP IWCA 3403098,3428260,3434033,3441776,3444062,3444817 3461734
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

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

*** INVOICE ***
Date NO#
01/08/20 76868

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019015501

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

Case: vs FAIRMONT TIRE & RUBBER
Date Of Injury: 8/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/19	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/11/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
09/25/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/05/19	PMT BY CHECK	DOS 9/3/19-9/25/19* =# 2857806	-540.00
11/15/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/26/19	PMT BY CHECK	DOS 11/15/19* =# 2924826	-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: 12/26/2019
Check Number: 2924826
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,0UC5FG

0UC5FG

11/9/18 3:44 PM 3 0000581 20191227 OL7U9102 JOP-FEC 1 oz DOM OL7U910000* 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
2019015501		08/28/2019	$720.00	$540.00	$180.00

Category	Stub Notes	Stub Amount
180	PARTIAL DUP IWCA 3390188\nThe charges have been pa	$0.00

See attached page(s) for Explanations of Review

Payer: Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128
Provider: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781
TIN: 330956713
Payee ID: 49459

Check Number: 2924826
Check Date: 12/26/2019

Claim #: 2019015501 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 09/03/2019 **Through:** 11/15/2019 **Adjuster:** Beck, Alexander
Claimant:
SS#: XXX-X) **Date of Birth:** **Date of Injury:** 08/28/2019
Reviewed By: 2Q **Date Received:** 12/12/2019 **Date Reviewed:** 12/16/2019 **Bill Review #:** FIC-IWCA-3470703
Patient Acct #: 76868 **Bill Control #:** FIC-IWCA-3470703 **PPO Subnet:**
Employer: FAIRMOUNT TIRE & RUBBER 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
09/03/2019	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.								
09/11/2019	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.								
09/25/2019	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.								
11/15/2019	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 3390188
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.

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/24/20 76117

EAMS#(s):

SS # : XXX-XX-
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
10/08/19	PMT BY CHECK	DOS 9/12/19* # 896D 93096441	-180.00
10/03/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	DIANA RODRIGUUEZ # 009611	0.00
10/31/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/22/19	PMT BY CHECK	DOS 5/30/19-10/31/19* # 896D 93292469	-360.00
12/05/19	P AND S	DR COX @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/15/20	PMT BY CHECK	DOS 12/5/19* # 896D 93498365	-230.00

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

*** INVOICE ***

Date	NO#
01/24/20	76117

EAMS#(s):

SS # : XXX-XX-
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: rs EXEMPLIS CORP.
Date Of Injury: 3/21/18

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 **

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

0

896D 93498365

M

TRAVELERS

DATE: 01/15/20
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: 12/5/2019

TOTAL PAID: $230.00
TAX INFO: 330956713 Y C
PAY MISC: 76117 ✓
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

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

015011596
DETACH CHECK

UNSUMM -11131
OVRPUNS2-12129
DETACH CHECK

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

*** INVOICE ***
Date NO#
01/14/20 77348

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FND8590

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

Case: vs CALIF FRAME
Date Of Injury: 11/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/20/19	PR2/REEVAL	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/18/20	PMT BY CHECK	DOS 11/20/19* # 891A 90854522	-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 **

THE TRAVELERS - PC CLAIM - WORKERS'
PC CLAIM - WORKERS' COMP
PO BOX 660456
DALLAS TX 75266-0456

SA08261

891A 90854522

M

TRAVELERS

DATE: 01/08/20
LOSS DATE: 11/11/19
FILE NUMBER: 039 CM FND8590 A

EMPLOYEE

ACCOUNT NAME:
CALI-FAME OF LOS ANGELES INC.

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: 11/20/2019

TOTAL PAID: $180.00
TAX INFO: 330956713 Y C
PAY MISC: 77348
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: CHASITY NOEL AT (214)570-6469

008008326
DETACH CHECK

UNSUMM -11131
OVRPUNS2-12129
DETACH CHECK

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

*** INVOICE ***
Date NO#
01/28/20 77367

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
FND7744T

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

Case: vs BIOSEAL
Date Of Injury: 11/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/19	POST-OP	DR MICHAEL FELDMAN @ HAND & ORTHO OF SO. CALIF*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/15/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
11/22/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/06/19	PR2/REEVAL	DR FELDMAN @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
01/08/20	PMT BY CHECK	DOS 11/12/19-11/22/19* # 896D 93467853	-540.00
01/21/20	PMT BY CHECK	DOS 12/6/19* # 896D 93523648	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - TRAVELERS WORKERS C
TRAVELERS WORKERS COMP CLAIMS
PO BOX 660055
DALLAS TX 75266-0055
SA09011

896D 93523648

M

TRAVELERS

DATE: 01/21/20
LOSS DATE: 11/08/19
FILE NUMBER: 158 CB FND7744 T

EMPLOYEE

ACCOUNT NAME:
BIOSEAL, INC.

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: 12/6/2019

TOTAL PAID: $180
TAX INFO: 330956713 Y C
PAY MISC: 77367
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: ARIANA GONZALEZ AT (916)859-2664

021009103
DETACH CHECK

UNSUMM -11131
OVRPUNS2-12129
DETACH CHECK

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

*** INVOICE ***
Date NO#
01/24/20 75893

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010366093

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JENNIFER SOLORIO
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: vs MERIT FRAMING
Date Of Injury: 11/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/19	INITIAL EXAM	MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/28/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/29/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	RAQUEL ISUNZA # 500258	0.00
06/12/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/24/19	FOLLOW-UP	W/ ACUPUNCT HUGH MORISON @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/26/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
07/08/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/19/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
07/17/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/02/19	PMT BY CHECK	DOS 5/8/19-6/26/19* # 1102061745	-1090.00
07/31/19	FOLLOW UP	PHYSICAL TX W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	DANYA SCWARTZ # 500316	0.00
08/07/19	PMT BY CHECK	DOS 5/8/19-6/19/19* # 1102064577	-360.00
09/16/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
08/07/19	PMT BY CHECK	DOS 9/16/19* # 1102064577	-90.00
09/18/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	DIANA RODRIGUEZ # 009611	0.00

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

*** INVOICE ***
Date NO#
01/24/20 75893

EAMS#(s):

SS # : xxx-XX-
DOB : :
Terms: 60 days
Claim #(s):
2010366093

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JENNIFER SOLORIO
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: vs MERIT FRAMING
Date Of Injury: 11/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/19/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/07/19	PMT BY CHECK	DOS 9/18/19-9/19/19* # 1102064577	-270.00
09/23/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/25/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/08/19	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/16/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/12/19	PMT BY CHECK	DOS 5/8/19-10/8/19* # 1102154109	-360.00
11/19/19	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/12/19	PMT BY CHECK	DOS 5/8/19-11/12/19* # 1102181361	-180.00
12/04/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/05/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/17/20	PMT BY CHECK	DOS 9/19/19-12/4/19* # 1102212039	-270.00

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

*** INVOICE ***
Date NO#
01/24/20 75893

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2010366093

BILL TO:
ZURICH INS.(968002-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JENNIFER SOLORIO
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: vs MERIT FRAMING
Date Of Injury: 11/14/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

American Zurich Ins. Co.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

00598

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.

1010059800598

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0366096 001 J4	WC 4758353	75893		11/14/18	09/19/19-12/04/20

Check Number	1102212039	Date Issued	01/17/20	Amount	$***270.00
Insured	Workforce Business Services @ Merit Framing Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Mohd Salman				
File Supervisor	Jennifer Solorio	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	270.00		
TOTAL	$270.00		

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

*** INVOICE ***
Date NO#
01/24/20 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
09/04/19	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	90.00

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

*** INVOICE ***
Date NO#
01/24/20 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
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/10/19	FOLLOW-UP	W/ ACUPUNCT HWANG/KWANG @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO #500049	0.00
09/26/19	FOLLOW-UP	W/ ACUPUNCT SUE RYO @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/24/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/08/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/17/19	PMT BY CHECK	DOS 5/22/19-9/26/19* # 1102133006	-1350.00
11/08/19	FOLLOW-UP	W/ACUPUNCT TAE GON KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/19/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/04/19	FOLLOW-UP	W/ ACUPUNCT TAE GON KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
12/05/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/06/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/17/20	PMT BY CHECK	DOS 5/22/19-12/6/19* # 1102212648	-1260.00

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

*** INVOICE ***
Date NO#
01/24/20 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 180.00

* 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.

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

01096

101019600097

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.

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	05/22/19-12/06/19

Check Number	1102212648	**Date Issued**	01/17/20	**Amount**	$**1,260.00
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	Sushil Kumar Sharma				
File Supervisor	Rita Thomassian	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,260.00		
TOTAL	**$1260.00**		