Market Rate Summary Graph

Payments at market rate for all medical dates of service billed, received between 5/1/20 and 5/29/20

	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	77646	1/21/2020	5/26/2020	$ 180.00	**Initial**	$ 180.00	3694468	5/15/2020	**100%**	Amerisure
		1/22/2020		$ 180.00	**Initial acup**	$ 180.00	3694469	5/15/2020	**100%**	
		1/29/2020		$ 180.00	**F/u acup**	$ 180.00	3694563	5/19/2020	**100%**	
2	76909	3/4/2020	5/27/2020	$ 180.00	**F/U chiro tx**	$ 180.00	04417592	5/6/2020	**100%**	Amtrust- Technology Ins
		3/16/2020		$ 180.00	**F/U chiro tx**	$ 180.00	04434141	5/21/2020	**100%**	
3	76577	8/9/19-11/12/19	5/15/2020	$ 1,180.00	**Initial ($230), Initial acup ($230), 2 f/u acup ($180 each), PR2 ($180)** Initial physical therapy, f/u phys tx	$ 1,180.00	0600034189	5/11/2020	**100%**	Berkleynet Ins
4	74075	7/17/2018	5/12/2020	$ 230.00	**Initial**	$ 250.00	1011459	5/5/2020	**100%**	Berkshire Hathaway
5	76911	3/2/2020	5/27/2020	$ 180.00	**F/u physio therapy**	$ 180.00	1116599	5/1/2020	**100%**	Berkshire Hathaway
		3/3/2020		$ 180.00	**PR-2**	$ 180.00	1117709	5/6/2020	**100%**	
		3/4/20-3/5/20		$ 360.00	**F/u acup ($180), f/u physio therapy ($180)**	$ 360.00	1118065	5/7/2020	**100%**	
		3/9/2020		$ 180.00	**F/u acup**	$ 180.00	1119267	5/12/2020	**100%**	
		3/16/2020		$ 180.00	**F/u acup**	$ 180.00	1121576	5/20/2020	**100%**	
		3/18/2020		$ 180.00	**F/u acup**	$ 180.00	1122279	5/22/2020	**100%**	
6	76924	3/3/2020	5/12/2020	$ 180.00	**Shockwave therapy**	$ 180.00	1117709	5/6/2020	**100%**	Berkshire Hathaway

Market Rate Summary Graph

Payments at market rate for all medical dates of service billed, received between 5/1/20 and 5/29/20

	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
7	76933	3/11/2020	5/21/2020	$ 180.00	**PR-2**	$ 180.00	1120707	5/18/2020	**100%**	Berkshire Hathaway
		3/23/2020	5/27/2020	$ 180.00	**F/u acup**	$ 180.00	1121923	5/21/2020	**100%**	
8	77100	3/7/2020	5/27/2020	$ 180.00	**PR-2**	$ 180.00	2616246	5/8/2020	**100%**	Berkshire Hathaway
		3/23/2020		$ 180.00	**F/u acup**	$ 180.00	2620521	5/21/2020	**100%**	
9	77162	3/11/2020	5/20/2020	$ 180.00	**F/u acup**	$ 180.00	0629517	5/15/2020	**100%**	Berkshire Hathaway
10	77288	11/15/19 - 2/5/20	5/5/2020	$ 1,000.00	**Initial ($230), 2 PR-2s ($180 each), Initial acup ($230), f/u acup ($180)**	$ 1,000.00	0627695	5/1/2020	**100%**	Berkshire Hathaway
11	77506	12/16/19-1/15/20	5/22/2020	$ 410.00	**Initial ($230), Initial acup ($180)**	$ 410.00	1121141	5/19/2020	**100%**	Berkshire Hathaway
12	76600	1/24/2020	5/13/2020	$ 180.00	**F/u acup**	$ 90.00	4053758	3/16/2020	**100%**	Broadspire
						$ 90.00	4135196	4/28/2020		
		1/31/2020		$ 180.00	**F/u acup**	$ 90.00	4079511	3/27/2020	**100%**	
						$ 90.00	4157931	5/11/2020		
		2/7/2020		$ 180.00	**F/u acup**	$ 90.00	4088749	4/2/2020	**100%**	
						$ 90.00	4157932	5/11/2020		
13	76567	2/26/2020	5/6/2020	$ 180.00	**F/u acup**	$ 180.00	9210395	4/28/2020	**100%**	CCMSI

Market Rate Summary Graph

Payments at market rate for all medical dates of service billed, received between 5/1/20 and 5/29/20

	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
14	76432	2/14/2020	5/19/2020	$ 180.00	**PR-2**	$ 180.00	9107501	4/30/2020	**100%**	Corvel
		2/29/2020		$ 180.00	**F/u acup**	$ 180.00	9121546	5/15/2020	**100%**	
15	77070	10/30/19-2/7/20	5/12/2020	$ 2,660.00	**Initial ($230), 4 PR-2s ($180 each), 5 f/u chiro tx ($180 each),** 9 f/u chiro tx	$ 2,660.00	1045795	5/5/2020	**100%**	Corvel
16	77280	11/2/19-1/31/20	5/12/2020	$ 3,520.00	**Initial ($230), PR-2 ($180), Initial acup ($230), 10 f/u acup ($180 each), Initial physio therapy ($180), 4 f/u physio therapy ($180 each), P&S ($180)**	$ 3,520.00	9110504	5/4/2020	**100%**	Corvel
17	76152	7/17/19-11/20/19	5/6/2020	$ 900.00	**4 PR-2s ($180 each), f/u acup ($180)**	$ 630.00	25106502	3/19/2020	**100%**	Employers
						$ 450.00	25938053	5/4/2020		
18	76592	3/16/2020	5/27/2020	$ 180.00	**PR2**	$ 180.00	26238293	5/22/2020	**100%**	Employers
19	76634	1/27/2020	5/6/2020	$ 180.00	**F/u physio therapy**	$ 180.00	25937655	5/4/2020	**100%**	Employers
20	76828	3/16/2020	5/27/2020	$ 180.00	**PR2**	$ 180.00	26238293	5/22/2020	**100%**	Employers
21	77371	3/11/2020	5/26/2020	$ 180.00	**PR-2**	$ 180.00	26172555	5/19/2020	**100%**	Employers

Market Rate Summary Graph

Payments at market rate for all medical dates of service billed, received between 5/1/20 and 5/29/20

	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
22	77610	3/2/2020	5/26/2020	$ 180.00	**F/u acup**	$ 180.00	26068588	5/12/2020	**100%**	Employers
		3/9/20-3/10/20	5/26/2020	$ 360.00	**F/u acup ($180), f/u physio therapy ($180)**	$ 360.00	26172655	5/19/2020	**100%**	
		3/17/2020	5/27/2020	$ 180.00	**F/u physio therapy**	$ 180.00	26237887	5/22/2020	**100%**	
23	76697	3/11/2020	5/20/2020	$ 180.00	**P & S**	$ 180.00	11202767	5/13/2020	**100%**	Enstar
24	73364	2/27/2020	5/20/2020	$ 180.00	**F/u acup**	$ 180.00	0162795513	4/26/2020	**100%**	Gallagher Bassett
		2/28/2020		$ 180.00	**PR-2**	$ 180.00	0162889764	4/30/2020	**100%**	
		3/3/2020		$ 180.00	**Shockwave therapy**	$ 180.00	0163082802	5/11/2020	**100%**	
25	75752	4/17/19-9/16/19	5/5/2020	$ 950.00	**3 PR-2s ($180 each), f/u acup ($180), P&S ($230)**	$ 950.00	0162908330	5/1/2020	**100%**	Gallagher Bassett
26	76447	3/3/2020	5/20/2020	$ 180.00	**F/u acup**	$ 180.00	0163084843	5/11/2020	**100%**	Gallagher Bassett
27	76488	3/4/2020	5/20/2020	$ 180.00	**F/u physio therapy**	$ 180.00	0163084864	5/11/2020	**100%**	Gallagher Bassett
28	76922	2/22/2020	5/27/2020	$ 180.00	**PR2**	$ 180.00	0163208751	5/17/2020	**100%**	Gallagher Bassett
29	77263	3/4/2020	5/26/2020	$ 180.00	**F/u acup**	$ 180.00	0163154768	5/14/2020	**100%**	Gallagher Bassett
30	77679	1/21/20-3/3/20	5/27/2020	$ 900.00	**Initial ($180), Initial acup ($180), 2 f/u acup ($180 each), PR2 ($180)**	$ 900.00	0163245736	5/19/2020	**100%**	Gallagher Bassett

Market Rate Summary Graph

Payments at market rate for all medical dates of service billed, received between 5/1/20 and 5/29/20

	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
31	77706	3/13/2020	5/27/2020	$ 180.00	**F/u acup**	$ 180.00	0163331512	5/22/2020	**100%**	Gallagher Bassett
		1/25/20-3/7/20		$ 1,260.00	**Initial ($180), Initial acup ($180), PR2 ($180), 4 f/u acup ($180 each)**	$ 1,260.00	0163243974	5/19/2020	**100%**	
32	77940	10/22/19-10/25/19	5/12/2020	$ 460.00	**Initial ($230), Initial acup ($230)**	$ 460.00	0162966231	5/5/2020	**100%**	Gallagher Bassett
33	77593	3/3/2020	5/21/2020	$ 180.00	**F/u physio therapy**	$ 180.00	1315408945	5/7/2020	**100%**	The Hartford
		3/9/2020		$ 180.00	**F/u acup**	$ 180.00	131559477 3	5/14/2020	**100%**	
34	77577	3/6/2020	5/27/2020	$ 180.00	**F/u acup**	$ 180.00	131571776 0	5/19/2020	**100%**	The Hartford
35	75871	2/24/2020	5/18/2020	$ 180.00	**L.I.N.T**	$ 180.00	3103264	5/7/2020	**100%**	Ins. Co. of the West
36	76456	2/14/2020	5/12/2020	$ 180.00	**F/u acup**	$ 180.00	3083624	4/23/2020	**100%**	Ins. Co. of the West
		2/19/2020		$ 180.00	**PR2**	$ 180.00	3092854	4/30/2020	**100%**	
37	77522	2/20/2020	5/26/2020	$ 180.00	**F/u physio therapy**	$ 180.00	3112481	5/14/2020	**100%**	Ins. Co. of the West
38	73412	6/12/2018	5/27/2020	$ 180.00	**PR2**	$ 90.00	0083583771	5/21/2020	**100%**	Liberty Mutual
						$ 90.00	0083583464	5/21/2020		

Market Rate Summary Graph

Payments at market rate for all medical dates of service billed, received between 5/1/20 and 5/29/20

	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
39	74046	5/30/18-5/30/19	5/20/2020	$ 2,500.00	**2 Initials ($230 each), 4 PR-2s ($180 each), 13 f/u chiro tx ($180 each),** lien filing fee	$ 2,500.00	0083579347	5/12/2020	**100%**	Liberty Mutual (Helmsman)
40	76357	1/29/2020	5/12/2020	$ 180.00	**F/u physio therapy**	$ 180.00	0083576872	5/7/2020	**100%**	Liberty Mutual
41	75569	3/13/19-6/24/19	5/21/2020	$ 820.00	**Initial ($230), 2 PR-2s ($180 each), Initial acup ($230)**	$ 820.00	102742	5/15/2020	**100%**	Superior Personnel (Employer)
42	77336	11/18/19-3/6/20	5/26/2020	$ 1,940.00	**Initial ($230), 2 PR-2s ($180 each), 6 f/u chiro tx ($180 each),** 3 f/u chiro tx	$ 1,940.00	0001428034	5/18/2020	**100%**	Utica National
43	76930	9/26/19-11/21/19	5/27/2020	$ 900.00	**Post op ($180), 4 PR2's ($180 each)**	$ 900.00	0100471852	5/20/2020	**100%**	Vanliner
44	77596	3/11/2020	5/21/2020	$ 180.00	**PR-2**	$ 180.00	193339	5/18/2020	**100%**	York
45	71992	2/25/2020	5/19/2020	$ 180.00	**F/u physio therapy**	$ 180.00	1102300444	5/15/2020	**100%**	Zurich
		2/27/2020		$ 180.00	**PR2**	$ 180.00	1102300447	5/15/2020	**100%**	

Market Rate Summary Graph

Payments at market rate for all medical dates of service billed, received between 5/1/20 and 5/29/20

	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
46	75881	2/19/2020	5/27/2020	$ 180.00	**F/u physio therapy**	$ 180.00	1102294676	5/5/2020	**100%**	Zurich
		2/26/2020		$ 180.00	**F/u physio therapy**	$ 180.00	1102294578	5/5/2020	**100%**	
		2/6/2020		$ 180.00	**F/u physio therapy**	$ 180.00	1102299689	5/14/2020	**100%**	
		3/4/2020		$ 180.00	**F/u physio therapy**	$ 180.00	1102303171	5/20/2020	**100%**	
47	76858	3/9/2020	5/20/2020	$ 180.00	**PR-2**	$ 180.00	1102300079	5/14/2020	**100%**	Zurich
48	77291	11/25/19-2/27/20	5/14/2020	$ 1,180.00	**Initial ($230), Initial acup ($230), 4 f/u acup ($180 each)**	$ 1,180.00	1102296597	5/8/2020	**100%**	Zurich
49	77366	11/13/19-3/2/20	5/12/2020	$ 3,790.00	**Initial ($230), 2 PR-2s ($180 each), Initial acup ($230), 11 f/u acup ($180 each), 4 f/u physio therapy ($180 each),** Initial physio therapy, 2 f/u physio therapy	$ 3,790.00	1102294937	5/6/2020	**100%**	Zurich
50	77575	1/8/20 - 2/28/20	5/27/2020	$ 1,260.00	**Initial ($180), Initial acup($180), 1 PR2 ($180), 4 f/u acup ($180 each)**	$ 1,260.00	1102293219	5/1/2020	**100%**	Zurich
		3/5/2020		$ 180.00	**F/u acup**	$ 180.00	1102303162	5/20/2020	**100%**	

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#
05/26/20 77646

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2144349

BILL TO:
AMERISURE INS. (CANNONSBURG)
W. C. DEPARTMENT
ATTN: KELLY LUCAS
P.O. BOX 1515
CANONSBURG, PA 15317

Case: vs NORTHWEST PALLET SERVICES
Date Of Injury: 5/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/20	INITIAL EXAM	MAGGIE PEZESHKIAN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/22/20	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/29/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
01/31/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MEDNOZA # 006450	0.00
02/07/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
03/03/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/12/20	INIT PHYSIO	THERAPY DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/13/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
03/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN/ S. MANCERA @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/19/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/24/20	F/U PHYSIO	THERAPY W/DR PEZESKHIAN*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/25/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	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#
05/26/20 77646

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2144349

BILL TO:
AMERISURE INS. (CANNONSBURG)
W. C. DEPARTMENT
ATTN: KELLY LUCAS
P.O. BOX 1515
CANONSBURG, PA 15317

Case: vs NORTHWEST PALLET SERVICES
Date Of Injury: 5/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/27/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/09/20	PMT BY CHECK	DOS 1/21/20 # 3694468	-180.00
05/09/20	PMT BY CHECK	DOS 1/22/20 # 3694469	-180.00
05/09/20	PMT BY CHECK	DOS 1/29/20 # 3694563	-180.00

BALANCE 2340.00

* 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 **

DETACH BEFORE DEPOSITING

AGENT

CLAIM #: 2144349 3694468 $180.00

CLAIMANT:

ADJUSTER: Kelli Lucas

INSURED: NORTHWEST PALLET SERVICES LLC

AGENCY: COTTINGHAM & BUTLER INSURANCE SERVICES, INC. FOR QUESTIONS CALL 1-800-257-1900

Claim 2144349, INV #77646

MAIL TO

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

THE ATTACHED CHECK IS IN PAYMENT OF THE LOSS-EXPENSE SHOWN ABOVE

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM

AMERISURE

AMERISURE MUTUAL INSURANCE COMPANY
26777 HALSTED RD
FARMINGTON HILLS, MI 48331

CHECK NUMBER
3694468

11-24
1210

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

FOR CLAIM # 2144349

VOID ONE YEAR FROM DATE OF ISSUE

*********$180.00

INSURED/CLAIMANT	DATE ISSUED	POLICY NUMBER	DATE OF LOSS
NORTHWEST PALLET SERVICES LLC	05/15/2020	WC 2099664 02	05-09-2018
JAIME GALLEGOS			

Wells Fargo Bank, N.A.
420 Montgomery Street
San Francisco, CA 94104

⑈3694468⑈ ⑆121000248⑆ 4126893127⑈

DETACH BEFORE DEPOSITING

AGENT

CLAIM #: 2144349

CLAIMANT:

3694469 $180.00

ADJUSTER: Kelli Lucas

INSURED: NORTHWEST PALLET SERVICES LLC

AGENCY: COTTINGHAM & BUTLER INSURANCE SERVICES, INC. FOR QUESTIONS CALL 1-800-257-1900

Claim 2144349, INV# 77646

MAIL TO

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

THE ATTACHED CHECK IS IN PAYMENT OF THE LOSS-EXPENSE SHOWN ABOVE

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM

AMERISURE

AMERISURE MUTUAL INSURANCE COMPANY
26777 HALSTED RD
FARMINGTON HILLS, MI 48331

CHECK NUMBER
3694469

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

11-24
1210

FOR CLAIM # 2144349

VOID ONE YEAR FROM DATE OF ISSUE

*********$180.00

INSURED/CLAIMANT
NORTHWEST PALLET SERVICES LLC
JAIME GALLEGOS

DATE ISSUED 05/15/2020

POLICY NUMBER WC 2099664 02

DATE OF LOSS 05-09-2018

Wells Fargo Bank, N.A.
420 Montgomery Street
San Francisco, CA 94104

⑈3694469⑈ ⑆121000248⑆ 4121893127⑈

PAID
MAY 26 2020
BY.

DETACH BEFORE DEPOSITING

AGENT

CLAIM #: 2144349 3694563 $180.00
CLAIMANT:
ADJUSTER: Kelli Lucas
INSURED: NORTHWEST PALLET SERVICES LLC
AGENCY: COTTINGHAM & BUTLER INSURANCE SERVICES, INC. FOR QUESTIONS CALL 1-800-257-1900

Claim 2144349, INV# 77646 ✓

MAIL TO

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

THE ATTACHED CHECK IS IN PAYMENT OF THE LOSS-EXPENSE SHOWN ABOVE

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM

AMERISURE

AMERISURE MUTUAL INSURANCE COMPANY
26777 HALSTED RD
FARMINGTON HILLS, MI 48331

CHECK NUMBER
3694563

11-24
1210

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

FOR CLAIM # 2144349

$180.00

VOID ONE YEAR FROM DATE OF ISSUE

*********$180.00

INSURED/CLAIMANT	DATE ISSUED	POLICY NUMBER	DATE OF LOSS
NORTHWEST PALLET SERVICES LLC	05/19/2020	WC 2099664 02	05-09-2018
JAIME GALLEGOS			

Wells Fargo Bank, N.A.
420 Montgomery Street
San Francisco CA 94104

⑈3694563⑈ ⑆121000248⑆ 4121893127⑈

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

*** INVOICE ***
Date NO#
05/27/20 76909

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
3128499

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

Case: vs BEAR TRACKS HLDGS/BLACK BEAR D
Date Of Injury: 12/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/19	INITL CHIRO	TX & PHYS TX W/DR CHRISTINE HA @ SDHU*	90.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
10/18/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/30/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/13/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/20/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/26/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
11/27/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	SONJA HICKMON # 500402	0.00
12/04/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/18/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/03/20	F/U CHIRO TX	TX & PHYS W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/08/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/15/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/05/20	F/U CHIRO TX	& PHYST TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/14/20	F/U CHIRO TX	& PHYS TX W/DR HA @ 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#
05/27/20 76909

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
3128499

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

Case: vs BEAR TRACKS HLDGS/BLACK BEAR D
Date Of Injury: 12/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/17/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/16/20	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/06/20	PMT BY CHECK	DOS 3/4/20* # 04417592	-180.00
05/21/20	PMT BY CHECK	DOS 3/16/20* # 04434141	-180.00

BALANCE 2070.00

* 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.
04417592
3128499-1
TWC3696923

DATE	AMOUNT
5/6/2020	$180.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈04417592⑈ ⑆021309379⑆ 6018775331⑈

Check Number	04417592
Claim Number:	3128499-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3696923/BBD OPCO LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	12/7/2018
Location:	
Examiner Code:	29212

Amount:	$180.00
Dates of Service:	3/4/2020-3/4/2020
Explanation:	76909 ✓
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
04434141
3128499-1
TWC3696923

DATE	AMOUNT
5/21/2020	$180.00

M

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈04434141⑈ ⑆021309379⑆ 601877533⑈

Check Number	04434141
Claim Number:	3128499-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3696923/BBD OPCO LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	12/7/2018
Location:	
Examiner Code:	28954

Amount:	$180.00
Dates of Service:	3/16/2020-3/16/2020
Explanation:	INV 76909 ✓
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

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

*** INVOICE ***
Date NO#
05/15/20 76577

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
BNETWC15459

BILL TO:
BERKLEYNET INS (26002 DAPHNE)
W. C. DEPARTMENT
ATTN: SHELLA WEINER
P.O. BOX 26002
DAPHNE, AL 36526

Case: vs EDWARD CHINN DBA EDWARDS CUSTO
Date Of Injury: 8/16/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/19	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	230.00
/ /	INTERPRETER:	EDUARDO REYES # 004539	0.00
08/20/19	INITIAL ACUP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/05/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
10/01/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/29/19	INITIAL PHYS	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/07/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/12/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/04/20	LIEN FIL FEE	LIEN FILING FEE	150.00
05/11/20	PMT BY CHECK	DOS 8/9/19-11/12/19* # 0600034189	-1180.00

BALANCE 150.00

* 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 **

BERKLEY NET UNDERWRITERS
Midwest Employers Casualty Company
9301 Innovation Drive
Suite 200
Manassas, VA 20110
877-497-2637

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

BYA10811524_10000000051

76577

Check Date	Reference Number	Supplier Number	Pay Group	AP Unit	Print Group Code	Check Number
May 11 2020	0600034189	0000152873	CL	10032	1	0600034189

Policy Number	BNUWC0135509
Insured	EDWARD CHINN
Date of Loss	08/16/2016
Reported Date of Loss	08/17/2016
Claims System ID	bnuCCV9:96093134
Claim Number	BNET WC 000000015459
Claimant Name	
Supplier Invoice Date	05/08/2020
Supplier Invoice Number	I76577
Service Dates	08/09/2019 11/12/2019
Adjuster Name	
Agency Code	
Agency Name	
Pay Amount	$ 1,180.00
Memo / Description	

Page 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 1,180.00 ***
Page 1 through 1 Summary	**Total Paid Count**	1	**Total Paid Amount**	$ 1,180.00 ***

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

*** INVOICE ***
Date NO#
05/12/20 74075

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55078135

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

Case: vs PRIME WHELL CORP.
Date Of Injury: 3/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/31/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JUAN L. PEREZ # 100777	0.00
06/18/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
06/26/18	PMT BY CHECK	DOS 5/31/18* # 589719 BERKSHIRE	-156.50
07/05/18	PMT BY CHECK	DOS 5/31/18* # 02365325 AMTRUST	-156.50
07/11/18	PMT BY CHECK	DOS 6/18/18* # 02374003 AMTRUST	-93.50
07/17/18	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/11/18	PMT BY CHECK	DOS 6/18/18* # 02374003 AMTRUST	-156.50
07/26/18	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/27/18	INITIAL PHYS	THERAPY W/DR CHRIS MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/02/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: CT 6/18	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/07/18	FOLLOW UP	PHYSICAL THERAPY W/DR MINA LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/13/18	FOLLOW UP	PHYSICAL TX LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/16/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/12/20 74075

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55078135

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

Case: vs PRIME WHELL CORP.
Date Of Injury: 3/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/27/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGMEZ # 500341	0.00
08/23/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 6/18	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/28/18	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: CT 6/18	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/09/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: CT 6/18	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/30/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: CT 6/18	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/04/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI* DOI: CT 6/18	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/05/18	SHOCK WAVE	THERAPY W/DR LAHIJANI @ EPC* DOI: CT 6/18	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/06/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: CT 6/18	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/13/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 1/23/17	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/11/18	SHOCK WAVE	THERAPY W/DR LAHIJANI @ EPC* DOI: CT 6/18	150.00
/ /	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#
05/12/20 74075

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55078135

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

Case: vs PRIME WHELL CORP.
Date Of Injury: 3/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI* DOI: 1/23/17	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/19/18	PR2/REEVAL	DR SHERRY ROSTAMI @ EPC* DOI: 1/23/17	180.00
/ /	INTERPRETER:	PAULL LAZCANO # 101143	0.00
09/24/18	SHOCK WAVE	THERAPY W/DR LAHIJANI* RT SHD DOI: 1/23/17	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/25/18	SHOCK WAVE	THERAPY W/DR LAHIJANI* LT SHD DOI: 1/23/17	150.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/21/18	SHOCK WAVE	THERAPY W/DR LAHIJANI* LT SHD DOI: 1/23/17	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/27/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 1/23/17	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/04/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 1/23/17	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/05/18	SHOCK WAVE	THERAPY W/DR LAHIJANI @ EPC* DOI:1/23/17 (RT SHLD	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/08/18	LEGAL PREP	DEPO PREP @ L/O DENNIS FUSI DOI: 7/16-3/18 II	156.50
/ /	INTERPRETER:	LETICIA URIOSTEGUI # 301652	0.00
10/09/18	SHOCK WAVE	THERAPY W/DR LAHIJANI* DOI: 1/23/17	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/16/18	SHOCK WAVE	THERAPY W/DR LAHIJANI*	150.00

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

*** INVOICE ***
Date NO#
05/12/20 74075

EAMS#(s):

SS # : XXX-XX
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55078135

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BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: NICHOLES ANDERSON
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs PRIME WHELL CORP.
Date Of Injury: 3/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: 1/23/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/11/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 1/23/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/18/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: 1/23/17	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/22/18	SHOCK WAVE	THERAPY W/DR LAHIJANI*	150.00
		DOI: 1/23/17	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/25/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/29/18	SHOCK WAVE	THERAPY W/DR LAHIJANI @ EPC*	150.00
		DOI: 1/23/17 RT SHDR	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/06/18	PMT BY CHECK	DOS 10/8/18* # 747364	-156.50
		BERKSHIRE	
11/05/18	SHOCK WAVE	THERAPY W/DR LAHIJANI*	150.00
		DOI: 1/23/17 RT SHDR	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/07/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
		DOI 1/23/17 AMENDED	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/08/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/14/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 50341	0.00
11/12/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
		DOI: 3/12/18	
/ /	INTERPRETER:	GLADYS REYNA # 301721	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#
05/12/20 74075

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55078135

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

Case: . vs PRIME WHELL CORP.
Date Of Injury: 3/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCON #101143	0.00
11/20/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/28/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/29/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/05/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/11/18	PMT BY CHECK	DOS 11/12/18* # 762254 BERKSHIRE	-250.00
11/21/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/12/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/13/18	PR2/REEVAL	DR MARINARO @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/17/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/20/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/27/18	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/28/18	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/03/19	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/04/19	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI* DOI: 1/23/17	90.00

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

*** INVOICE ***
Date NO#
05/12/20 74075

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55078135

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

Case: vs PRIME WHELL CORP.
Date Of Injury: 3/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/07/19	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/10/19	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/17/19	PR2/REEVAL	W/DR MARINARO @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/22/19	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/24/19	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/28/19	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/31/19	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/04/19	FOLLOW UP	PHYSICAL TX W/DR LAHIJANI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/07/19	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/21/19	PR2/REEVAL	W/DR MARINARO @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/05/19	PMT BY CHECK	DOS 2/21/19* # 793815 BERKSHIRE	-180.00
10/07/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/08/19	PMT BY CHECK	DOS 10/7/19* # 923636 BERKSHIRE	-156.50
04/22/20	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/04/20	PMT BY CHECK	DOS 4/22/20* # 03324239 AMTRUST	-250.00

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

*** INVOICE ***
Date NO#
05/12/20 74075

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55078135

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

Case: vs PRIME WHELL CORP.
Date Of Injury: 3/12/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/20	PMT BY CHECK	DOS 4/22/20* # 1011459 BHHC APPLIED TO 7/17/18	-250.00

BALANCE 8363.50

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

Berkshire Hathaway Homestate Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank

420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 1011459

DATE
05/05/2020

California Workers' Compensation Payment

Pay Two Hundred Fifty Dollars And 00/100 **********250.00

VOID AFTER 90 DAYS

TO THE ORDER OF

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

HEAT SENSITIVE
RUB AREA TO VERIFY

R McDaniel

⑈1011459⑈ ⑆121000248⑆ 4125523753⑈

Payee: JOYCE ALTMAN INTERPRETERS INC

IRS/SSN: XX-XXX6713

Check Number: 1011459

Check Date: 05/05/2020

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55078135		03/12/2018	Interpreter Fees - Expense	04/22/2020	04/22/2020	04/30/2020	74075	250.00

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

*** INVOICE ***
Date NO#
05/27/20 76911

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
33108677

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

Case: vs BRIGHT EVENT RENTALS LLC
Date Of Injury: 6/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/19/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/09/19	FOLLOW-UP	W/ ACUPUNCT TED PREIBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/16/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/18/19	INITIAL PSYC	EVAL W/DR ANTHONY FRANCISCO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/31/19	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/25/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/04/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
12/06/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/07/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/13/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/14/20	FOLLOW-UP	W/ ACUPUNCT MIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/16/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/10/20	PMT BY CHECK	DOS 9/19/19-12/6/19* =# 1091247	-1360.00
01/17/20	PR2/REEVAL	W/DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/21/20	FOLLOW-UP	W/ ACUPUNCT BO CHO @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/23/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	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#
05/27/20 76911

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
33108677

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

Case: vs BRIGHT EVENT RENTALS LLC
Date Of Injury: 6/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/20	PR2/REEVAL	W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/24/20	PMT BY CHECK	DOS 12/4/19-1/14/20* =# 1095638	-720.00
02/25/20	PMT BY CHECK	DOS 1/16/20-1/17/20* =# 1096069	-360.00
01/30/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/04/20	PMT BY CHECK	DOS 1/21/20-1/23/20* =# 1098800	-540.00
02/04/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/09/20	PMT BY CHECK	DOS 1/30/20* =# 1100230	-180.00
02/06/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/13/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/18/20	PMT BY CHECK	DOS 3/6/20* # 1103687	-180.00
03/24/20	PMT BY CHECK	DOS 2/6/20* # 1105352	-180.00
03/25/20	PMT BY CHECK	DOS 2/13/20* # 1105814	-180.00
02/18/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWONG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/19/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/20/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/24/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	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#
05/27/20 76911

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
33108677

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

Case: vs BRIGHT EVENT RENTALS LLC
Date Of Injury: 6/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/25/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/26/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/27/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/16/20	PMT BY CHECK	DOS 2/18/20-2/20/20* =# 1112235	-540.00
04/20/20	PMT BY CHECK	DOS 2/25/20-2/26/20* =# 1113091	-540.00
03/02/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
04/23/20	PMT BY CHECK	DOS 2/27/20* =# 1114313	-180.00
03/04/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/03/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/05/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/09/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/01/20	PMT BY CHECK	DOS 3/2/20* # 1116599	-180.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/18/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/06/20	PMT BY CHECK	DOS 3/3/20* =# 1117709	-180.00
03/17/20	SHOCK WAVE	THERAPY W/DR LEON TCHAKALIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	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#
05/27/20 76911

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
33108677

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

Case: vs BRIGHT EVENT RENTALS LLC
Date Of Injury: 6/22/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/20	PMT BY CHECK	DOS 3/4/20-3/5/20* =# 1118065	-360.00
03/23/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/12/20	PMT BY CHECK	DOS 3/9/20* # 1119267 BERKSHIRE	-180.00
03/31/20	SHOCK WAVE	THERAPY DR TCHAKALIAN @ FMR* # 2	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/22/20	PMT BY CHECK	DOS 3/18/20* # 1122279	-180.00
05/20/20	PMT BY CHECK	DOS 3/16/20* # 1121576	-180.00

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 **

M

HFXE2D

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/01/2020
Check Number : 1116599
Check Amount : $180.00

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

rhw5a
00041

PAID
MAY 05 2020
BY: .....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33108677		06/22/2017	76911	Interpreter Fees -	03/02/2020	03/02/2020	$180.00

41-41
4014

M

MRYE21

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/06/2020
Check Number : 1117709
Check Amount : $360.00

OZ 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

sb35a
00064

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33108677		06/22/2017	76911	Interpreter Fees -	03/03/2020	03/03/2020	$180.00
33116425		08/05/2019	76924	Interpreter Fees -	03/03/2020	03/03/2020	$180.00

84-64
1014

Cypress Insurance Company
P.O. Box 881716
San Francisco, CA 94188

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

11-24
1210(8)

MRYE21

DATE	CHECK NO
05/06/2020	1117709
VOID AFTER 90 DAYS	CHECK AMOUNT
	$360.00

PAY THREE HUNDRED SIXTY & XX / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

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

R McDaniel

⑈1117709⑈ ⑆121000248⑆ 4172570509⑈

M

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/07/2020
Check Number : 1118065
Check Amount : $360.00

PYYE2E

oz 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

shn5a
00072

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33108677		06/22/2017	76911 ✓	Interpreter Fees -	03/05/2020	03/05/2020	$180.00
33108677		06/22/2017	76911	Interpreter Fees -	03/04/2020	03/04/2020	$180.00

PAID
MAY 12 2020
BY:.....

Cypress Insurance Company
P.O. Box 881716
San Francisco, CA 94188

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

11-24
1210(8)

PYYE2E

DATE	CHECK NO
05/07/2020	1118065
VOID AFTER 90 DAYS	CHECK AMOUNT
	$360.00

PAY THREE HUNDRED SIXTY & XX / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

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

R McDaniel

_____

_____

m

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/12/2020
Check Number : 1119267
Check Amount : $180.00

0C0F21

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

t6w5a
00055

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33108677		06/22/2017	76911	Interpreter Fees -	03/09/2020	03/09/2020	$180.00

55-55
4014

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/22/2020
Check Number : 1122279
Check Amount : $180.00

3R3F2Y

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

uwp5a
00042

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33108677		06/22/2017	76911	Interpreter Fees -	03/18/2020	03/18/2020	$180.00

42-42

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/20/2020
Check Number : 1121576
Check Amount : $180.00

TZ2F25

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

uiv5a
00051

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33108677		06/22/2017	76911	Interpreter Fees -	03/16/2020	03/16/2020	$180.00

51-51
4014

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

*** INVOICE ***
Date NO#
05/12/20 76924

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33116425

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

Case: vs MB COATINGS, INC.
Date Of Injury: 8/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/07/19	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	230.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/14/19	FOLLOW-UP	W/ ACUPUNCT PREIBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
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
11/05/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	EDUARDO REYES # 004539	0.00
11/22/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/17/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/21/20	FOLLOW-UP	W/ ACUPUNCT BO CHO @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/23/20	FOLLOW-UP	W/ ACUPUNCT LIM # FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/27/20	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT SANGWAN HWANG @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/06/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	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#
05/12/20 76924

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33116425

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

Case: vs MB COATINGS, INC.
Date Of Injury: 8/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/10/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/21/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/04/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/03/20	SHOCK WAVE	THERAPY W/DR LEON TCHAKALIAN/ RUSSMAN @ FMR* #1	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/02/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
03/05/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/06/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/12/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/11/20	F/U PHYSIO	THERAPY W/DR M. PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/14/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RAMESHNI/RUSSMAN* #1	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/13/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/18/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	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#
05/12/20	76924

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33116425

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

Case: vs MB COATINGS, INC.
Date Of Injury: 8/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
05/06/20	PMT BY CHECK	DOS 3/3/20* # 1117709	-180.00

BALANCE 4780.00

* 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 **

Cypress Insurance Company

P O Box 881716
San Francisco, CA 94188

Check Date : 05/06/2020
Check Number : 1117709
Check Amount : $360.00

MRYE21

sb35a
00064

OZ 01
RETURN SERVICE REQUESTED
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33116425		08/05/2019	76924	Interpreter Fees -	03/03/2020	03/03/2020	$180 00

PAID

64-64
1014

Cypress Insurance Company
P O Box 881716
San Francisco, CA 94188

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

11-24
1210(6)

MRYE21

DATE	CHECK #
05/06/2020	1117709
VOID AFTER 90 DAYS	AMOUNT
	$360 00

PAY THREE HUNDRED SIXTY & XX / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $10,000 00

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

R Mu Daniel

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

*** INVOICE ***
Date NO#
05/27/20 76933

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
33094261; 33117083

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

Case: vs CABINETS 2000, INC.
Date Of Injury: 10/30/17; 10/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/19	INITIAL EXAM	DR MARINA RUSSMAN/NEGIN RAMESHNI @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/01/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/02/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/05/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/08/19	INITIAL PSYC	EVAL ANTHONY FRANCISCO, PH.D. & F/U PHYS THERAPY	230.00
/ /	-	W/DR NAJIB @ FMR*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	LISBETH C. PARRENO 3 101080	0.00
10/10/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/14/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/15/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/17/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/06/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/19/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/21/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/26/19	F/U CHIRO TX	CHIRO 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#
05/27/20 76933

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
33094261; 33117083

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

Case: vs CABINETS 2000, INC.
Date Of Injury: 10/30/17; 10/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/03/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/18/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 5003	0.00
01/10/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/10/20	PMT BY CHECK	DOS 9/25/19-12/18/19* =# 1091247	-2170.00
01/17/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/18/20	PMT BY CHECK	DOS 1/10/20* # 1093558	-180.00
01/24/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/29/20	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/25/20	PMT BY CHECK	DOS 1/17/20* =# 1096069	-180.00
01/31/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/03/20	PMT BY CHECK	DOS 1/20/20* # 1098348	-180.00
03/04/20	PMT BY CHECK	DOS 1/24/20* =# 1098800	-180.00
02/05/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/09/20	PMT BY CHECK	DOS 1/28/20* =# 1100230	-180.00
02/12/20	FOLLOW-UP	W/ ACUPUNCT DA HAE RA @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/11/20	PMT BY CHECK	DOS 1/29/20-1/31/20*	-360.00

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

*** INVOICE ***
Date NO#
05/27/20 76933

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33094261; 33117083

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

Case: vs CABINETS 2000, INC.
Date Of Injury: 10/30/17; 10/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
		=# 1101084	
03/19/20	PMT BY CHECK	DOS 2/5/20* # 1104147	-180.00
03/20/20	PMT BY CHECK	DOS 2/5/20* # 1104428	-180.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/27/20	PMT BY CHECK	DOS 2/12/20* =# 1106614	-180.00
02/19/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/24/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/15/20	PMT BY CHECK	DOS 2/19/20* # 1111875	-180.00
04/20/20	PMT BY CHECK	DOS 2/24/20* =# 1113091	-180.00
03/11/20	PR2/REEVAL	DR RAMESHNI/ RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
03/23/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500048	0.00
03/24/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/25/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/26/20	F/U PHYSIO	THERAPY W/DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
03/30/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/01/20	FOLLOW-UP	W/ ACUPUNCT KWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/02/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/18/20	PMT BY CHECK	DOS 3/11/20* # 1120707	-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#
05/27/20 76933

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
33094261; 33117083

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

Case: vs CABINETS 2000, INC.
Date Of Injury: 10/30/17; 10/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/08/20	FOLLOW-UP	W/ ACUPUNCT S. LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/21/20	PMT BY CHECK	DOS 3/23/20* # 1121923	-180.00

BALANCE 1620.00

* 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 **

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/18/2020
Check Number : 1120707
Check Amount : $180.00

9W1F2F

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

u4y5a
00058

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33117083		10/30/2018	76933	Interpreter Fees -	03/11/2020	03/11/2020	$180.00

58-58
4014

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/21/2020
Check Number : 1121923
Check Amount : $180.00

G93F2R

uq25a
00057

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33094261		10/30/2017	76933	Interpreter Fees -	03/23/2020	03/23/2020	$180.00

57-57

4014

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

*** INVOICE ***
Date NO#
05/27/20 77100

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
44057006

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

Case: vs ALL CARTAGE TRANSPORTATION INC
Date Of Injury: 10/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/19	INITIAL EXAM	DR NEGIN RAMESHNI @ FMR*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/28/19	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR MOHAMED HASSANIN @ FMR*	150.00
/ /	-		0.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/30/19	FOLLOW UP	PHYS TX W/DR JAVVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/05/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARENO # 101080	0.00
11/04/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	ALBETRTO VILLAGOMEZ # 500341	0.00
11/06/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/11/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/04/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/10/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/12/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/16/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
12/17/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/23/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	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#
05/27/20 77100

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
44057006

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

Case: vs ALL CARTAGE TRANSPORTATION INC
Date Of Injury: 10/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/07/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/06/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/15/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/25/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/30/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/01/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
02/08/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/07/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
05/08/20	PMT BY CHECK	DOS 3/7/20* # 2616246 BERKSHIRE	-180.00
03/23/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/02/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/01/20	F/U PHYSIO	THERAPY W/DR KWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
04/08/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	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#
05/27/20 77828

EAMS#(s):
ADJ12652063
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
110483

BILL TO:
TRANSGUARD INS (WARRENVILLE)
W. C. DEPARTMENT
ATTN: BRENT PRERSMA
P.O. BOX 2148
WARRENVILLE, IL 60555

Case: vs ALL CARTAGE TRANSPORTATION INC
Date Of Injury: 10/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
04/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/21/20	PMT BY CHECK	DOS 3/23/20* # 2620521 BERKSHIRE	-180.00

BALANCE 4390.00

* 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 **

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/08/2020
Check Number : 2616246
Check Amount : $180.00

KWZE26

oz 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

so85a
00090

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44057006		10/02/2019	77100	Interpreter Fees -	03/07/2020	03/07/2020	$180.00

77828

Redwood Fire and Casualty Insurance Company
P.O. Box 881716
San Francisco, CA 94188

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

11-24
1210(8)

KWZE26

DATE	CHECK NO.
05/08/2020	2616246
VOID AFTER 90 DAYS	CHECK AMOUNT
	$180.00

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

PAY ONE HUNDRED EIGHTY & XX / 100 DOLLARS*****

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

R McDaniel

⑈2616246⑈ ⑆121000248⑆ 4121526388⑈

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/21/2020
Check Number : 2620521
Check Amount : $180.00

ZG3F2B

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

uq25a
00102

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44057006		10/02/2019	77828	Interpreter Fees -	03/23/2020	03/23/2020	$180.00

77100

102-102
4014

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

*** INVOICE ***
Date NO#
05/20/20 77162

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
22042320

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

Case: vs CALLIA INC.
Date Of Injury: 10/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/19	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/07/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LILIANA HALPERIN @ FMR*	0.00
11/06/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	GETSEMANI K. CALDERON #101897	0.00
11/14/19	INITIAL EXAM	DR JAVAD NAJIB @ FMR*	230.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/21/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/27/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/03/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/05/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
12/12/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 003728	0.00
12/11/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/18/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/07/20	INITIAL PSYC	EVAL ANTHONY FRANCISCO, PH.D. @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/06/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/13/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	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#
05/20/20	77162

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
22042320

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

Case: vs CALLIA INC.
Date Of Injury: 10/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/15/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/23/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/29/20	PR2/REEVAL	W/DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ @ 500341	0.00
01/30/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/12/20	FOLLOW-UP	W/ ACUPUNCT DA HAE RA @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/19/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE 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#
05/20/20 77162

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
22042320

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

Case: vs CALLIA INC.
Date Of Injury: 10/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/20/20	F/U PHYSIO	TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/24/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/25/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/02/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/04/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/09/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/10/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
03/13/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/17/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/21/20	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/23/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/24/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	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#
05/20/20 77162

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
22042320

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

Case: vs CALLIA INC.
Date Of Injury: 10/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/25/20	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/15/20	PMT BY CHECK	DOS 3/11/20* # 0629517	-180.00

BALANCE 7980.00

* 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 **

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/15/2020
Check Number : 0629517
Check Amount : $180.00

YP1F28

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

tsf5a
00017

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22042320		10/14/2019	77162	Interpreter Fees -	03/11/2020	03/11/2020	$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#
05/05/20 77288

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
22039140

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

Case: vs AMERICAN MAILING & PRINTING
Date Of Injury: 2/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/04/19	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/27/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/05/20	PR2/REEVAL	DR ZAREENA KHAN @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/01/20	PMT BY CHECK	DOS 11/15/19-2/5/20* =# 0627695	-1000.00

BALANCE 0.00

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

M

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/01/2020
Check Number : 0627695
Check Amount : $1,150.00

TJXE28

OZ 01 RETURN SERVICE REQUESTED
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

rhw5a
00015

77288

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
~~22038037~~		~~07/25/2018~~	~~75474~~	~~Interpreter Fees~~	~~02/21/2019~~	~~02/21/2019~~	~~$150.00~~
22039140		02/22/2019	77288	Interpreter Fees -	02/05/2020	02/05/2020	$180.00
22039140		02/22/2019	77288	Interpreter Fees -	12/27/2019	12/27/2019	$180.00
22039140		02/22/2019	77288	Interpreter Fees -	01/22/2020	01/22/2020	$180.00
22039140		02/22/2019	77288	Interpreter Fees -	11/15/2019	11/15/2019	$230.00
22039140		02/22/2019	77288	Interpreter Fees -	12/04/2019	12/04/2019	$230.00

1000.00

PAID
MAY 05 2020
BY: .....

15-15
4014

Oak River Insurance Company
P.O. Box 881716
San Francisco, CA 94188

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

11-24
1210(8)

TJXE28

DATE	CHECK NO.
05/01/2020	0627695
VOID AFTER 90 DAYS	CHECK AMOUNT
	$1,150.00

PAY ONE THOUSAND ONE HUNDRED FIFTY & XX / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

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

R McDaniel

⑈0627695⑈ ⑆121000248⑆ 4124409683⑈

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

*** INVOICE ***
Date NO#
05/22/20 77506

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33113832

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

Case: vs KELLY TOY USA INC
Date Of Injury: 7/12/18-7-12-19

DOS	SERVICE	DESCRIPTION	AMOUNT
12/16/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/15/20	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/03/20	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/16/20	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/19/20	PMT BY CHECK	DOS 12/16/19-1/15/20* =# 1121141	-410.00

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 **

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/19/2020
Check Number : 1121141
Check Amount : $660.00

3B2F2F

oz 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

uc05a
00057

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33113832		07/12/2019	77506	Interpreter Fees -	12/16/2019	12/16/2019	$230.00
33113832		07/12/2019	77506	Interpreter Fees -	01/15/2020	01/15/2020	$180.00
~~33113206~~		~~05/24/2019~~	~~77554~~	~~Interpreter Fees -~~	~~04/28/2020~~	~~04/28/2020~~	~~$250.00~~

FAXED
MAY 22 2020

57-57
4014

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

*** INVOICE ***
Date NO#
05/13/20 76600

EAMS#(s):

SS # :
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#
05/13/20 76600

EAMS#(s):

SS # :
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
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#
05/13/20 76600

EAMS#(s):

SS # :
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
01/24/20	PMT BY CHECK	DOS 12/6/19* =# 3945202	-90.00
01/10/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/12/20	PMT BY CHECK	DOS 12/6/19-12/18/19* =# 3984420	-180.00
01/24/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/20/20	PMT BY CHECK	DOS 1/10/20* =# 4003792	-90.00
01/31/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
05/13/20 76600

EAMS#(s):

SS # :
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
02/28/20	PMT BY CHECK	DOS 1/17/20* =# 4021055	-90.00
02/07/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/16/20	PMT BY CHECK	DOS 1/24/20* =# 4053758	-90.00
03/23/20	PMT BY CHECK	DOS 1/17/20* =# 4067396	-90.00
03/24/20	PMT BY CHECK	DOS 1/10/20* =# 4069946	-90.00
02/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/27/20	PMT BY CHECK	DOS 1/31/20* =# 4079511	-90.00
04/02/20	PMT BY CHECK	DOS 2/7/20* =# 4088749	-90.00
04/16/20	PMT BY CHECK	DOS 2/14/20* =# 4114808	-90.00
03/02/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/28/20	PMT BY CHECK	DOS 1/24/20* =# 4135196	-90.00
05/07/20	PMT BY CHECK	DOS 3/2/20* =# 4154612	-90.00
05/11/20	PMT BY CHECK	DOS 1/31/20* =# 4157931	-90.00
05/11/20	PMT BY CHECK	DOS 2/7/20* =# 4157932	-90.00

BALANCE 450.00

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

0000482-0001410 S0106 001 874030 BSP

JOYCE ALTMAN INTERPRETERS, INC.
PO BOX # 4136
TUSTIN, CA 92781-0000

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766.00

Claim ID:	189142004-001
Client Reference ID:	9130111337
VP Trans ID:	760613425 BSP0001002
Date:	03/16/2020
Amount:	$90.00
Check Number:	4053758

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Bill Id: BRS-BSCA-2677666

Carrier

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

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 02/26/2020
Patient Account: 76600
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189142004-001
DOI/DOL: 07/19/2019
CR Date / BR Date: 03/02/2020 / 03/02/2020
External Claim Number: 20191116152806539358 44
Social Security Number: *****
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

Date of Service: 01/24/2020
Post Date: 03/11/2020
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	01/24/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

Messages

885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

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

760613425

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

0000380-0001135 S0106 001 884494 BSP

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

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Claim ID:	189142004-001
Client Reference ID:	9130284066
VP Trans ID:	787381614 BSP0001002
Date:	04/28/2020
Amount:	$90.00
Check Number:	4135196

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

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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

4135196

04/28/2020

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

$90.00

NINETY DOLLARS AND 00/100 DOLLARS

JOYCE ALTMAN INTERPRETERS, INC
PO BOX # 4135
TUSTIN, CA 92781-0000

VOID AFTER 120 DAYS

MEMO

787381614

⑈4135196⑈ ⑆273970116⑆ 1700102966⑈

Bill Id: BRS-BSCA-2709481 **Prev. Bill Id:** BRS-BSCA-2677666

Carrier

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

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 02/26/2020
Patient Account: 76600
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189142004-001
DOI/DOL: 07/19/2019
CR Date / BR Date: 04/07/2020 / 04/16/2020
External Claim Number: 20191116152806539358 44
Social Security Number: ****
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

Date of Service: 01/24/2020
Post Date: 04/16/2020
Client Type of Bill: 74
Adjuster: NCROCH

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	01/24/2020	99	00014	A	8	INTERPRETER OTHER 15 180.00	0.00	0.00	W1,A19,885 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW, ADDITIONAL PAYMENT IS WARRANTED.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
W1 WORKERS COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

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

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

0000437-0001307 S0106 001 876819 BSP

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

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Claim ID:	189142004-001
Client Reference ID:	9130164765
VP Trans ID:	769080227 BSP0001002
Date:	03/27/2020
Amount:	$90.00
Check Number:	4079511

PAID
MAR 30 2020

[redacted]

Broadspire
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Explanation of Review

Bill Id: BRS-BSCA-2676170

Carrier

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

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 03/04/2020
Patient Account: 76600
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189142004-001
DOI/DOL: 07/19/2019
CR Date / BR Date: 03/07/2020 / 03/07/2020
External Claim Number: 20191116152806539358 44
Social Security Number:
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

Date of Service: 01/31/2020
Post Date: 03/24/2020
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	01/31/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

Messages

885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

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

7690802227

MP

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

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0000036-0000373 S0716 001 887662 BSP

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

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Claim ID:	189142004-001
Client Reference ID:	9130332424
VP Trans ID:	793758968 BSP0001002
Date:	05/11/2020
Amount:	$90.00
Check Number:	4157931

Bill Id: BRS-BSCA-2715786 **Prev. Bill Id:** BRS-BSCA-2676170

Carrier

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

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 03/04/2020
Patient Account: 76600
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189142004-001
DOI/DOL: 07/19/2019
CR Date / BR Date: 04/13/2020 / 04/23/2020
External Claim Number: 201911161528065393584 4
Social Security Number:
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

Date of Service: 01/31/2020
Post Date: 05/07/2020
Client Type of Bill: 74
Adjuster: NCROCH

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	01/31/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00			
Bill Review Reductions:		0.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				180.00
Previous Recommended Allowance:				90.00
Additional Recommendation For This Review:				90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

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

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

0000783-0002405 S0106 001 878288 BSP

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

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Claim ID:	189142004-001
Client Reference ID:	9130182232
VP Trans ID:	772794531 BSP0001002
Date:	04/02/2020
Amount:	$90.00
Check Number:	4088749

PAID
APR 06 20

Broadspire
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Explanation of Review

Bill Id: BRS-BSCA-2692797

Carrier

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

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC
Invoice Date: 03/16/2020
Patient Account: 76600
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189142004-001
DOI/DOL: 07/19/2019
CR Date / BR Date: 03/19/2020 / 03/19/2020
External Claim Number: 201911161528065393584 4
Social Security Number:
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

Date of Service: 02/07/2020
Post Date: 03/29/2020
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	02/07/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	90.00	0.00	W1,885 0.00	90.00

Totals

Total Charges:	180.00
Bill Review Reductions:	90.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	90.00

Messages

885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

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

772794531

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

Broadspire®
A CRAWFORD COMPANY

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

76600

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Claim ID:	189142004-001
Client Reference ID:	9130332425
VP Trans ID:	793758972 BSP0001002
Date:	05/11/2020
Amount:	$90.00
Check Number:	4157932

Broadspire
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-2715846 **Prev. Bill Id:** BRS-BSCA-2692797

Carrier

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

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS, INC.
Invoice Date: 03/16/2020
Patient Account: 76600
Region: 26
Payment Status Code: 1

Claimant

Claim Number: 189142004-001
DOI/DOL: 07/19/2019
CR Date / BR Date: 04/22/2020 / 04/23/2020
External Claim Number: 201911161528065393584 4
Social Security Number:
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

Date of Service: 02/07/2020 **Client Type of Bill:** 74
Post Date: 05/07/2020 **Adjuster:** NCROCH

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	02/07/2020	99	00014	A	8	INTERPRETER OTHER 15	180.00	0.00	0.00	W1,885,A19 0.00	180.00

Totals

Total Charges:	180.00
Bill Review Reductions:	0.00
Network Reductions:	0.00
Miscellaneous Reductions:	0.00
Recommended Allowance:	180.00
Previous Recommended Allowance:	90.00
Additional Recommendation For This Review:	90.00

Messages

A19 UPON FURTHER REVIEW. ADDITIONAL PAYMENT IS WARRANTED.
885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT
W1 WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

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

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

*** INVOICE ***
Date NO#
05/06/20 76567

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
19W02J068418

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: MAGGIE LUHN
P.O. BOX 53550
IRVINE, CA 92619

Case: vs ACS STAFFING GROUP LLC
Date Of Injury: 7/25/18 - 7/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/09/19	PR2/REEVAL	DR MARINA RUSSMAN/MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/19/19	INITIAL ACUP	W/ ACUPUNCT TED PREIBE @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/21/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/26/19	FOLLOW-UP	W/ ACUPUNCT PREIBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/28/19	FOLLOW-UP	W/ ACUPUNCT PREIBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/03/19	FOLLOW-UP	W/ ACUPUNCT SOONHO PARK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/04/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/10/19	PR2/REEVAL	DR. MAGGIE PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	PAUL ALEJANDRO LAZCANO # 101143	0.00
09/16/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/25/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIO RODRIGUEZ # 500279	0.00
09/30/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/02/19	FOLLOW-UP	W/ ACUPUNCT RYO @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/22/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00

Joyce Altman Interpreters, Inc.
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05/06/20 76567

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CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: MAGGIE LUHN
P.O. BOX 53550
IRVINE, CA 92619

Case: vs ACS STAFFING GROUP LLC
Date Of Injury: 7/25/18 - 7/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/08/19	FOLLOW-UP	W/ ACUPUNCT TAE GON KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/15/19	FOLLOW-UP	W/ ACUPUNCT PREIBE @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
11/26/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/19	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
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
12/09/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN FMR*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/10/19	FOLLOW-UP	W/ ACUPUNCT SUNG SOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/11/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT SUNG SOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/08/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/09/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00

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IRVINE, CA 92619

Case: vs ACS STAFFING GROUP LLC
Date Of Injury: 7/25/18 - 7/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/21/20	SHOCK WAVE	THERAPY W/DR RUSMAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/23/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/30/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/06/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/12/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/13/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/18/20	SHOCK WAVE	THERAPY DR LEON TCHAKALIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/19/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/26/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/28/20	FOLLOW-UP	W/ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/02/20	INITIAL EXAM	DR GABRIEL RUBANENKO @ FMR*	180.00

Joyce Altman Interpreters, Inc.
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TAX ID# 33-0956713

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Date NO#
05/06/20 76567

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
19W02J068418

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CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: MAGGIE LUHN
P.O. BOX 53550
IRVINE, CA 92619

Case: vs ACS STAFFING GROUP LLC
Date Of Injury: 7/25/18 - 7/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/04/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/03/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWONG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/10/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/09/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/28/20	PMT BY CHECK	DOS 2/26/20* # 9210395	-180.00

BALANCE 7570.00

* 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 **

AMWINS GROUP INC
2 East Main Street Suite 208
Danville, IL 61832

0000585-0001483 S0106 001 884509 CCM

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CCMSI

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you by CCMSI on behalf of AMWINS GROUP INC, who has partnered with VPay® to process their payments. If you have questions regarding your claim or pending payment status please contact the adjuster assigned to the claim. If you have a question regarding this transaction, please contact CCMSI at 1-844-750-0955 or email paymentstatus@ccmsi.com. You will need to provide the CCMSI Transaction ID number located on this page.

CCMSI Transaction ID:	525562656
VP Trans ID:	787277539
	CCM0001501
Date:	04/28/2020
Amount:	$180.00
Claimant Name:	
Invoice Number:	76567 (-$0.00)
Date of Service:	02/26/2020 to 02/26/2020 Comment: 76567 DS 2.26.20
Check Number:	9210395
Claim Number:	19W02J068418

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

*** INVOICE ***
Date NO#
05/19/20 76432

EAMS#(s):

SS # :
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
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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
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05/19/20 76432

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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
01/04/20	INIT PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/12/19	PMT BY CHECK	DOS 1/4/20 # 8989447 1	-180.00
01/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
01/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/25/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
02/01/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/06/20	PMT BY CHECK	DOS 1/18/20* =# 9065531	-180.00
02/08/20	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 006450	0.00
03/12/20	PMT BY CHECK	DOS 1/25/20* =# 9070186	-180.00
02/14/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/29/20	FOLLOW-UP	W/ ACUPUNCT KIM JI SUN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/15/20	PMT BY CHECK	DOS 2/8/20* =# 9095461	-180.00
03/07/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/30/20	PMT BY CHECK	DOS 2/14/20* =# 9107501	-180.00
03/14/20	FOLLOW-UP	W/ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/22/20	FOLLOW-UP	W/ ACUPUNCT SEONG LIM @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/15/20	PMT BY CHECK	DOS 2/29/20* =# 9121546	-180.00

Joyce Altman Interpreters, Inc.
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TAX ID# 33-0956713

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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

BALANCE 900.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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-18-006752

CHECK NUMBER	CHECK DATE
9107501	04/30/20

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

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

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

M

WELLS FARGO BANK PORTLAND, OR

⑈0009107501⑈ ⑆121000248⑆ 4124 514012⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

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

Employer
Patient:

PAID
MAY 05 2020
BY: .....

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/5714313 - 1
Reprice:	CA, 92781
Billed Date:	04/02/2020
Business Rcvd:	04/10/2020
MBR Rcvd:	04/10/2020
MBR Date:	04/30/2020
Date Approved:	04/30/2020
DOS From - To:	02/14/2020 - 02/14/2020

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

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

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

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/14/20	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		A	$0.00	$180.00
Sub-Totals for bill: 5714313					$180.00			$0.00	$180.00
Totals for Bill:5714313									$180.00

Line Item Reason Codes and Descriptions
MV0 Market Value

RZZ Payer/ Provider agreement in place

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

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

Claim#: BB-18-006752

CHECK NUMBER	CHECK DATE
9121546	05/15/20

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

⑈0009121546⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

CORVEL

DETACH HERE

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 #:	48/5745148 - 1
Reprice:	CA, 92781
Billed Date:	04/22/2020
Business Rcvd:	05/04/2020
MBR Rcvd:	05/04/2020
MBR Date:	05/15/2020
Date Approved:	05/15/2020
DOS From - To:	02/29/2020 - 02/29/2020

Network:		**Treating Provider:**		**Claim #:**	BB-18-006752
Network Branch:		**Referring Physician:**		**Processor Initials:**	LZ
Sub Network:		**Patient Control #:**	76432	**DOI:**	12/14/2018
Contract:		**Provider Tax Id:**	33-0953713	**RX Number:**	
Claim Rep.:	373				

Vendor #:
PIN:

Bill Comments
We have paid this bill based on 9795.3 (b)(2) minimum rate for medical and medlegal services.

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/29/20	T1013 523, G67, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 5745148					**$180.00**			**$0.00**	**$180.00**
Totals for Bill:5745148									**$180.00**

Line Item Reason Codes and Descriptions
523 Reduced per administrative rules

RZZ Payer/ Provider agreement in place

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

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

*** INVOICE ***
Date NO#
05/12/20 77070

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1116-WC-18-0000408

BILL TO:
CORVEL CORPORATION
W. C. DEPARTMENT
ATTN: SUSAN BEYER
5694 MISSION CENTER RD., #700
SAN DIEGO, CA 92108

Case: vs GUCKENHEIMER ENTERPRISES,INC.
Date Of Injury: 3/1/18 - 8/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/19	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/01/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/04/19	F/U CHIRO TX	DR KRAVCHENKO @ GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/06/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/11/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/13/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/18/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/22/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/25/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/02/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/04/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/09/19	PR2/REEVAL	DR KRAVCHENKO # GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/08/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/13/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
01/20/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	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#
05/12/20 77070

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1116-WC-18-0000408

BILL TO:
CORVEL CORPORATION
W. C. DEPARTMENT
ATTN: SUSAN BEYER
5694 MISSION CENTER RD., #700
SAN DIEGO, CA 92108

Case: vs GUCKENHEIMER ENTERPRISES,INC.
Date Of Injury: 3/1/18 - 8/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/22/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/31/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/03/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
02/07/20	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
03/09/20	P AND S	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/05/20	PMT BY CHECK	DOS 10/30/19-2/7/20* =# 1045795	-2660.00

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 **

CORVEL ENTERPRISE COMP, INC.
ISS FACILITY SERVICES
PO BOX 22369
PORTLAND, OR 97269-2369

AS ADMINISTRATOR OF:
XL Specialty Insurance Company

Claim#: 1116-WC-18-0000408

CORVEL

Bank Code= ISS
11-24
1210(8)

CHECK NUMBER	CHECK DATE
1045795	05/05/20

******$2,660.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY EXACTLY: *Two thousand six hundred sixty and 00/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈000104579 5⑈ ⑆121000248⑆ 4045 6946 76⑈

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DETACH HERE

CORVEL

Explanation of Review

Business Unit: GEI- Agensys
1800 Stewart St
Santa Monica, CA 90404

Employer
Patient:

Patient DOB: XXX-XX

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 9/2947399 - 1
Reprice: CA, 92781
Billed Date: 04/17/2020
Business Rcvd: 04/27/2020
MBR Rcvd: 04/27/2020
MBR Date: 05/05/2020
Date Approved: 05/05/2020
DOS From - To: 10/30/2019 - 02/07/2020

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Beyer, Susan

Treating Provider:
Referring Physician: ERIC GOFNUNG
Patient Control #: 77070
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 1116-WC-18-0000408
Processor Initials: SB
DOI: 03/01/2018
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/30/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$230.00			$0.00	$230.00
	231, G67, RZZ		1	11			A		
	Billed: 99199; Units: 1								
11/01/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$90.00			$0.00	$90.00
	231, G67, RZZ		1	11			A		
	Billed: 99199; Units: 1								
11/04/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$90.00			$0.00	$90.00
	231, G67, RZZ		1	11			A		
	Billed: 99199; Units: 1								

11/06/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	$90.00			$0.00	$90.00
	231, G67, RZZ		1	11		A		
	Billed: 99199; Units: 1							
11/11/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	$90.00			$0.00	$90.00
	231, G67, RZZ		1	11		A		
	Billed: 99199; Units: 1							
11/13/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	$90.00			$0.00	$90.00
	231, G67, RZZ		1	11		A		
	Billed: 99199; Units: 1							
11/18/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	$180.00			$0.00	$180.00
	231, G67, RZZ		1	11		A		
	Billed: 99199; Units: 1							
11/22/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	$90.00			$0.00	$90.00
	231, G67, RZZ		1	11		A		
	Billed: 99199; Units: 1							
11/25/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	$90.00			$0.00	$90.00
	231, G67, RZZ		1	11		A		
	Billed: 99199; Units: 1							
12/02/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	$90.00			$0.00	$90.00
	231, G67, RZZ		1	11		A		
	Billed: 99199; Units: 1							
12/04/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	$90.00			$0.00	$90.00
	231, G67, RZZ		1	11		A		
	Billed: 99199; Units: 1							
12/09/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	$180.00			$0.00	$180.00
	231, G67, RZZ		1	11		A		
	Billed: 99199; Units: 1							
01/08/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	$180.00			$0.00	$180.00
	231, G67, RZZ		1	11		A		
	Billed: 99199; Units: 1							
01/13/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	$180.00			$0.00	$180.00
	231, G67, RZZ		1	11		A		
	Billed: 99199; Units: 1							
01/20/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	$180.00			$0.00	$180.00
	231, G67, RZZ		1	11		A		
	Billed: 99199; Units: 1							
01/22/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	$180.00			$0.00	$180.00
	231, G67, RZZ		1	11		A		
	Billed: 99199; Units: 1							

01/31/20	T1013 231, G67, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	1	$180.00	A	$0.00	$180.00
	Billed: 99199; Units: 1								
02/03/20	T1013 231, G67, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	1	$180.00	A	$0.00	$180.00
	Billed: 99199; Units: 1								
02/07/20	T1013 231, G67, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	1	$180.00	A	$0.00	$180.00
	Billed: 99199; Units: 1								
Sub-Totals for Bill: 2947399						**$2660.00**		**$0.00**	**$2660.00**

Totals for Bill:2947399 **$2660.00**

Line Item Reason Codes and Descriptions
231 Services paid in full 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.

ICD Diagnosis Code
M79.1 MYALGIA

Questions regarding this bill may be sent to:

CorVel Corporation-MedCheck
10000 N Central Expy
Suite 300
Dallas, TX 75231

Toll free:
Phone: 972-383-1700
FAX: 888-915-0655

California DWC
Employer Address -

Payer Identification Number - 850277191
Pay- To Provider State License Number -
Rendering Provider ID -
MPN ID - 2227
Carrier Telephone Number -
Bill Frequency Type - 0
Payment Status Code - 1

Date Paid Information
Method of Payment - Check
Payment ID Number - 1045795

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

*** INVOICE ***
Date NO#
05/12/20 77280

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB120501612

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

Case: vs INTEGRATED FOOD SVC/LET'S DO L
Date Of Injury: 7/21/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/19	INITIAL EXAM	DR MOHAMMED HASSANIN/MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/11/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/18/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/25/19	FOLLOW-UP	W/ ACUPUNCT BIRKIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/27/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/04/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/07/19	PR2/REEVAL	DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/07/20	INIT PHYSIO	THERAPY JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/06/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/09/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/13/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/15/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 10108	0.00
01/16/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	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#
05/12/20 77280

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB120501612

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

Case: vs INTEGRATED FOOD SVC/LET'S DO L
Date Of Injury: 7/21/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/22/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/23/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/31/20	P AND S	W/DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/04/20	PMT BY CHECK	DOS 11/2/19-1/31/20* =# 9110504	-3520.00

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)

m

CHECK NUMBER	CHECK DATE
9110504	05/04/20

AS ADMINISTRATOR OF:
Barrett Business Services
Claim#: BB-12-0501612

PAY EXACTLY: *Three thousand five hundred twenty and 00/100 Dollars*

******$3,520.00

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

⑈0009110504⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

CORVEL

Explanation of Review

DETACH HER

Business Unit: INTEG FOOD SERV LETS DO LUNCH
310 W Alondra Blvd
Gardena, CA 90248

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/5718191 - 1
Reprice: CA, 92781
Billed Date: 04/10/2020
Business Rcvd: 04/17/2020
MBR Rcvd: 04/17/2020
MBR Date: 05/04/2020
Date Approved: 05/04/2020
DOS From - To: 11/02/2019 - 01/31/2020

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2947
Vendor #:
PIN:

Treating Provider:
Referring Physician: MOHAMMED HASSANIN
Patient Control #: 77280 ✓
Provider Tax Id: 33-0956713

Claim #: BB-12-0501612
Processor Initials: SD
DOI: 07/21/2012
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/02/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	11	$230.00	1	1	$0.00	$230.00
11/11/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	11	$230.00	1	1	$0.00	$230.00
11/18/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	11	$180.00	1	1	$0.00	$180.00
11/25/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	11	$180.00	1	1	$0.00	$180.00

11/27/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
12/04/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
12/07/19	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
01/06/20	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
01/07/20	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
01/09/20	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
01/13/20	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
01/14/20	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
01/15/20	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
01/16/20	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
01/20/20	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
01/21/20	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
01/22/20	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
01/23/20	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
01/31/20	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00
Sub-Totals for Bill: 5718191					**$3520.00**		**$0.00 $3520.00**

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

*** INVOICE ***
Date NO#
05/06/20 76152

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018387503

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

Case: vs WINNER INTERNATIONAL INC
Date Of Injury: 8/1/15 - 4/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/17/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/29/19	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/28/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/09/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/16/19	FOLLOW-UP	W/ ACUPUNCT KIM @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/20/19	PR2/REEVAL	DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/06/20	PR2/REEVAL	DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/20/20	PMT BY CHECK	DOS 1/6/20* =# 24499489	-90.00
03/19/20	PMT BY CHECK	DOS 6/5/19-11/20/19* =# 25106502	-630.00
02/14/20	P AND S	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/13/20	PMT BY CHECK	DOS 2/14/20* =# 25606755	-90.00
05/04/20	PMT BY CHECK	DOS 7/17/19-11/20/19* =# 25938053	-450.00

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

*** INVOICE ***
Date NO#
05/06/20 76152

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2018387503

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

Case: vs WINNER INTERNATIONAL INC
Date Of Injury: 8/1/15 - 4/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 460.00

* 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

0000058-0000295 D0106 001 875020 EIG

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

EMPLOYERS®

America's small business insurance specialist®

PAID
MAR 23 2020
BY

76152

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

Claim ID:	Multiple Claims
Client Reference ID:	241223767
VP Trans ID:	763909368
	EIG0001001
Date:	03/19/2020
Amount:	$630.00
Check Number:	25106502

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_0030_US Rev. 3/2017

EIG.RM.STD.OT

Employers Preferred Insurance Company 505

Process Date: 03/18/2020
Control Number: 306217433
EOR Page 1 of 2
Rev/Aud: SS/SW*

Payment Number: 241223767 **Payment Date: 03/19/2020**

Claim Number:	2018387603		PPO/OSR ID:		
Claimant:	[redacted]		NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-X	
Provider Ref:	76152	Geo Zip: 90001	Date Of Injury:	04/12/2019	
Provider License:	CA99999		Claims Received Date:	03/03/2020	

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
06/05/19	11	T1013		SIGN LANGUAGE/	1.000	230.00	140.00	0.00	0.00	90.00	1001,6541, 5045,G1
		99919 Changed to T1013 Better Defining Services Performed									
07/17/19	11	T1013		SIGN LANGUAGE/	1.000	180.00	90.00	0.00	0.00	90.00	1001,6541, G1
		99919 Changed to T1013 Better Defining Services Performed									
07/29/19	11	T1013		SIGN LANGUAGE/	1.000	230.00	140.00	0.00	0.00	90.00	1001,6541, G1
		99919 Changed to T1013 Better Defining Services Performed									
08/28/19	11	T1013		SIGN LANGUAGE/	1.000	180.00	90.00	0.00	0.00	90.00	1001,6541, G1
		99919 Changed to T1013 Better Defining Services Performed									
10/09/19	11	T1013		SIGN LANGUAGE/	1.000	180.00	90.00	0.00	0.00	90.00	1001,6541, G1
		99919 Changed to T1013 Better Defining Services Performed									
10/16/19	11	T1013		SIGN LANGUAGE/	1.000	180.00	90.00	0.00	0.00	90.00	1001,6541, G1
		99919 Changed to T1013 Better Defining Services Performed									
11/20/19	11	T1013		SIGN LANGUAGE/	1.000	180.00	90.00	0.00	0.00	90.00	1001,6541, G1
		99919 Changed to T1013 Better Defining Services Performed									
01/06/20	11	T1013		SIGN LANGUAGE/	1.000	180.00	180.00	0.00	0.00	0.00	1014,6541, M2
		99919 Changed to T1013 Better Defining Services Performed									
				TOTALS:		**1,540.00**	**910.00**	**0.00**	**0.00**	**630.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**630.00**	

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

DWC CODE DESCRIPTION

G1	-THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
M2	-NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION/REQUEST FOR SECOND REVIEW.

CARRIER EXPLANATION REASON CODE

1001	-BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY THE PROVIDER, WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.
1014	-THE ATTACHED BILLING HAS BEEN RE-EVALUATED AT THE REQUEST OF THE PROVIDER. BASED ON THIS RE-EVALUATION, WE FIND OUR ORIGINAL REVIEW TO BE CORRECT. THEREFORE, NO ADDITIONAL ALLOWANCE

47668041

2111-H-1089196-0

763903368

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

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

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

Claim ID:	Multiple Claims
Client Reference ID:	241241323
VP Trans ID:	790490487
	EIG0001001
Date:	05/04/2020
Amount:	$450.00
Check Number:	25938053

PAID

EIG.RM.STD.OT

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

EMPLOYERS
America's small business insurance specialist®

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

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

25938053

05/04/2020

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$450.00**

FOUR HUNDRED FIFTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

790490487

⑈25938053⑈ ⑆273970116⑆ 17000129941⑈

Employers Preferred Insurance Company 505

Process Date: 04/29/2020
Control Number: 306290591
EOR Page 1 of 2
Rev/Aud: SS/JS*

Payment Number: 241241323 **Payment Date: 05/04/2020**

Claim Number:	2018387503		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-X>	
Provider Ref:		Geo Zip: 90001	Date Of Injury:	04/12/2019	
Provider License:	99999999		Claims Received Date:	04/22/2020	

76152

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
07/17/19	11	T1013		SIGN LANGUAGE/(	120.000	180.00	90.00	0.00	0.00	90.00	1001,6541, 5045,5076, G1,G1
		99919 Changed to T1013 Better Defining Services Performed									
08/28/19	11	T1013		SIGN LANGUAGE/(	120.000	180.00	90.00	0.00	0.00	90.00	1001,6541, 5076,G1
		99919 Changed to T1013 Better Defining Services Performed									
10/09/19	11	T1013		SIGN LANGUAGE/(	120.000	180.00	90.00	0.00	0.00	90.00	1001,6541, 5076,G1
		99919 Changed to T1013 Better Defining Services Performed									
10/16/19	11	T1013		SIGN LANGUAGE/(	120.000	180.00	90.00	0.00	0.00	90.00	1001,6541, 5076,G1
		99919 Changed to T1013 Better Defining Services Performed									
11/20/19	11	T1013		SIGN LANGUAGE/(	120.000	180.00	90.00	0.00	0.00	90.00	1001,6541, 5076,G1
		99919 Changed to T1013 Better Defining Services Performed									
		TOTALS:				**900.00**	**450.00**	**0.00**	**0.00**	**450.00**	
		TOTAL RECOMMENDED ALLOWANCE:								**450.00**	

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

DWC CODE DESCRIPTION

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

CARRIER EXPLANATION REASON CODE

1001 -BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY THE PROVIDER, WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.
5045 -SECOND BILL REVIEW (SBR) SUBMISSION
5076 -BYPASS NETWORK
6541 -MEDICAL

47858600
2111-H-1105040-0

790490487

Employers Preferred Insurance Company 505

Process Date: 04/29/2020
Control Number: 306290591

Rev/Aud: SS/JS*

Payment Number: 241241323 **Payment Date: 05/04/2020**

Claim Number: 2018387503
Claimant:
Provider Tax ID: 330956713
Provider Ref:
Provider License: 99999999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX-
Date Of Injury: 04/12/2019
Claims Received Date: 04/22/2020

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 PREFERRED INSURANCE COMPANY

Employer Name: WINNER PARTY INC (EIG 266861700), Employer ID: EIG 266861700, Employer Address: 1557 CHICO AVE, S EL MONTE, CA 91733

Payer Name: EMPLOYERS PREFERRED INSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 592222527

Claimant Address: 6871 1/2 IRA AVENUE BELL GARDENS, CA 902013192, Claimant D.O.B.: 11/03/1960

Payment Information: Payment Status Code:

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

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

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

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

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

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

47858600

2111-H-1105040-0

*** Workers Compensation ***

790490487

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

*** INVOICE ***

Date	NO#
05/27/20	76592

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2019381362

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

Case: vs WISE INVESTMENTS LLC
Date Of Injury: 2/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/19	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
09/11/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
09/25/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/16/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/13/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/11/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/08/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/13/20	PMT BY CHECK	DOS 8/14/19-12/11/19* =# 24363745	-540.00
02/19/20	PMT BY CHECK	DOS 1/8/20* =# 24465735	-90.00
02/03/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
03/18/20	PMT BY CHECK	DOS 2/3/20* =# 25079878	-90.00
02/24/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
04/29/20	PMT BY CHECK	DOS 2/24/20* =# 25867199	-90.00
03/16/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
05/22/20	PMT BY CHECK	DOS 3/16/20* =# 26238293	-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#
05/27/20 76592

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2019381362

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

Case: vs WISE INVESTMENTS LLC
Date Of Injury: 2/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 860.00

* 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

EMPLOYERS®

America's small business insurance specialist®

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

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

Claim ID:	Multiple Claims
Client Reference ID:	241248052
VP Trans ID:	800313864
	EIG0001001
Date:	05/22/2020
Amount:	$360.00
Check Number:	26238293

EIG.RM.STD.OT

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

EMPLOYERS
America's small business insurance specialist®

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

VPay
1-855-523-9634

METABANK, N.A.
Sioux Falls, SD
72-7011/2739

26238293

05/22/2020

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 92781-4165

VOID AFTER 180 DAYS

MEMO

800313864

⑈26238293⑈ ⑆273970116⑆ 170001299⑈

0000008-0000153

Employers Preferred Insurance Company 505

Process Date: 05/21/2020
Control Number: 306321851
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 241248052 **Payment Date: 05/22/2020**

Claim Number:	2019381362		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:		
Provider Ref:	76592	Geo Zip: 90001	Date Of Injury:	02/22/2019	
Provider License:	99999999		Claims Received Date:	05/18/2020	

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
03/16/20	11	T1013		SIGN LANGUAGE/	120.000	180.00	0.00	0.00	0.00	180.00	6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
		TOTALS:				**180.00**	**0.00**	**0.00**	**0.00**	**180.00**	
		TOTAL RECOMMENDED ALLOWANCE:								**180.00**	

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

CARRIER EXPLANATION REASON CODE

5076	-BYPASS NETWORK
6541	-MEDICAL

2111-H-1110904-0 47948285

800313864

Payment Number: 241248052 **Payment Date: 05/22/2020**

Claim Number:	2019381362		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:		
Provider Ref:	76592	Geo Zip: 90001	Date Of Injury:	02/22/2019	
Provider License:	99999999		Claims Received Date:	05/18/2020	

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 PREFERRED INSURANCE COMPANY

Employer Name: WISE INVESTMENTS, LLC (EIG 278760600), Employer ID: EIG 278760600, Employer Address: 3010 WILSHIRE BLVD 208, LOS ANGELES, CA 90010

Payer Name: EMPLOYERS PREFERRED INSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 592222527

Claimant Address: 1072 1/2 SENTINEL AVE LOS ANGELES, CA 900632616, Claimant D.O.B.: 03/15/1971

Payment Information: Payment Status Code:

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

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

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

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

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

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

47948285

2111-H-1110904-0

*** Workers Compensation ***

800313864

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

*** INVOICE ***
Date NO#
05/06/20 76634

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018381192; 2017395542

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

Case: vs PV MART INC
Date Of Injury: 11/9/18; 8/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/16/19	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	230.00
/ /	INTERPRETER:	EDUARDO REYES # 004539	0.00
08/21/19	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/26/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
08/28/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/04/19	PR2/REEVAL	DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	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
10/18/19	INITIAL PSYC	EVAL W/DR ANTHONY FRANCISCO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/29/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/30/19	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/07/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/12/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
11/15/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/09/19	FOLLOW-UP	W/ ACUPUNCT TAE GON KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K. CALDERON #101897	0.00
12/11/19	INIT PHYSIO	THERAPY W/D RPEZESHKIAN @	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#
05/06/20 76634

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018381192; 2017395542

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

Case: vs PV MART INC
Date Of Injury: 11/9/18; 8/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
		FMR*	
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/20/20	PMT BY CHECK	DOS 8/16/19-11/15/19*	-1170.00
		=# 24497440 EMPLOYER	
02/20/20	PMT BY CHECK	DOS 8/16/19-10/24/19*	-540.00
		=# 24498413 EMPLOYER	
01/27/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @	180.00
		FMR*	
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @	180.00
		FMR*	
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/31/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MEDNOZA # 006450	0.00
02/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @	180.00
		FMR*	
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/10/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/23/20	PMT BY CHECK	DOS 2/3/20* =# 25172668	-90.00
02/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/18/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON #101897	0.00
02/19/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/20/20	PR2/REEVAL	DR RUSSMAN/HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/25/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	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#
05/06/20 76634

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018381192; 2017395542

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

Case: vs PV MART INC
Date Of Injury: 11/9/18; 8/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/16/20	PMT BY CHECK	DOS 10/18/19-10/31/19* =# 25665037 EMPLOYER	-180.00
03/06/20	PR2/REEVAL	DR PEZESHKIAN & FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES 301694	0.00
05/04/20	PMT BY CHECK	DOS 1/27/20* =# 25937655 EMPLOYERS	-180.00

BALANCE 2850.00

* 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

0000003-0000033 D0716 001 885989 EIG

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

EMPLOYERS®

America's small business insurance specialist®

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

Claim ID:	Multiple Claims
Client Reference ID:	270308541
VP Trans ID:	790486922
	EIG0001003
Date:	05/04/2020
Amount:	$1,190.00
Check Number:	25937655

PAID

Get Paid Faster

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

EIG.RM.STD.OT

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

EMPLOYERS
America's small business insurance specialist

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

VPay
1-855-523-9634

METABANK
Sioux Falls, SD
72-7011/2739

25937655

05/04/2020

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$1,190.00**

ONE THOUSAND ONE HUNDRED NINETY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

790486922

⑈25937655⑈ ⑆273970116⑆ 170001299⑈

Employers Compensation Insurance Company 501

RE-EVALUATION
Process Date: 04/30/2020
Re-Evaluation Control Number: 800312240
Original Control Number: 306204361
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 270308541 **Payment Date: 05/04/2020**

Claim Number:	2017395542		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 9941672#5628181	Claimant SSN:	XXX-XX-	
Provider Ref:	76634	Zip: 90001	Date Of Injury:	08/01/2017	
Provider License:	CA99999		Claims Received Date:	04/24/2020	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Attn:

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

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
• 01/27/20	11	T1013		SIGN LANGUAGE/(	120.000	0.00	-180.00	0.00	0.00	180.00	1001,6541, 5076,G1
				Original Charge/Allowance: $180.00/$0.00							
				TOTALS:		**0.00**	**-180.00**	**0.00**	**0.00**	**180.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**180.00**	

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

DWC CODE DESCRIPTION

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

CARRIER EXPLANATION REASON CODE

1001 -BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY THE PROVIDER, WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.
5076 -BYPASS NETWORK
6541 -MEDICAL

Thank you, Provider Relations

47861320

2111-H-1086832-1

790486922

Employers Compensation Insurance Company 501

RE-EVALUATION
Process Date: 04/30/2020
Re-Evaluation Control Number: 800312240
Original Control Number: 306204361
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 270308541 **Payment Date: 05/04/2020**

Claim Number:	2017395542		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 9941672#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	76634	Geo Zip: 90001	Date Of Injury:	08/01/2017	
Provider License:	CA99999		Claims Received Date:	04/24/2020	

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

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 18

Attn:

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

Carrier/Insurer: EMPLOYERS COMPENSATION INSURANCE COMPANY

Employer Name: BUY-LOW MARKET, INC (EIG 117743007), Employer ID: EIG 117743007, Employer Address: 522 E. VERMONT AVENUE, ANAHEIM, CA 92805

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

Claimant Address: 16864 ATHOL ST FONTANA, CA 923354605, Claimant D.O.B.: 11/11/1968

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.

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

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

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

47861320

2111-H-1086832-1

*** Workers Compensation ***

790486922

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

*** INVOICE ***
Date NO#
05/27/20 76828

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2019403698

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

Case: vs HOMECO PLUS
Date Of Injury: 1/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/16/19	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/17/19	FOLLOW-UP	W/ ACUPUNCT SOONHO PARK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/25/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIO RODRIGUEZ # 500279	0.00
10/01/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
10/21/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/28/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/29/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/14/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/03/19	FOLLOW-UP	W/ ACUPUNCT SUNGSOO HWANG*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/04/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
12/10/19	FOLLOW-UP	W/ ACUPUNCT SUNG SOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/18/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/27/19	PR2/REEVAL	DR HASSANIN @ FMR*	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#
05/27/20 76828

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2019403698

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

Case: vs HOMECO PLUS
Date Of Injury: 1/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/27/20	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/30/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/04/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/06/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/07/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/13/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/11/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/18/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/21/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	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#
05/27/20 76828

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2019403698

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

Case: vs HOMECO PLUS
Date Of Injury: 1/1/19

DOS	SERVICE	DESCRIPTION	AMOUNT
02/25/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/26/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/27/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
04/22/20	LIEN FIL FEE	LIEN FILING FEE	150.00
03/16/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/31/20	F/U PHYSIO	THERAPY DR PEZESKHIAN & SHOCK WAVE TX W/DR MAGGIE	180.00
/ /	-	PEZESHKIAN @ FMR*	0.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/01/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCDON # 100802	0.00
05/22/20	PMT BY CHECK	DOS 3/16/20* =# 26238293	-180.00

BALANCE 6190.00

* 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

EMPLOYERS®

America's small business insurance specialist®

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

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

Claim ID:	Multiple Claims
Client Reference ID:	241248052
VP Trans ID:	800313864
	EIG0001001
Date:	05/22/2020
Amount:	$360.00
Check Number:	26238293

EIG-RM.STD.OT

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

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

VPay
1-855-523-9634

METABANK, N.A.
Sioux Falls, SD
72-7011/2739

26238293

05/22/2020

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 92781-4165

VOID AFTER 180 DAYS

MEMO

800313864

⑈26238293⑈ ⑆273970116⑆ 170001299⑈

0000008-0000153

Employers Preferred Insurance Company 505

Process Date: 05/21/2020
Control Number: 306321855
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 241248052 **Payment Date: 05/22/2020**

Claim Number: 2019403698
Claimant:
Provider Tax ID: 330956713
Provider Ref: 76828
Provider License: 99999999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN:
Date Of Injury: 01/01/2019
Claims Received Date: 05/18/2020

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
03/16/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
				TOTALS:		**180.00**	**0.00**	**0.00**	**0.00**	**180.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**180.00**	

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

CARRIER EXPLANATION REASON CODE

5076 -BYPASS NETWORK
6541 -MEDICAL

2111-H-1110906-0 47948287

800313864

Employers Preferred Insurance Company 505

Process Date: 05/21/2020
Control Number: 306321855
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 241248052 **Payment Date: 05/22/2020**

Claim Number:	2019403698		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:		
Provider Ref:	76828	Geo Zip: 90001	Date Of Injury:	01/01/2019	
Provider License:	99999999		Claims Received Date:	05/18/2020	

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 PREFERRED INSURANCE COMPANY

Employer Name: KNO TRADING INC (EIG 264982600), Employer ID: EIG 264982600, Employer Address: 16252 ARROW HWY, BALDWIN PARK, CA 91706

Payer Name: EMPLOYERS PREFERRED INSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 592222527

Claimant Address: 4910 MAINE AVE BALDWIN PARK, CA 917061636, Claimant D.O.B.: 10/02/1981

Payment Information: Payment Status Code:

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

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

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

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

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

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

47948287

2111-H-1110906-0

*** Workers Compensation ***

800313864

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

*** INVOICE ***
Date NO#
05/26/20 77371

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019405304

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

Case: vs STUDIO 6 ANMOL LLC
Date Of Injury: 8/2/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/04/19	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/22/20	PR2/REEVAL	W/DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	GETSMANI CALDERON # 101897	0.00
03/11/20	PR2/REEVAL	DR FARAH AMERI @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/19/20	PMT BY CHECK	DOS 3/11/20* =# 26172555	-180.00

BALANCE 640.00

* 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

0000103-0000533 D0106 001 889673 EIG

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

EMPLOYERS®

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PAID
MAY 26 2020
BY

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

77371

Claim ID:	2019405304
Client Reference ID:	241246784
VP Trans ID:	798151276
	EIG0001001
Date:	05/19/2020
Amount:	$180.00
Check Number:	26172555

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

EIG-RM-STD-OT

Employers Preferred Insurance Company 505

Process Date: 05/18/2020
Control Number: 306310033
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 241246784 **Payment Date: 05/19/2020**

Claim Number: 2019405304
Claimant:
Provider Tax ID: 330956713
Provider Ref: 77371
Provider License: 99999999

Vendor: 5628181#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX-7
Date Of Injury: 08/02/2019
Claims Received Date: 05/11/2020

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
03/11/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
				TOTALS:		**180.00**	**0.00**	**0.00**	**0.00**	**180.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**180.00**	

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

CARRIER EXPLANATION REASON CODE

5076 -BYPASS NETWORK
6541 -MEDICAL

2111-H-1108511-0 47915434

798151276

Payment Number: 241246784 **Payment Date: 05/19/2020**

Claim Number:	2019405304		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	77371	Geo Zip: 90001	Date Of Injury:	08/02/2019	
Provider License:	99999999		Claims Received Date:	05/11/2020	

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 PREFERRED INSURANCE COMPANY

Employer Name: ANMOL, LLC (EIG 259301801), Employer ID: EIG 259301801, Employer Address: 7701 E SLAUSON AVE, LOS ANGELES, CA 90040

Payer Name: EMPLOYERS PREFERRED INSURANCE COMPANY, Payer Address: 10375 PROFESSIONAL CIR RENO, NV 895214802, Payer ID Number: 592222527

Claimant Address: 6467 DARWELL AVE BELL GARDENS, CA 902011714, Claimant D.O.B.: 10/01/1980

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.

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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.

47915434

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-1108511-0

*** Workers Compensation ***

798151276

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

*** INVOICE ***
Date NO#
05/27/20 77610

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2018397846

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

Case: vs SFO GROUP CORPORATION
Date Of Injury: CT 5/9/07

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/23/20	PMT BY CHECK	DOS 2/19/20* =# 25776030 EMPLOYERS	-180.00
03/03/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
03/09/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/10/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/17/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/21/20	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/23/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/24/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/31/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/12/20	PMT BY CHECK	DOS 3/2/20* =# 26068588 EMPLOYERS	-180.00
03/30/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/01/20	PR2/REEVAL	DR RUSSMAN/NAJIB @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/19/20	PMT BY CHECK	DOS 3/9/20-3/10/20* =# 26172655EMPLOYERS	-360.00
05/22/20	PMT BY CHECK	DOS 3/17/20* =# 26237887 EMPLOYERS	-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#
05/27/20 77610

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2018397846

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

Case: vs SFO GROUP CORPORATION
Date Of Injury: CT 5/9/07

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 7536.00

* 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

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

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0000087-0000493 D0106 001 888010 EIG

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

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.

76820
77610

Claim ID:	2018397846
Client Reference ID:	250967703
VP Trans ID:	794590214
	EIG0001002
Date:	05/12/2020
Amount:	$180.00
Check Number:	26068588

PAID
MAY 18 2020

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

EIG.RM.STD.OT

Employers Assurance Company 506

Process Date: 05/11/2020
Control Number: 306304616
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 250967703 **Payment Date: 05/12/2020**

Claim Number:	2018397846		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX-	
Provider Ref:	77610	Geo Zip: 90001	Date Of Injury:	12/30/2018	
Provider License:	CA99999		Claims Received Date:	04/30/2020	

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	ER/Red	PPO/Red	Other/Red	Allowance	Reasons
03/02/20	11	T1013		SIGN LANGUAGE/I	1.000	180.00	0.00	0.00	0.00	180.00	6541,5076
		99919 Changed to T1013 Better Defining Services Performed									
				TOTALS:		**180.00**	**0.00**	**0.00**	**0.00**	**180.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**180.00**	

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

CARRIER EXPLANATION REASON CODE

5076	-BYPASS NETWORK
6541	-MEDICAL

2111-H-1107676-0 47892911

79459021 4

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

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

RECEIVED
MAY 26 2020
BY:

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

7760

Claim ID:	Multiple Claims
Client Reference ID:	250969999
VP Trans ID:	798152801
	EIG0001002
Date:	05/19/2020
Amount:	$360.00
Check Number:	26172655

EIG.RM.STD.OT

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

EMPLOYERS
America's small business insurance specialist

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

VPay
1-855-523-9634

METABANK, N.A.
Sioux Falls, SD
72-7011/2739

26172655

05/19/2020

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 92781-4165

VOID AFTER 180 DAYS

MEMO

798152801

⑈26172655⑈ ⑆273970116⑆ 17000129916⑈

0000103-0000537

Employers Assurance Company 506

Process Date: 05/18/2020
Control Number: 306308878
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 250969999 **Payment Date: 05/19/2020**

Claim Number:	2018397846		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 9941672#5628181	Claimant SSN:	XXX-XX-	
Provider Ref:	77610	Geo Zip: 90001	Date Of Injury:	12/30/2018	
Provider License:	CA99999		Claims Received Date:	05/08/2020	

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
03/09/20	11	T1013		SIGN LANGUAGE/(	120.000	180.00	0.00	0.00	0.00	180.00	6541
				TOTALS:		**180.00**	**0.00**	**0.00**	**0.00**	**180.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**180.00**	

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

CARRIER EXPLANATION REASON CODE

6541 -MEDICAL

2111-H-1108337-0 47910975

798152801

Employers Assurance Company 506

Process Date: 05/18/2020
Control Number: 306308878
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 250969999 **Payment Date: 05/19/2020**

Claim Number:	2018397846		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 9941672#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	77610	Geo Zip: 90001	Date Of Injury:	12/30/2018	
Provider License:	CA99999		Claims Received Date:	05/08/2020	

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: SFO GROUP CORPORATION (EIG 245001901), Employer ID: EIG 245001901, Employer Address: 5315 CAMINO DE BRYANT, YORBA LINDA, CA 92887

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

Claimant Address: 904 N MAYO COMPTON, CA 902212113

Payment Information: Payment Status Code:

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

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

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

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

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

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

47910975

2111-H-1108337-0

*** Workers Compensation ***

79815280

Employers Assurance Company 506

Process Date: 05/18/2020
Control Number: 306311056
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 250969999 **Payment Date: 05/19/2020**

Claim Number: 2018397846
Claimant:
Provider Tax ID: 330956713
Provider Ref: 77610
Provider License: 99999999

Vendor: 9941672#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX-
Date Of Injury: 12/30/2018
Claims Received Date: 05/11/2020

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
03/10/20	11	T1013		SIGN LANGUAGE/(	1.000	180.00	0.00	0.00	0.00	180.00	6541,5076
				99919 Changed to T1013 Better Defining Services Performed							
				TOTALS:		**180.00**	**0.00**	**0.00**	**0.00**	**180.00**	
				TOTAL RECOMMENDED ALLOWANCE:						**180.00**	

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

CARRIER EXPLANATION REASON CODE

5076 -BYPASS NETWORK
6541 -MEDICAL

2111-H-1108725-0 47918292

798152801

0000103-0000543

Employers Assurance Company 506

Process Date: 05/18/2020
Control Number: 306311056
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 250969999 **Payment Date: 05/19/2020**

Claim Number: 2018307846
Claimant:
Provider Tax ID: 330956713
Provider Ref: 77610
Provider License: 99999999

Vendor: 9941672#5628181
Geo Zip: 90001

PPO/OSR ID:
NPI Number:
Claimant SSN: XXX-XX
Date Of Injury: 12/30/2018
Claims Received Date: 05/11/2020

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: SFO GROUP CORPORATION (EIG 245001901), Employer ID: EIG 245001901, Employer Address: 5315 CAMINO DE BRYANT, YORBA LINDA, CA 92887

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

Claimant Address: 904 N MAYO COMPTON, CA 902212113

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.

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

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

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47918292

2111-H-1108725-0

*** Workers Compensation ***

798152801

EMPLOYERS
PO BOX 32036
Lakeland FL, 33802-2036

EMPLOYERS®

America's small business insurance specialist®

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

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.

77610
76820

Claim ID:	Multiple Claims
Client Reference ID:	250971200
VP Trans ID:	800310286
	EIG0001002
Date:	05/22/2020
Amount:	$180.00
Check Number:	26237887

EIG.RM.STD.OT

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

EMPLOYERS
America's small business insurance specialist®

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

VPay
1-855-523-9634

METABANK, N.A.
Sioux Falls, SD
72-7011/2739

26237887

05/22/2020

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$180.00**

ONE HUNDRED EIGHTY DOLLARS AND 00/100 DOLLARS

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

VOID AFTER 180 DAYS

MEMO

800310286

⑈26237887⑈ ⑆273970116⑆ 17000129916⑈

0000008-0000143

Employers Assurance Company 506

Process Date: 05/20/2020
Control Number: 306317191
EOR Page 2 of 2
Rev/Aud: SS/SW

Payment Number: 250971200 **Payment Date: 05/22/2020**

Claim Number:	2018397846		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX	
Provider Ref:	77610	Geo Zip: 90001	Date Of Injury:	12/30/2018	
Provider License:	99999999		Claims Received Date:	05/15/2020	

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: SFO GROUP CORPORATION (EIG 245001901), Employer ID: EIG 245001901, Employer Address: 5315 CAMINO DE BRYANT, YORBA LINDA, CA 92887

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

Claimant Address: 904 N MAYO COMPTON, CA 902212113

Payment Information: Payment Status Code:

TIME LIMITS TO DISPUTE PAYMENT AMOUNT
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Lakeland, FL 33802
(866) 851-7739
billinginquiries@conduent.com

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47935541

2111-H-1110050-0

*** Workers Compensation ***

800310286

Employers Assurance Company 506

Process Date: 05/20/2020
Control Number: 306317191
EOR Page 1 of 2
Rev/Aud: SS/SW

Payment Number: 250971200 **Payment Date: 05/22/2020**

Claim Number:	2018397846		PPO/OSR ID:		
Claimant:			NPI Number:		
Provider Tax ID:	330956713	Vendor: 5628181#5628181	Claimant SSN:	XXX-XX-(	
Provider Ref:	77610	Geo Zip: 90001	Date Of Injury:	12/30/2018	
Provider License:	99999999		Claims Received Date:	05/15/2020	

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
03/17/20	11	T1013		SIGN LANGUAGE/(	1.000	180.00	0.00	0.00	0.00	180.00	6541,5076
			TOTALS:			180.00	0.00	0.00	0.00	180.00	
			TOTAL RECOMMENDED ALLOWANCE:							180.00	

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

CARRIER EXPLANATION REASON CODE

5076	-BYPASS NETWORK
6541	-MEDICAL

2111-H-1110050-0 47935541

800310286

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

*** INVOICE ***

Date	NO#
05/20/20	76697

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
000-00314591

BILL TO:
ENSTAR/SEABRIGHT INS
W. C. DEPARTMENT
ATTN: KATHY HINES
P.O. BOX 100239
COLUMBIA, SC 29202

Case: vs EXCEL SHEET METAL INC
Date Of Injury: 4/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/26/19	INITIAL EXAM	DR MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/29/19	INITIAL PHYS	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/04/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/06/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/09/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/11/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/12/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/16/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/18/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/20/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/24/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/26/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/03/19	PR2/REEVAL	DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/07/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/15/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	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#
05/20/20 76697

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000-00314591

BILL TO:
ENSTAR/SEABRIGHT INS
W. C. DEPARTMENT
ATTN: KATHY HINES
P.O. BOX 100239
COLUMBIA, SC 29202

Case: vs EXCEL SHEET METAL INC
Date Of Injury: 4/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/17/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
10/21/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/22/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/24/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/28/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/23/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/29/19	FOLLOW-UP	W/ ACUPUNCT BIRKIMER # 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	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANU CALDERON # 101897	0.00
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
11/11/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/19/19	FOLLOW-UP	W/ ACUPUNCT NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/20/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/21/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/22/19	PR2/REEVAL	DR NAJIB/RUSSMAN @ FMR*	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#
05/20/20 76697

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
000-00314591

BILL TO:
ENSTAR/SEABRIGHT INS
W. C. DEPARTMENT
ATTN: KATHY HINES
P.O. BOX 100239
COLUMBIA, SC 29202

Case: vs EXCEL SHEET METAL INC
Date Of Injury: 4/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BELEN ALONSO # 101947	0.00
11/27/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/04/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/05/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/06/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/09/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO #101143	0.00
12/11/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/12/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/16/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/07/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/10/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/13/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/15/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	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#
05/20/20 76697

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
000-00314591

BILL TO:
ENSTAR/SEABRIGHT INS
W. C. DEPARTMENT
ATTN: KATHY HINES
P.O. BOX 100239
COLUMBIA, SC 29202

Case: vs EXCEL SHEET METAL INC
Date Of Injury: 4/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/22/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/29/20	PR2/REEVAL	W/DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
02/13/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/20/20	F/U PHYSIO	TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/11/20	P AND S	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
05/13/20	PMT BY CHECK	DOS 3/11/20* # 11202767	-180.00
		BALANCE	8470.00

* 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 **

000 0001143 00000000 001 001 00792 INS: 0 0

CHECK NO : 11202767

PAYEE: JOYCE ALTMAN INTERPRETERS INC.

DATE: 05/13/2020

AMOUNT: 180.00

PAGE: 1 of 1

Item #: 1	Invoice No: 76697	Insured: Excel Sheet Metal, Inc.	
Acct:	Service Dates: 03/11/2020 - 03/11/2020	Description: Miscellaneous medical	
Date of Loss: 04/18/2019	Ref No: cc:13271318	Memo: Claim 000-00-314591	
Claimant:		Claim: 000-00-314591	Amount: 180.00

TOTAL: 180.00

PAID

WARNING: THIS DOCUMENT CONTAINS SEVERAL DOCUMENT SECURITY FEATURES - DO NOT CASH IF THE WORD VOID IS VISIBLE - SEE REVERSE SIDE FOR LIST OF SECURITY FEATURES

StarStone National Insurance Company
Enstar (US) Inc.
PO Box 100165
Columbia, SC 29202

63-4 / 630 FL
Bank of America

Check No
11202767

05/13/2020

PAY One Hundred Eighty And 0/100 Dollars $180.00

VOID AFTER SIX MONTHS

PAY TO THE ORDER OF:

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

SIGNATURE HAS A BLUE-GREEN BACKGROUND - BORDER CONTAINS MICROPRINTING MP

⑈11202767⑈ ⑆063000047⑆ 8980684386 22⑈

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

*** INVOICE ***
Date NO#
05/20/20 73364

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005920-000989-WC-01

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

Case: vs HFC ENT/PEZESHK ENTERPRISE
Date Of Injury: 2/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/08/18	PR2/REEVAL	DR EMMETT COX @ HAND & ORTHO OF SO. CALIF* HOC	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
02/15/18	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/01/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON 3 101193	0.00
03/08/18	PR2/REEVAL	DR EMMETT COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/22/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/05/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/12/18	POST-OP	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/26/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
05/10/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
06/21/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/19/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
08/30/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/04/18	PR2/REEVAL	DR COX @ HOC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/03/19	P AND S	DR COX @ HAND & ORTHO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/17/20	INITIAL EXAM	W/DR MARINA RUSSMAN/MOHAMED HASSANIN @ FMR*	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#
05/20/20 73364

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
005920-000989-WC-01

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

Case: vs HFC ENT/PEZESHK ENTERPRISE
Date Of Injury: 2/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/27/20	PMT BY CHECK	DOS 1/17/20* # 0161441429	-180.00
01/21/20	SHOCK WAVE	THERAPY W/DR MARINA RUSSMAN @ FMR	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/10/20	INITIAL ACUP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/11/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/18/20	SHOCK WAVE	THERAPY DR DR LEON TCHAKALIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/31/20	PMT BY CHECK	DOS 1/21/20* # 0162191138	-180.00
03/31/20	PMT BY CHECK	DOS 2/10/20* # 0162191136	-180.00
03/31/20	PMT BY CHECK	DOS 2/11/20* # 0162191135	-180.00
02/27/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/10/20	PMT BY CHECK	DOS 2/18/20* # 0162459727	-180.00
02/28/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/03/20	SHOCK WAVE	THERAPY W/DR LEON TCHAKALIAN/ RUSSMAN @ FMR* #1	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/26/20	PMT BY CHECK	DOS 2/27/20* # 0162795513	-180.00
03/17/20	SHOCK WAVE	THERAPY W/DR TCHAKALIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/30/20	PMT BY CHECK	DOS 2/28/20* # 0162889764	-180.00
03/23/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/25/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	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#
05/20/20 73364

EAMS#(s):

SS # : xXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005920-000989-WC-01

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

Case: vs HFC ENT/PEZESHK ENTERPRISE
Date Of Injury: 2/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/27/20	INIT PHYSIO	THERAPY DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
04/01/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/11/20	PMT BY CHECK	DOS 3/3/20* # 0163082802	-180.00

BALANCE 3470.00

* 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-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

005920 PAGE 1 OF 1 001554

MDG2009 00000530 1 MB .439 1

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

PAID
MAY 05 2020

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005920 000989 WC 01 (HFCENTERPR)
CLAIMANT:
DESCRIPTION: INV#-[illegible]

BRANCH NO.: 502
ACC DATE: 01Feb[illegible]

NO.: 0162795513
VN: 0000091953
DATE: 26Apr20

DATES OF SERVICE: 27Feb20 **THRU** 27Feb20
BENEFIT PERIOD: **THRU**

AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000530 000759 001 001

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

39602

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CHECK NO. 0162795513 001554
VN 0000091953
DATE: 26Apr20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 005920 000989 WC 01 (HFCENTERPR) **BRANCH NO.:** 502
PAY ONE HUNDRED EIGHTY 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

⑈0162795513⑈ ⑆031100209⑆ 4007490⑈

GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

005920 PAGE 1 OF 1 005257

MDG2009 00003806 1 MB .439 1

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 005920 000989 WC 01 (HFCENTERPR)
CLAIMANT:
DESCRIPTION: INV#-73364

DATES OF SERVICE: 28Feb20 **THRU** 28Feb20
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 01Feb18

NO.: 0162889764
VN: 0000092247
DATE: 30Apr20

AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003806 004348 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CHECK NO. 0162889764 005257
VN. 0000092247
DATE: 30Apr20 62-20/311

CLAIM NO.: 005920 000989 WC 01 (HFCENTERPR) **BRANCH NO.:** 502

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

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

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

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

Donna M. Korte
AUTHORIZED SIGNATURE

GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

005920 PAGE 1 OF 1 002736

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.. 005920 000989 WC 01 (HFCENTERPR) **BRANCH NO.:** 502 **NO.:** 0163082802

CLAIMANT: **ACC DATE:** 01Feb18 **VN:** 0000092849

DESCRIPTION: INV#-73364 ✓ **DATE:** 11May20

DATES OF SERVICE: 03Mar20 **THRU** 03Mar20 **AMOUNT:** 180.00

BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003745 004232 003 003

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CHECK NO. 0163082802 002736
VN. 0000092849
DATE: 11May20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 005920 000989 WC 01 (HFCENTERPR) **BRANCH NO.:** 502

PAY ONE HUNDRED EIGHTY 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

⑈0163082802⑈ ⑆031100209⑆ 40074901⑈

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

*** INVOICE ***
Date NO#
05/07/20 75752

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011260-093648-WC-01

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

Case: vs BEYOND STAFFING/CHARTWELL STAF
Date Of Injury: 10/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/17/19	PR2/REEVAL	DR ZAREENA KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/22/19	FOLLOW-UP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/29/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/08/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/16/19	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/22/20	LIEN FIL FEE	LIEN FILING FEE	150.00
05/01/20	PMT BY CHECK	DOS 4/17/19-9/16/19* # 0162908330	-950.00

BALANCE 150.00

* 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

011260 PAGE 1 OF 1 004524

M

MDG2009 00005977 1 MB .439 1

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

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

CLAIM NO.: 011260 093648 WC 01 (4020415-06)
CLAIMANT:
DESCRIPTION: PAYMENT OF INVOICE NUMBER 75752

BRANCH NO.: 094
ACC DATE: 23Oct18

NO.: 0162908330
VN: 0002402653
DATE: 01May20

DATES OF SERVICE: 17Apr19 **THRU** 16Sep19
BENEFIT PERIOD: **THRU**

AMOUNT: 950.00

**

RECEIVED
OCT 06 2020

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005977 006614 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0162908330 004524
VN. 0002402653
DATE: 01May20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **950.00

CLAIM NO.: 011260 093648 WC 01 (4020415-06) **BRANCH NO.:** 094
PAY NINE 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

⑈0162908330⑈ ⑆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#
05/20/20 76447

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011975110293-WC-01

BILL TO:
GALLAGHER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: JAQUELINE COSENZA
P.O. BOX 2840
CLINTON, IA 52733

Case: vs ON TIME STAFFING LLC
Date Of Injury: 4/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/08/19	INITL CHIRO	& PHYSICAL TX W/DR CHRISTINE HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/17/19	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, F/U CHIRO & PHYS TX W/DR	230.00
/ /	-	HA @ SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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
07/22/19	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:	ELISA L. MEDINA # 003693	0.00
07/29/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/31/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	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:	MARIA BARBOSA # 500267	0.00
08/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/14/19	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#
05/20/20 76447

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011975110293-WC-01

BILL TO:
GALLAGHER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: JAQUELINE COSENZA
P.O. BOX 2840
CLINTON, IA 52733

Case: vs ON TIME STAFFING LLC
Date Of Injury: 4/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/19/19	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, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/26/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/28/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/09/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/11/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
09/16/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/30/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	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 @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/25/19	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#
05/20/20 76447

EAMS#(s):

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BILL TO:
GALLAGHER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: JAQUELINE COSENZA
P.O. BOX 2840
CLINTON, IA 52733

Case: vs ON TIME STAFFING LLC
Date Of Injury: 4/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/02/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/07/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/15/19	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	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/12/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/19/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/26/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
12/03/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/10/19	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/07/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/14/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/04/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/11/20	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#
05/20/20 76447

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
011975110293-WC-01

BILL TO:
GALLAGHER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: JAQUELINE COSENZA
P.O. BOX 2840
CLINTON, IA 52733

Case: vs ON TIME STAFFING LLC
Date Of Injury: 4/15/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/18/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/25/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
04/14/20	PMT BY CHECK	DOS 2/4/20* # 0162529755	-180.00
03/03/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/17/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/11/20	PMT BY CHECK	DOS 3/3/20* # 0163084843	-180.00

BALANCE 6890.00

* 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-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

011975 PAGE 1 OF 1 002735

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

GALLAGHER BASSETT SERVICES INC
FOR PENNSYLVANIA MANUFACTURERS
ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 011975 110293 WC 01 (0732875P)
CLAIMANT:
DESCRIPTION: INV#-76447 ✓

BRANCH NO.: 502
ACC DATE: 15Apr19

NO.: 0163084843
VN: 0002493714
DATE: 11May20

DATES OF SERVICE. 03Mar20 **THRU** 03Mar20
BENEFIT PERIOD: **THRU**

AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003745 004231 002 003

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

GALLAGHER BASSETT SERVICES INC
FOR PENNSYLVANIA MANUFACTURERS
ASSURANCE

CHECK NO. 0163084843 002735
VN. 0002493714
DATE: 11May20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 011975 110293 WC 01 (0732875P) **BRANCH NO.:** 502
PAY ONE HUNDRED EIGHTY 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

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

⑈0163084843⑈ ⑆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#
05/20/20 76488

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
01197511210-WC-01

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

Case: vs NOVIPAX INC
Date Of Injury: 1/1/08 - 7/10/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/13/19	INITIAL ACUP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/20/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	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	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/29/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/03/19	FOLLOW-UP	W/ ACUPUNCT SOONHO PARK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/10/19	FOLLOW-UP	W/ ACUPUNCT HWANG/KWANG @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/17/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 0011036	0.00
09/19/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/25/19	FINAL ACUPT	W/ ACUPUNCT PRIEBE @ FMR*	230.00
/ /	INTERPRETER:	MARIO RODRIGUEZ # 500279	0.00
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:	LILIANA HALPERIN # 100048	0.00
10/29/19	FOLLOW-UP	W/ ACUPUNCT PARK @ 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#
05/20/20 76488

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
01197511210-WC-01

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

Case: vs NOVIPAX INC
Date Of Injury: 1/1/08 - 7/10/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/31/19	FOLLOW-UP	W/ ACUPUNCT LIM @ 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
11/07/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/13/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/22/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/19/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/10/19	FOLLOW-UP	W/ ACUPUNCT SUNG SOO HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/09/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/18/20	INITIAL EXAM	W/DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/01/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/03/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	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#
05/20/20 76488

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
01197511210-WC-01

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

Case: vs NOVIPAX INC
Date Of Injury: 1/1/08 - 7/10/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/10/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/12/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/19/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/21/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/20/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/26/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/02/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/04/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/03/20	FOLLOW-UP	W/ ACUPUNCT S. HWONG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/05/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/07/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	RAMESHNI/RUSSMAN* #1 & PR2/ REEVAL W/DR MASSIHI*	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	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#
05/20/20 76488

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
01197511210-WC-01

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

Case: vs NOVIPAX INC
Date Of Injury: 1/1/08 - 7/10/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/09/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/10/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
03/11/20	F/U PHYSIO	THERAPY W/DR M. PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/12/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/18/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/19/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/24/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/11/20	PMT BY CHECK	DOS 3/4/20* # 0163084864	-180.00
		BALANCE	8880.00

* 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-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

MDG2009 00003745 1 MB .439 1

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

GALLAGHER BASSETT SERVICES INC
FOR PENNSYLVANIA MANUFACTURERS
ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER CALIFORNIA NORTH WC
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 011975 111210 WC 01 (0578666P)
CLAIMANT:
DESCRIPTION: INV# 76488 ✓
DATES OF SERVICE: 04Mar20 **THRU** 04Mar20
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 10Jul19

NO.: 0163084864
VN: 0002493344
DATE: 11May20
AMOUNT: 180.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003745 004230 001 003

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

GALLAGHER BASSETT SERVICES INC
FOR PENNSYLVANIA MANUFACTURERS
ASSURANCE

CHECK NO. 0163084864 002734
VN. 0002493344
DATE: 11May20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 011975 111210 WC 01 (0578666P) **BRANCH NO.:** 502
PAY ONE HUNDRED EIGHTY 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

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

⑈0163084864⑈ ⑆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#
05/27/20 76922

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
006829481451-WC-01

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

Case: vs OLIVE GARDEN ITALIAN KITCHEN
Date Of Injury: CT 9/1/18-9/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/19	INITIAL EXAM	DR MOHAMED HASSANIN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/28/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/05/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/11/19	PR2/REEVAL	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/12/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/21/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/28/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 50049	0.00
10/30/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101193	0.00
11/04/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/16/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/19/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/20/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/22/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
11/23/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/25/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00

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

*** INVOICE ***

Date	NO#
05/27/20	76922

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
006829481451-WC-01

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

Case: vs OLIVE GARDEN ITALIAN KITCHEN
Date Of Injury: CT 9/1/18-9/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/26/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/04/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/05/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/07/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
12/14/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/06/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/13/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
01/11/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/13/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/15/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON 3 101897	0.00
01/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/18/20	INITIAL EXAM	W/DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/23/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00

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

*** INVOICE ***
Date NO#
05/27/20 76922

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
006829481451-WC-01

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

Case: vs OLIVE GARDEN ITALIAN KITCHEN
Date Of Injury: CT 9/1/18-9/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
01/24/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/29/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/30/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/01/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/22/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/07/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/12/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/14/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 10189	0.00
03/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/19/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	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#
05/27/20 76922

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
006829481451-WC-01

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

Case: vs OLIVE GARDEN ITALIAN KITCHEN
Date Of Injury: CT 9/1/18-9/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/24/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/28/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/04/20	INJECTION	PAIN MGMT W/DR ALLEN MASSIHI @FMR* (R/SINUS TARSI	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/11/20	PR2/REEVAL	DR HASANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/13/20	FOLLOW-UP	W/ ACUPUNCT J. KIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/17/20	PMT BY CHECK	DOS 2/22/20* # 0163208751	-180.00

BALANCE 8150.00

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

GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

006829 PAGE 1 OF 1 001160

MDG2009 00000399 1 SP .500 2

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

GALLAGHER BASSETT SERVICES INC
FOR XL SPECIALTY INSURANCE CO

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

CLAIM NO.: 006829 481451 WC 01 (0021018)
CLAIMANT:
DESCRIPTION: INV#-76922 ✓

BRANCH NO.: 138
ACC DATE: 08Sep19

NO.: 0163208751
VN: 0002958858
DATE: 17May20

DATES OF SERVICE: 22Feb20 **THRU** 22Feb20
BENEFIT PERIOD: **THRU**

AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000399 000566 001 001

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

39602

GALLAGHER BASSETT SERVICES INC
FOR XL SPECIALTY INSURANCE CO

CHECK NO. 0163208751 001160
VN. 0002958858
DATE: 17May20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 006829 481451 WC 01 (0021018) **BRANCH NO.:** 138
PAY ONE HUNDRED EIGHTY 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

⑈0163208751⑈ ⑆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#
05/26/20 77263

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000808-117602-WC-01

BILL TO:
GALLAGHER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: LINDSAY AUTT
P.O. BOX 2840
CLINTON, IA 52733

Case: vs SODEXO INC & AFFILIATED CO.
Date Of Injury: 6/19/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/19	INITIAL EXAM	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/20/19	INITIAL PHYS	THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/21/19	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/22/19	PR2/REEVAL	DR NAJIB/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	MARIA ALONSO # 101947	0.00
11/25/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/26/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/27/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/02/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/03/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
12/04/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/05/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
12/21/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/06/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	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#
05/26/20 77263

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
000808-117602-WC-01

BILL TO:
GALLAGHER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: LINDSAY AUTT
P.O. BOX 2840
CLINTON, IA 52733

Case: vs SODEXO INC & AFFILIATED CO.
Date Of Injury: 6/19/18

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/20/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/23/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/25/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/30/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/03/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/13/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/19/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/24/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/25/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/26/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	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#
05/26/20	77263

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000808-117602-WC-01

BILL TO:
GALLAGHER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: LINDSAY AUTT
P.O. BOX 2840
CLINTON, IA 52733

Case: vs SODEXO INC & AFFILIATED CO.
Date Of Injury: 6/19/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/02/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/04/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/03/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
03/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/14/20	PR2/REEVAL	DR MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/25/20	F/U CHIRO TX	CHIRO TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
04/08/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/14/20	PMT BY CHECK	DOS 3/4/20* # 0163154768	-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#
05/26/20 77263

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
000808-117602-WC-01

BILL TO:
GALLAGHER BASSETT (CLINT-2840)
W. C. DEPARTMENT
ATTN: LINDSAY AUTT
P.O. BOX 2840
CLINTON, IA 52733

Case: vs SODEXO INC & AFFILIATED CO.
Date Of Injury: 6/19/18

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 6620.00

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

GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

000808 PAGE 1 OF 1 002886

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

PAID
MAY 26 2020
BY.

GALLAGHER BASSETT SERVICES INC
FOR XL INSURANCE AMERICA INC

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

CLAIM NO.: 000808 117602 WC 01 (77179001)
CLAIMANT:
DESCRIPTION: INV#-77263 ✓

DATES OF SERVICE: 04Mar20 **THRU** 04Mar20
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 19Jun18

NO.: 0163154768
VN: 0003000060
DATE: 14May20

AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003688 004228 003 003

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

39602

GALLAGHER BASSETT SERVICES INC
FOR XL INSURANCE AMERICA INC

CHECK NO. 0163154768 002886
VN. 0003000060
DATE: 14May20 62-20/311

CLAIM NO.: 000808 117602 WC 01 (77179001) **BRANCH NO.:** 138

NOT VALID AFTER 90 DAYS
PAY EXACTLY:
$ **180.00

PAY ONE HUNDRED EIGHTY 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

⑈0163154768⑈ ⑆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#
05/27/20 77679

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
003938005182-WC-01

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

Case: vs TEAM ONE EMPLOYMENT SPECIALIST
Date Of Injury: 8/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/20	INITIAL EXAM	DR MAGGIE PEZESHKIAN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/04/20	INITIAL ACUP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/13/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/18/20	FOLLOW-UP	W/ ACUPUNCT SUNGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/03/20	PR2/REEVAL	DR RUSSMAN/PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/25/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/27/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/19/20	PMT BY CHECK	DOS 1/21/20-3/3/20* # 0163245736	-900.00

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

003938 PAGE 1 OF 1 002751

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

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

CLAIM NO.: 003938 005182 WC 01 (833049)
CLAIMANT:
DESCRIPTION: INV#-77679 ✓

BRANCH NO.: 011
ACC DATE: 08Aug19

NO.: 0163245736
VN: 0000219258
DATE: 19May20

DATES OF SERVICE: 21Jan20 **THRU** 03Mar20
BENEFIT PERIOD: **THRU**

AMOUNT: 900.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003740 004268 002 003

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

39602

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

CHECK NO. 0163245736 002751
VN. 0000219258
DATE: 19May20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **900.00

CLAIM NO.: 003938 005182 WC 01 (833049) **BRANCH NO.:** 011
PAY NINE HUNDRED 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

⑈0163245736⑈ ⑆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#
05/27/20 77706

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
001627-156870-WC-01

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

Case: vs FOR DECTON LI
Date Of Injury: 10/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/20	INITIAL EXAM	W/DR MOHAMED HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/03/20	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/07/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/14/20	FOLLOW-UP	W/ ACUPUNCT DA HAE RA @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/17/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/21/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/07/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/14/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/13/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/18/20	INIT PHYSIO	THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/21/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
03/24/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/27/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	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#
05/27/20 77706

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
001627-156870-WC-01

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

Case: vs FOR DECTON LI
Date Of Injury: 10/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/28/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/02/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/22/20	PMT BY CHECK	DOS 3/13/20* # 0163331512	-180.00
05/19/20	PMT BY CHECK	DOS 1/25/20-3/7/20* # 0163243974	-1260.00

BALANCE 1620.00

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

GALLAGHER BASSETT-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

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

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 001627 156870 WC 01 (0055-DECAR)
CLAIMANT:
DESCRIPTION: INV#-77706 ✓

BRANCH NO.: 174
ACC DATE: 30Oct19

NO.: 0163331512
VN: 0003019670
DATE: 22May20

DATES OF SERVICE: 13Mar20 **THRU** 13Mar20
BENEFIT PERIOD: **THRU**

AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008245 009011 002 002

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

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

CHECK NO. 0163331512 004745
VN. 0003019670
DATE: 22May20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **180.00

CLAIM NO.: 001627 156870 WC 01 (0055-DECAR) **BRANCH NO.:** 174
PAY ONE HUNDRED EIGHTY 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

⑈0163331512⑈ ⑆031100209⑆ 4007490⑈

GALLAGHER BASSETT-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

001627 PAGE 1 OF 1 002752

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

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
PO BOX 2934
CLINTON IA 52733-2934

CLAIM NO.: 001627 156870 WC 01 (0055-DECAR)
CLAIMANT:
DESCRIPTION: INV#-77706 ✓
DATES OF SERVICE: 25Jan20 **THRU** 07Mar20
BENEFIT PERIOD: **THRU**

BRANCH NO.: 174
ACC DATE: 30Oct19

NO.: 0163243974
VN: 0003017370
DATE: 19May20
AMOUNT: 1260.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003740 004269 003 003

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

39602

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

CHECK NO. 0163243974 002752
VN. 0003017370
DATE: 19May20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **1260.00

CLAIM NO.: 001627 156870 WC 01 (0055-DECAR) **BRANCH NO.:** 174
PAY ONE THOUSAND TWO HUNDRED SIXTY AND 00/100 DOLLARS**********
****
TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

Donna M. Karte
AUTHORIZED SIGNATURE

OR PAYABLE AT
CITIBANK,FSB CALIFORNIA

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

⑈0163243974⑈ ⑆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#
05/12/20 77940

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
000714081086WC01

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

Case: vs KELLERMEYER BERGENSINS SERVICE
Date Of Injury: 7/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/25/19	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	230.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
05/05/20	PMT BY CHECK	DOS 10/22/19-10/25/19* # 0162966231 GALLAGH	-460.00

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

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

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

CLAIM NO.: 000714 081086 WC 01 (260322)
CLAIMANT:
DESCRIPTION: INV#-77940

BRANCH NO.: 094
ACC DATE: 25Jul19

NO.: 0162966231
VN: 0002237073
DATE: 05May20

DATES OF SERVICE: 22Oct19 **THRU** 25Oct19
BENEFIT PERIOD: **THRU**

AMOUNT: 460.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003859 004447 002 002

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

CHECK NO. 0162966231 002756
VN. 0002237073
DATE: 05May20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **460.00

CLAIM NO.: 000714 081086 WC 01 (260322) **BRANCH NO.:** 094
PAY FOUR 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

⑈0162966231⑈ ⑆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#
05/21/20 77593

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y2EC17658

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

Case: vs CHARADES LLC
Date Of Injury: 10/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/20	INITIAL EXAM	DR MOHAMED HASSANIN/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/13/20	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/30/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/18/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/24/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/25/20	INIT PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/27/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/03/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/05/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/10/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/09/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/12/20	F/U PHYSIO	THERAPY W/DR PEZESKHIAN*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	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#
05/21/20 77593

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y2EC17658

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

Case: vs CHARADES LLC
Date Of Injury: 10/24/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/07/20	PMT BY CHECK	DOS 3/3/20* # 131540894 5	-180.00
03/31/20	PR2/REEVAL	DR PEZESHKIAN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/30/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/14/20	PMT BY CHECK	DOS 3/9/20* # 131559477 3	-180.00

BALANCE 2700.00

* 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

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303418

MB 01 002210 62678 B 7 D

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
77593 10/24/2019	01WE AA9KH0 Y2EC 17658	RUBIETOY INC		$180.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 03/03/2020 03/03/2020	$180.00

Claim Handler: LEAH NAHON
8664019222 x2303418
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	05/07/2020	Check Number	131540894 5	Total Check Amount	$180.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

120647002

m

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303418

MB 01 002026 68204 B 7 A

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
77593 10/24/2019	01WE AA9KH0 Y2EC 17658	RUBIETOY INC		$180.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 03/09/2020 03/09/2020	$180.00

Claim Handler: LEAH NAHON 8664019222 x2303418 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512	Additional Comments:

Issue Date	05/14/2020	Check Number	131559477 3	Total Check Amount	$180.00

HAR-100-2

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

123404109

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

*** INVOICE ***

Date	NO#
05/27/20	77577

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y2EC22503

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

Case: vs KALAVERAS LH
Date Of Injury: 09/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/20	INITIAL EXAM	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/15/20	INIT PHYSIO	THERAPY W/DR JAVAD NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/17/20	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/24/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
01/30/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/07/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/14/20	FOLLOW-UP	W/ ACUPUNCT DA HA RAE @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/19/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/21/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/27/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/05/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/06/20	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#
05/27/20 77577

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
Y2EC22503

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

Case: vs KALAVERAS LH
Date Of Injury: 09/30/19

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
03/13/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/20/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/27/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/26/20	F/U PHYSIO	THERAPY W/DR MAHNAZ AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
04/01/20	PR2/REEVAL	DR NAJIB/ RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/02/20	F/U PHYSIO	THERAPY W/DR AZIMZADEH @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/03/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/09/20	F/U PHYSIO	THERAPY DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
05/19/20	PMT BY CHECK	DOS 3/6/20* # 131571776 0	-180.00
		BALANCE	3960.00

* 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
8664019222 x2304220

001943 1/1

MB 01 001943 71913 B 7 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** **Page 1 of 2**

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
77577 09/30/2019	76WEG AD7KXE Y2EC 22503	KALAVERAS LH INC		$180.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 03/06/2020 03/06/2020	$180.00

Claim Handler: CHASE OLIVER
8664019222 x2304220
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	05/19/2020	Check Number	131571776 0	Total Check Amount	$180.00

Please keep the above information for your records.

12342361

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

56-1544
441

Check Number: 131571776 0

Issue Date: 05/19/2020

$********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

12342361

⑈131571776⑈ ⑆044115443⑆ 632559738⑈

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

*** INVOICE ***
Date NO#
05/18/20 75871

EAMS#(s):

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

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

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

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

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

*** INVOICE ***
Date NO#
05/18/20 75871

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/03/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/20/19	PMT BY CHECK	DOS 7/9/19* =# 2759485	-90.00
08/10/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/13/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/21/19	PMT BY CHECK	DOS 5/6/19-7/2/19* =# 2761140	-1170.00
08/20/19	FOLLOW-UP	W/ ACUPUNCT NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/29/19	PMT BY CHECK	DOS 7/13/19* =# 2771679	-90.00
08/29/19	PMT BY CHECK	DOS 7/16/19* =# 2771678	-90.00
09/04/19	PMT BY CHECK	DOS 7/23/19-7/24/19*= # 2778318	-410.00
09/04/19	PMT BY CHECK	DOS 7/30/19*= # 2778319	-90.00
09/04/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/18/19	PMT BY CHECK	DOS 8/3/19-8/6/19* =# 2795911	-180.00
09/17/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/25/19	PMT BY CHECK	DOS 8/10/19* =# 2804604	-90.00
09/25/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/28/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/02/19	PMT BY CHECK	DOS 8/13/19* =# 2814101	-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#
05/18/20 75871

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/19	PMT BY CHECK	DOS 8/20/19* =# 2814100	-180.00
10/08/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/15/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/19/19	PR2/REEVAL	W/DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/30/19	PMT BY CHECK	DOS 9/17/19* =# 2850988	-90.00
10/30/19	PMT BY CHECK	DOS 9/4/19* =# 2850989	-180.00
10/23/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/06/19	PMT BY CHECK	DOS 9/25/19-9/28/19* =# 2859484	-180.00
11/06/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/22/19	PMT BY CHECK	DOS 10/8/19* =# 2881431	-90.00
11/20/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
11/27/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/10/19	PMT BY CHECK	DOS 10/15/19* =# 2903342	-90.00
12/17/19	PMT BY CHECK	DOS 10/19/19* =# 2913222	-180.00
12/17/19	PMT BY CHECK	DOS 10/23/19* =# 2913221	-90.00
12/27/19	PMT BY CHECK	DOS 11/6/19* =# 2926452	-90.00
12/07/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/14/19	FOLLOW-UP	W/ ACUPUNCT TAE @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/21/19	FOLLOW-UP	W/ ACUPUNCT SEUNG TAE AHN @ FMR*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	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#
05/18/20 75871

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/19	FOLLOW-UP	W/ ACUPUNCT CYTHINA BIRKHIMER /SEUNG AHN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/04/20	FOLLOW-UP	W/ ACUPUNCT AHN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/08/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/29/20	PMT BY CHECK	DOS 11/20/19-11/27/19* =# 2966268	-180.00
01/15/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/04/20	PMT BY CHECK	DOS 12/7/19* =# 2973828	-180.00
01/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/22/20	PR2/REEVAL	W/DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/25/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
02/19/20	PMT BY CHECK	DOS 12/21/19* =# 2993715	-180.00
02/19/20	PMT BY CHECK	DOS 12/14/19* =# 2993716	-180.00
02/19/20	PMT BY CHECK	DOS 12/28/19* =# 2993717	-180.00
01/29/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/01/20	INITIAL EXAM	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/03/20	PMT BY CHECK	DOS 1/4/20* =# 3010302	-180.00
02/05/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/08/20	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	FRANDY MENDOZA # 0036450	0.00
03/04/20	PMT BY CHECK	DOS 1/8/20* =# 3012904	-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#
05/18/20 75871

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/20	PMT BY CHECK	DOS 1/22/20* =# 3032800	-180.00
03/31/20	PMT BY CHECK	DOS 2/1/20* =# 3050680	-180.00
03/31/20	PMT BY CHECK	DOS 1/25/20* =# 3050679	-180.00
02/24/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RUSSMAN/RAMESHNI* #1	0.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/26/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/04/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/07/20	PR2/REEVAL	DR ALLEN MASSIHI @ FMR*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/17/20	PMT BY CHECK	DOS 1/29/20* =# 3076171	-180.00
04/17/20	PMT BY CHECK	DOS 2/5/20* =# 3076170	-180.00
04/17/20	PMT BY CHECK	DOS 2/8/20* =# 3076169	-180.00
03/11/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI K CALDERON # 101897	0.00
03/18/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/21/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RAMESHNI/RUSSMAN* #2	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/28/20	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ FMR	180.00
/ /	-	DR RAMESHNI/RUSSMAN* # 3	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/07/20	PMT BY CHECK	DOS 2/24/20* =# 3103264	-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#
05/18/20 75871

EAMS#(s):

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1720.00

* 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

M

Check Date: 05/07/2020
Check Number: 3103264
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,968ZG8

968ZG8

11/9/18 3:14 PM 3 0000485 20200506 PE2E4101 JOP-FEC 1 oz DOM PE2E410000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2018017998		09/23/2017	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$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: 3103264
Check Date: 05/07/2020

Claim #: 2018017998 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/24/2020 **Through:** 02/24/2020 **Adjuster:** Rivera, Michelle
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 09/23/2017
Reviewed By: OA **Date Received:** 04/24/2020 **Date Reviewed:** 04/26/2020 **Bill Review #:** FIC-IWCA-3642914
Patient Acct #: 75871 **Bill Control #:** FIC-IWCA-3642914 **PPO Subnet:**
Employer: GO FRESH PRODUCE INC

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
02/24/2020	001	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
			Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

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
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

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.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
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#
05/12/20	76456

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2019011509

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

Case: vs LOS JARRITOS RESTAURANT
Date Of Injury: 4/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/19	INITL CHIRO	& PHYSICAL TX W/DR CHRISTINE HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/21/19	INITIAL ACUP	W/ACUPUNCT MIN CHOI,F/U CHIRO & PHYS TX W/DR HA*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/06/19	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 E. BARBOSA # 500267	0.00
09/27/19	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:	MARIA BARBOSA # 500267	0.00
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
11/08/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/12/19	F/U CHIRO TX	CHIRO TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
11/15/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
05/12/20 76456

EAMS#(s):

SS # :
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Terms: 60 days
Claim #(s):
2019011509

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

Case: vs LOS JARRITOS RESTAURANT
Date Of Injury: 4/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/22/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/25/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/06/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/13/19	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/27/19	F/U CHIRO TX	& PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/29/20	FOLLOW-UP	W/ ACUPUNCT CHOI,F/U CHIRO TX & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/14/20	FOLLOW-UP	W/ACUPUNCT CHOI, F/U CHIRO TX & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/19/20	PR2/REEVAL	& F/U CHIRO TX W/DR HA & CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/14/20	PMT BY CHECK	DOS 1/29/20* =# 3069555	-180.00
04/23/20	PMT BY CHECK	DOS 2/14/20* =# 3083624	-180.00
04/30/20	PMT BY CHECK	DOS 2/19/20* =# 3092854	-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#
05/12/20	76456

EAMS#(s):

SS # :
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Terms: 60 days
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BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: MICHELLE RIVERA
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs LOS JARRITOS RESTAURANT
Date Of Injury: 4/22/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 2750.00

* 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: 04/23/2020
Check Number: 3083624
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,SY9UGB

SY9UGB

11/9/18 3:44 PM 3 0000845 20200424 PD709101 JOP-FEC 1 oz DOM PD70910000* 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
2019011509		04/22/2019	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	NO INTERPRETING TIME WAS NOTED ON THE BILLING.\nTh	$0.00

PAID
MAY 01 2020
BY: .....

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: 3083624
Check Date: 04/23/2020

Claim #: 2019011509 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/14/2020 **Through:** 02/14/2020 **Adjuster:** Rivera, Michelle
Claimant:
SS#: XXX-X **Date of Birth** **Date of Injury:** 04/22/2019
Reviewed By: 1Z **Date Received:** 04/13/2020 **Date Reviewed:** 04/14/2020 **Bill Review #:** FIC-IWCA-3629270
Patient Acct #: 76456 **Bill Control #:** FIC-IWCA-3629270 **PPO Subnet:**
Employer: LOPEZ, PEDRO F (INDV)

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
02/14/2020	001	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:					180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

NO INTERPRETING TIME WAS NOTED ON THE BILLING.
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
402	G2		PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307
790	G1	P12	WORKERS' COMPENSATION STATE FEE SCHEDULE ADJUSTMENT. LABOR CODES 5307.1 - 5307.9

Explanation of State/ANSI Reduction Codes:

Code	Description
G1	THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
G2	THE OFFICIAL MEDICAL FEE SCHEDULE DOES NOT LIST THIS CODE. AN ALLOWANCE HAS BEEN MADE FOR A COMPARABLE SERVICE.

ANSI Claim Adjustment Reason Codes:

Code	Description
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

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

Notices:

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

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

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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: 04/30/2020
Check Number: 3092854
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,WHUWGZ

WHUWGZ

11/9/18 3:44 PM 3 0000752 20200501 PE0A2101 JOP-FEC 1 oz DOM PE0A210000* 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 Payme
2019011509		04/22/2019	$180.00	$0.00	$180.0

Category	Stub Notes	Stub Amoun
180	\nThe charges have been paid per ICW s usual and c	$0.0(

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

WHUWGZ

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

DATE	CHECK NO.
04/30/2020	3092854
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

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

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

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2019011509

⑈3092854⑈ ⑆122000661⑆ 145953994 3⑈

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: 3092854
Check Date: 04/30/2020

Claim #: 2019011509 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/19/2020 **Through:** 02/19/2020 **Adjuster:** Rivera, Michelle
Claimant:
SS#: **Date of Birth:** **Date of Injury:** 04/22/2019
Reviewed By: 2Q **Date Received:** 04/20/2020 **Date Reviewed:** 04/20/2020 **Bill Review #:** FIC-IWCA-3636244
Patient Acct #: 76456 **Bill Control #:** FIC-IWCA-3636244 **PPO Subnet:**
Employer: LOPEZ, PEDRO F (INDV)

Diagnosis Codes: T14.90

Date of Service	Line	POS	Procedure Code/Mod	Qty	Charged	Fee Schedule	--- Reductions --- PPO	Prior Paid	Other	Allowed	Explanation Codes
02/19/2020	001	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
			Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

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
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

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.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
P12	Workers' compensation jurisdictional fee schedule adjustment.

Procedure Code Guide:

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

Notices:

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

*** INVOICE ***
Date NO#
05/26/20 77522

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019018371

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

Case: vs PRECISION AUTO COLLISION INC
Date Of Injury: 9/15/14 - 9/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/07/19	INITIAL ACUP	W/ ACUPUNCT TED PRIEBE @ FMR*	230.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/16/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
10/23/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/12/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/26/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/03/19	FOLLOW-UP	W/ ACUPUNCT SUNGSOO HWANG*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/06/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
12/12/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/13/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
12/19/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/09/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/14/20	FOLLOW-UP	W/ACUPUNCT TAE GON KIM @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/15/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/16/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/21/20	FOLLOW-UP	W/ ACUPUNCT BO CHO @ FMR*	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#
05/26/20 77522

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019018371

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

Case: vs PRECISION AUTO COLLISION INC
Date Of Injury: 9/15/14 - 9/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/22/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/23/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/24/20	PR2/REEVAL	W/DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/27/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT SANGWAN HWANG @ FMR*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/29/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
02/03/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/04/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/10/20	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/11/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
02/13/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/25/20	PMT BY CHECK	DOS 1/29/20* =# 3042762 ICW	-180.00
02/20/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/05/20	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	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#
05/26/20 77522

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2019018371

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

Case: vs PRECISION AUTO COLLISION INC
Date Of Injury: 9/15/14 - 9/13/19

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/06/20	PR2/REEVAL	DR HASSANIN, MOHAMED @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
05/14/20	PMT BY CHECK	DOS 2/20/20* =# 3112481 ICW	-180.00

BALANCE 5140.00

* 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: 05/14/2020
Check Number: 3112481
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,XNH1HK

XNH1HK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

77522
77022

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
2019018371		09/30/2018	$180.00	$0.00	$180.00

Category	Stub Notes	Stub Amount
180	The charges have been paid per ICW s usual and cus	$0.00

PAID
MAY 26 2020
BY. .....

See attached page(s) for Explanations of Review

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

XNH1HK

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

DATE	CHECK NO.
05/14/2020	3112481
	CHECK AMOUNT
VOID AFTER 90 DAYS	$180.00

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

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

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2019018371

⑈3112481⑈ ⑆122000661⑆ 145953994 3⑈

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: 3112481
Check Date: 05/14/2020

Claim #: 2019018371 **Bill Type:** PROF **Jurisdiction:** CA **Payment Type:** MED
From: 02/20/2020 **Through:** 02/20/2020 **Adjuster:** Stewart, Susan
Claimant:
SS#: XXX-XX **Date of Birth:** **Date of Injury:** 09/30/2018
Reviewed By: 2Q **Date Received:** 04/20/2020 **Date Reviewed:** 04/20/2020 **Bill Review #:** FIC-IWCA-3636324
Patient Acct #: 77522 **Bill Control #:** FIC-IWCA-3636324 **PPO Subnet:**
Employer: PRECISION AUTO COLLISION 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
02/20/2020	001	11	T1013	8	180.00	0.00	0.00	0.00	0.00	180.00	402, 375
			Alert: Additional information/explanation will be sent separately. This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.								
			Totals:		180.00	0.00	0.00	0.00	0.00	180.00	

Comments:

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
375	G5	P1	PLEASE SEE SPECIAL *NOTE* BELOW.
402	G2	P12	PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.5307

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.
G5	THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

ANSI Claim Adjustment Reason Codes:

Code	Description
P1	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. To be used for Property and Casualty only.
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#
05/27/20 73412

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC608D39982

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: NATALIE DOWDS
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs EXCEL RESIDENTIAL SERVICES
Date Of Injury: 1/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/18	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/16/18	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/21/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/26/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
02/28/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/05/18	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
03/07/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/12/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
03/14/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/19/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/21/18	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/04/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/10/18	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/15/18	PMT BY CHECK	DOS 2/14/18-4/10/18* =# 0083125253	-1170.00
06/12/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	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#
05/27/20 73412

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
WC608D39982

BILL TO:
LIBERTY MUTUAL (ROCKLIN)
W. C. DEPARTMENT
ATTN: NATALIE DOWDS
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs EXCEL RESIDENTIAL SERVICES
Date Of Injury: 1/23/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/01/18	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/22/20	LIEN FIL FEE	LIEN FILING FEE	150.00
05/21/20	PMT BY CHECK	DOS 6/12/18* =# 0083583771	-90.00
05/21/20	PMT BY CHECK	DOS 6/12/18-8/1/18 =# 0083583464	-180.00

BALANCE 700.00

* 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 **

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Helmsman
Management Services LLC™

B. CODE
298

CHECK REFERENCE	CHECK DATE
0083583771	05/21/20
CHECK AMOUNT	BLOCK NUMBER
*****$90.00	010530

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801052111-004267
BANK: 298
CHECK REF: 0083583771 DATE: 05/21/20 AMT: 90.00
INTERNAL BILL NO: 120820401 MSR: N0152400
CUST/EXTERNAL BILL NO: 2000696714
BR PROVIDER #: 330956713-0011

CLAIM NO. WC 608-D39982 HOD
CONTRACT NO: WP8-65B-290306-297
DOCUMENT NO: 26181910471700

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PATIENT ACCT. #: 73412
SSN:
DOI: 01/23/18
PATIENT:

PROVIDER: JOYCE ALTMAN

AGENCY CLAIM #(BOARD COMM #): 201801261751551690 2803
DIAG CODES: T14.90

EMPLOYER: ADP TOTALSOURCE FL XVI, INC.
ADDRESS: 631 S. OLIVE ST
SUITE 660
LOS ANGELES, CA 90014
LOCATION CODE: V09NCTS

DATES OF SERVICE: 02/14/18-06/12/18
AUDIT DATE: 05/20/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
02/14/18	T1013		SIGN LANG/ORAL INTERPRETE	8.00	230.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
02/16/18	T1013		SIGN LANG/ORAL INTERPRETE	8.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
02/21/18	T1013		SIGN LANG/ORAL INTERPRETE	8.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
02/26/18	T1013		SIGN LANG/ORAL INTERPRETE	8.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
02/28/18	T1013		SIGN LANG/ORAL INTERPRETE	8.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/05/18	T1013		SIGN LANG/ORAL INTERPRETE	8.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/07/18	T1013		SIGN LANG/ORAL INTERPRETE	8.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/12/18	T1013		SIGN LANG/ORAL INTERPRETE	8.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/14/18	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G56 U301

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

MPA * 001393
LIBERTY MUTUAL - WAUSAU
P.O. BOX 7070
LONDON, KY 40742

Helmsman
Management Services LLC™

CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0083583771
62-20/311
38621953

CHECK DATE
05/21/20

$ **********90.00

VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION
298	949	CLAIM WC 608-D39982 HOD

PAY NINETY AND 00/100 DOLLARS**********

TO THE ORDER OF
JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781

TWO SIGNATURES REQUIRED IF OVER $150,000

⑈00835837 7⑈ ⑆031100209⑆ 38621953⑈

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman
Management Services LLC™

BLOCK NUMBER
010531

OSN: MM0801052111-004268
BANK: 298
CHECK REF: 0083583771 DATE: 05/21/20 AMT: 90.0
INTERNAL BILL NO: 120820401 MSR: N0152400
CUST/EXTERNAL BILL NO: 2000696714
BR PROVIDER #: 330956713-0011

CLAIM NO. WC 608-D39982 HOD
CONTRACT NO: WP8-65B-290306-297
DOCUMENT NO: 26181910471700

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PATIENT ACCT. #: 73412
SSN:
DOI: 01/23/18
PATIENT:

PROVIDER: JOYCE ALTMAN

AGENCY CLAIM #(BOARD COMM #): 201801261751551690 2803
DIAG CODES: T14.90

EMPLOYER: ADP TOTALSOURCE FL XVI, INC.
ADDRESS: 631 S. OLIVE ST
SUITE 660
LOS ANGELES, CA 90014
LOCATION CODE: V09NCTS

DATES OF SERVICE: 02/14/18-06/12/18
AUDIT DATE: 05/20/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/19/18	T1013		SIGN LANG/ORAL INTERPRETE	8.00	90.00	N/A	N/A	0.00	0.00	G1 5898 G56 U301
03/21/18	T1013		SIGN LANG/ORAL INTERPRETE	8.00	90.00	N/A	N/A	0.00	0.00	G1 5898 G56 U301
04/04/18	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	N/A	N/A	0.00	0.00	G1 5898 G56 U301
04/10/18	T1013		SIGN LANG/ORAL INTERPRETE	8.00	230.00	N/A	N/A	0.00	0.00	G1 5898 G56 U301
06/12/18	T1013		SIGN LANG/ORAL INTERPRETE	8.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 601

TOTAL CHARGES:	1810.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	90.00

EXPLANATION CODE 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

U301 THIS ITEM HAS BEEN REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR IS CURRENTLY IN PROCESS. NOTIFICATION OF DECISION HAS BEEN PREVIOUSLY PROVIDED OR WILL BE ISSUED UPON COMPLETION OF OUR REVIEW. (U301)

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

5898 CONTESTED CHARGES MAY BE ADJUDICATED BEFORE THE WORKERS' COMPENSATION APPEALS BOARD. (5898)

601 CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)

Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

5688 TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMSBR_1.PDF AFTER AN EOR IS RECEIVED ON AN ORIGINAL BILL SUBMISSION, A HEALTH CARE PROVIDER, HEALTH CARE FACILITY, OR BILLING AGENT/ASSIGNEE (HEREIN REFERRED TO AS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7071
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman
Management Services LLC™

B. CODE	CHECK REFERENCE	CHECK DATE
298	0083583464	05/21/20
	CHECK AMOUNT ****$180.00	BLOCK NUMBER 010226

CLAIM NO. WC 608-D39982 HOD
CONTRACT NO: WP8-65B-290306-297
DOCUMENT NO: 2B0141903460004

OSN: MM0301052111-003963
BANK: 298
CHECK REF: 0083583464 DATE: 05/21/20 AMT: 180.0
INTERNAL BILL NO: 122558140 MSR: N0069529
CUST/EXTERNAL BILL NO: 2000696762
BR PROVIDER #: 330956713-0003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PROVIDER: JOSEPH
JOYCE ALTMAN INTERPRETERS IN

EMPLOYER: ADP TOTALSOURCE FL XVI, INC.
ADDRESS: 631 S. OLIVE ST
SUITE 660
LOS ANGELES, CA 90014
LOCATION CODE: V09NCTS

RECEIVED
MAY 26 2020
BY:

PATIENT ACCT. #: 73412
SSN:
DOI: 01/23/18
PATIENT:

AGENCY CLAIM #(BOARD COMM #): 20180126175155169028O3
DIAG CODES: T14.90

DATES OF SERVICE: 02/14/18-08/01/18
AUDIT DATE: 05/20/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
02/14/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	230.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
02/16/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
02/21/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
02/26/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
02/28/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/05/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/07/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/12/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	N/A	N/A	0.00	0.00	G56 U301 G1 5898
03/14/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

MPA * 001317
LIBERTY MUTUAL - GAINESVILLE
P.O. BOX 7071
LONDON, KY 40742

Helmsman
Management Services LLC™

CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0083583464
62-20/311
38621953

CHECK DATE
05/21/20

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION
298	570	CLAIM WC 608-D39982 HOD

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

VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

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

TO THE ORDER OF
JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781-4165

TWO SIGNATURES REQUIRED IF OVER $150,000

⑈0083583464⑈ ⑆031100209⑆ 38621953⑈

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7071
LONDON, KY 40742

Helmsman
Management Services LLC

BLOCK NUMBER
010227

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0301052111-003964
BANK: 298
CHECK REF: 0083583464 DATE: 05/21/20 AMT: 180.0
INTERNAL BILL NO: 122558140 MSR: N0069529
CUST/EXTERNAL BILL NO: 2000696762
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-D39982 HOD
CONTRACT NO: WP8-65B-290306-297
DOCUMENT NO: 2B0141903460004

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 73412
SSN:
DOI: 01/23/18
PATIENT:

PROVIDER: JOSEPH
JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ADP TOTALSOURCE FL XVI, INC.
ADDRESS: 631 S. OLIVE ST
SUITE 660
LOS ANGELES, CA 90014
LOCATION CODE: V09NCTS

AGENCY CLAIM #(BOARD COMM #): 201801261751551690 2803
DIAG CODES: T14.90

DATES OF SERVICE: 02/14/18-08/01/18
AUDIT DATE: 05/20/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/19/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	N/A	N/A	0.00	0.00	G1 5898 G56 U301
03/21/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	N/A	N/A	0.00	0.00	G1 5898 G56 U301
04/04/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	N/A	N/A	0.00	0.00	G1 5898 G56 U301
04/10/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	230.00	N/A	N/A	0.00	0.00	G1 5898 G56 U301
05/12/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	90.00	N/A	0.00	90.00	G1 5898 G1 5898
08/01/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	90.00	N/A	0.00	90.00	G1 601 G1 5898 G1 601

TOTAL CHARGES:	1990.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	180.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	180.00

EXPLANATION CODE DESCRIPTIONS:

56 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

301 THIS ITEM HAS BEEN REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR IS CURRENTLY IN PROCESS. NOTIFICATION OF DECISION HAS BEEN PREVIOUSLY PROVIDED OR WILL BE ISSUED UPON COMPLETION OF OUR REVIEW. (U301)

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

398 CONTESTED CHARGES MAY BE ADJUDICATED BEFORE THE WORKERS' COMPENSATION APPEALS BOARD. (5898)

01 CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES

272 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)

349 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)

350 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

388 TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM:

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

*** INVOICE ***
Date NO#
05/20/20 74046

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-D5-4703

BILL TO:
LIBERTY/HELMSMAN (ROCKLIN)
W. C. DEPARTMENT
ATTN: JANELL WILLIAM
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs ADP TOTALSOURCE/SANDBERG FURNI
Date Of Injury: 4/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/30/18	INITIAL EXAM	-DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/04/18	F/U CHIRO TX	-CHIRO TX W/DR MAYYA KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/06/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/13/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/18/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVHCNEKO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/22/18	F/U CHIRO TX	-CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/25/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/27/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/02/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/09/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/10/18	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/11/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/16/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/23/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	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#
05/20/20 74046

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-D5-4703

BILL TO:
LIBERTY/HELMSMAN (ROCKLIN)
W. C. DEPARTMENT
ATTN: JANELL WILLIAM
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs ADP TOTALSOURCE/SANDBERG FURNI
Date Of Injury: 4/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/25/18	F/U CHIRO TX	-CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/01/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
08/14/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
08/29/18	PR2/REEVAL	-DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
09/11/18	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/30/19	LIEN FIL FEE	LIEN FILING FEE	150.00
11/13/19	PENALTIES	FOR DATE OF SERVICE 05/30/18	34.50
11/13/19	INTEREST	FOR DATE OF SERVICE 05/30/18	34.96
11/13/19	PENALTIES	FOR DATE OF SERVICE 07/10/18	34.50
11/13/19	INTEREST	FOR DATE OF SERVICE 07/10/18	34.64
05/12/20	PMT BY CHECK	DOS 5/30/18-5/30/19* =# 0083579347	-2500.00

BALANCE 228.60

* 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 **

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman
Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	0083579347	05/12/20
	CHECK AMOUNT ***$2500.00	BLOCK NUMBER 007546

M

CLAIM NO. WC 608-D54703 HOD
CONTRACT NO: WP8-65B-290306-297
DOCUMENT NO: 2C2061900590004

OSN: MM0801051211-002806
BANK: 298
CHECK REF: 0083579347 DATE: 05/12/20 AMT: 2,500.(
INTERNAL BILL NO: 124540257 MSR: N0240063
CUST/EXTERNAL BILL NO: 2000681084
BR PROVIDER #: 330956713-0003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 74046
SSN: XXX-XX
DOI: 04/05/18
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

RECEIVED
MAY 18 2020
BY: .....

AGENCY CLAIM #(BOARD COMM #): 20180512233822892116O8
DIAG CODES: T14.90

EMPLOYER: ADP TOTALSOURCE I, INC.
ADDRESS: 5685 ALCOA AVE
LOS ANGELES, CA 90058

LOCATION CODE: FG9NCTS

DATES OF SERVICE: 05/30/18-05/30/19
AUDIT DATE: 05/04/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODE
05/30/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	230.00	230.00	N/A	0.00	230.00 G1	589
06/04/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	90.00	N/A	0.00	90.00 G1	589
06/13/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	90.00	N/A	0.00	90.00 G1	589
06/18/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	90.00	N/A	0.00	90.00 G1	589
06/22/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	90.00	N/A	0.00	90.00 G1	589
06/25/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	90.00	N/A	0.00	90.00 G1	589
06/27/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	90.00	N/A	0.00	90.00 G1	589
07/02/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	90.00	N/A	0.00	90.00 G1	589
07/09/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	90.00	N/A	0.00	90.00 G1	589
07/10/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	230.00	230.00	N/A	0.00	230.00 G1	589
07/11/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	90.00	N/A	0.00	90.00 G1	589
07/16/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	90.00	N/A	0.00	90.00 G1	589
07/23/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	90.00	N/A	0.00	90.00 G1	589
07/30/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	90.00	N/A	0.00	90.00 G1	589
07/25/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	90.00	90.00	N/A	0.00	90.00 G1	589
08/01/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	180.00	N/A	0.00	180.00 G1	589
08/14/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	180.00	N/A	0.00	180.00 G1	589

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

MPA * 000936
LIBERTY MUTUAL - WAUSAU
P.O. BOX 7070
LONDON, KY 40742

Helmsman
Management Services LLC

CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0083579347
62-20/311
38621953

CHECK DATE
05/12/20

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION
298	949	CLAIM WC 608-D54703 HOD

$ **********2,500.00

VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

PAY TWO THOUSAND FIVE HUNDRED AND 00/100 DOLLARS**********

TO THE ORDER OF
JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781-4165

TWO SIGNATURES REQUIRED IF OVER $150,000

⑈0083579347⑈ ⑆031100209⑆ 38621953⑈

THE ORIGINAL DOCUMENT HAS A BLUE/GREEN WATERMARK ON THE BACK

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman
Management Services LLC™

BLOCK NUMBER
007548

OSN: MM0801051211-002808
BANK: 298
CHECK REF: 0083579347 DATE: 05/12/20 AMT: 2,500.(
INTERNAL BILL NO: 124540257 MSR: N0240063
CUST/EXTERNAL BILL NO: 2000681084
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-D54703 HOD
CONTRACT NO: WP8-65B-290306-297
DOCUMENT NO: 2C2061900590004

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 74046
SSN: XXX-XX
DOI: 04/05/18
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 201805122338228921 1608
DIAG CODES: T14.90

EMPLOYER: ADP TOTALSOURCE I, INC.
ADDRESS: 5685 ALCOA AVE
LOS ANGELES, CA 90058

LOCATION CODE: FG9NCTS

DATES OF SERVICE: 05/30/18-05/30/19
AUDIT DATE: 05/04/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODE
			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.							
5792			TO OBTAIN INFORMATION ABOUT THE STATUS OF YOUR MEDICAL BILL SUBMISSIONS AND TO LEARN ABOUT THE RECONSIDERATION PROCESS, OR THE BENEFITS OF PAPERLESS BILLING & ELECTRONIC PAYMENTS (EFT), VISIT OUR PROVIDER SUPPORT WEBSITE AT WWW.LIBERTYMUTUALPROVIDERSUPPORT.COM.							

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOB, INCLUDE A COPY OF THE EOB, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE APPEALS ONLY ADDRESS LOCATED ON THE LEFT CORNER OF THE EOB. (Z212)
DATE BILL RECEIVED: 04/27/2020 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER PATIENT
DOB: 10/30/1960
PPO/MPN NAME: PPO/MPN ID #: PAY-TO PROVIDER STATE LIC #: MDCA

LINE # 1	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 2	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 3	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 4	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 5	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 6	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 7	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 8	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 9	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 10	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 11	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 12	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 13	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 14	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 15	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 16	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 17	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 18	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 19	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:
LINE # 20	BILLED UNIT: 1.00	RX #:	RENDRG PROV NPI:

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Helmsman
Management Services LLC™

BLOCK NUMBER
007547

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801051211-002807
BANK: 298
CHECK REF: 0083579347 DATE: 05/12/20 AMT: 2,500.(
INTERNAL BILL NO: 124540257 MSR: N0240063
CUST/EXTERNAL BILL NO: 2000681084
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-D54703 HOD
CONTRACT NO: WP8-65B-290306-297
DOCUMENT NO: 2C2061900590004

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 74046
SSN: XXX-XX
DOI: 04/05/18
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 201805122338228921 1608
DIAG CODES: T14.90

EMPLOYER: ADP TOTALSOURCE I, INC.
ADDRESS: 5685 ALCOA AVE
LOS ANGELES, CA 90058

LOCATION CODE: FG9NCTS

DATES OF SERVICE: 05/30/18-05/30/19
AUDIT DATE: 05/04/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODE
08/29/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	180.00	N/A	0.00	180.00 G1	589
09/11/18	T1013		SIGN LANG/ORAL INTERPRETE	1.00	180.00	180.00	N/A	0.00	180.00 G1	589
05/30/19	T1013		SIGN LANG/ORAL INTERPRETE	1.00	150.00	150.00	N/A	0.00	150.00 G1	589

TOTAL CHARGES:	2500.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	2500.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	2500.00

EXPLANATION CODE DESCRIPTIONS:

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

5898 CONTESTED CHARGES MAY BE ADJUDICATED BEFORE THE WORKERS' COMPENSATION APPEALS BOARD. (5898)

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)

Z849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

5688 TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMSBR_1.PDF AFTER AN EOR IS RECEIVED ON AN ORIGINAL BILL SUBMISSION, A HEALTH CARE PROVIDER, HEALTH CARE FACILITY, OR BILLING AGENT/ASSIGNEE (HEREIN REFERRED TO AS 'PROVIDER') THAT DISPUTES THE AMOUNT PAID MAY SUBMIT AN APPEAL/RECONSIDERATION/REQUEST FOR SECOND REVIEW TO THE CLAIMS ADMINISTRATOR WITHIN 90 DAYS OF SERVICE OF THE EOR. THE REQUEST FOR SECOND REVIEW MUST CONFORM TO THE REQUIREMENTS OF THE DWC'S MEDICAL BILLING AND PAYMENT GUIDE, AND REGULATIONS AT TITLE 8, CA CODE OF REGULATIONS, SECTION 9792.5.4 ET SEQ. IF THE DISPUTE IS THE AMOUNT OF PAYMENT AND THE PROVIDER DOES NOT REQUEST A SECOND REVIEW WITHIN 90 DAYS OF THE SERVICE OF THE EOR, THE BILL SHALL BE DEEMED SATISFIED AND NEITHER THE EMPLOYER NOR THE EMPLOYEE SHALL BE LIABLE FOR ANY FURTHER PAYMENT. REQUEST FOR INDEPENDENT BILL REVIEW FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMIBR_1.PDF AFTER THE PROVIDER SUBMITS A REQUEST FOR SECOND REVIEW, THE CLAIMS ADMINISTRATOR WILL REVIEW THE BILL AND ISSUE AN EOR WHICH IS THE FINAL WRITTEN DETERMINATION BY THE CLAIMS ADMINISTRATOR ON THE BILL. AFTER THE EOR IS RECEIVED ON THE SECOND BILL REVIEW SUBMISSION, THE PROVIDER THAT STILL DISPUTES THE AMOUNT PAID MAY SUBMIT A REQUEST FOR INDEPENDENT BILL REVIEW (IBR) WITHIN 30 DAYS OF SERVICE OF THE EOR. THE REQUEST FOR IBR MUST CONFORM TO THE REQUIREMENTS OF TITLE 8, CA CODE OF REGULATIONS, SECTION 9792.5.4 ET SEQ. IF THE PROVIDER FAILS TO REQUEST AN IBR WITHIN 30 DAYS, THE BILL SHALL BE DEEMED SATISFIED, AND NEITHER THE EMPLOYER NOR THE EMPLOYEE SHALL BE LIABLE FOR ANY

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

*** INVOICE ***
Date NO#
05/12/20 76357

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-D97538

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: JESSIE INESGROSA
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs SUPERIOR CENTER CONCEPTS
Date Of Injury: 4/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/19	INITIAL EXAM	DR MAGGIE PEZESHKIAN @ FMR*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/22/19	INITIAL ACUP	W/ACUPUNCT TED PREIBE @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/25/19	FOLLOW-UP	W/ ACUPUNCT SEONG KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/29/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/01/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/08/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/09/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
08/22/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/28/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/29/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/04/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ 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
09/11/19	FOLLOW-UP	W/ ACUPUNCT PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/12/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
10/04/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	EDUARDO REYES # 004539	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#
05/12/20 76357

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-D97538

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: JESSIE INESGROSA
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs SUPERIOR CENTER CONCEPTS
Date Of Injury: 4/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/10/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA E. BARBOSA # 500267	0.00
10/15/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/17/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/22/19	FOLLOW-UP	W/ ACUPUNCT PARK @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
10/24/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
10/28/19	INIT PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
10/30/19	F/U CHIRO TX	CHIRO TX W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/13/19	F/U PHYSIO	THERAPY W/DR PEZESKHIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
11/15/19	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	HILDA VILLAGRAN # 010201	0.00
12/06/19	PMT BY CHECK	DOS 10/10/19-10/24/19* =# 0083486386	-450.00
12/31/19	PMT BY CHECK	DOS 10/28/19-11/13/19* =# 0083499095	-270.00
12/11/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/23/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
12/27/19	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00

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

*** INVOICE ***
Date NO#
05/12/20 76357

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-D97538

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: JESSIE INESGROSA
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs SUPERIOR CENTER CONCEPTS
Date Of Injury: 4/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/03/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/12/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/14/20	PR2/REEVAL	DR HASSANIN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
02/17/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/21/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/20/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/27/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
02/28/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/06/20	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
05/07/20	PMT BY CHECK	DOS 1/29/20* =# 0083576872	-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#
05/12/20 76357

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608-D97538

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: JESSIE INESGROSA
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs SUPERIOR CENTER CONCEPTS
Date Of Injury: 4/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 5590.00

* 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 **

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7071
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman
Management Services LLC™

B. CODE	CHECK REFERENCE	CHECK DATE
298	0083576872	05/07/20
	CHECK AMOUNT ****$180.00	BLOCK NUMBER 000483

CLAIM NO. WC 608-D97538 HOD
CONTRACT NO: WP8-66B-064779-028
DOCUMENT NO: 20119A00085

OSN: MM0301050702-000483
BANK: 298
CHECK REF: 0083576872 DATE: 05/07/20 AMT: 180.(
INTERNAL BILL NO: 126792302 MSR: N0069529
CUST/EXTERNAL BILL NO: 2000685914
BR PROVIDER #: 330956713-0003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 76357
SSN: XXX-XX
DOI: 04/18/19
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: SUPER CENTER CONCEPTS, INC.
ADDRESS: 1375 N. CITRUS AVE.
COVINA, CA 91722

LOCATION CODE: 2-115-TOR

AGENCY CLAIM #(BOARD COMM #): 201904272105428621448l
DIAG CODES: T14.90

DATES OF SERVICE: 01/29/20-01/29/20
AUDIT DATE: 05/06/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
01/29/20	T1013		SIGN LANG/ORAL INTERPRETE	120.00	180.00	180.00	N/A	0.00	180.00 G1	589{

TOTAL CHARGES:	180.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	180.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	180.00

EXPLANATION CODE DESCRIPTIONS:
G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE.
5898 CONTESTED CHARGES MAY BE ADJUDICATED BEFORE THE WORKERS' COMPENSATION APPEALS BOARD. (5898)
ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 734732, CHICAGO, IL 60673-4732. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)
3849 GO PAPERLESS. LIBERTY MUTUAL INSURANCE CAN ACCEPT ELECTRONIC BILL SUBMISSIONS AND ISSUE PAYMENTS

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

MPA * 000242
LIBERTY MUTUAL - GAINESVILLE
P.O. BOX 7071
LONDON, KY 40742

Helmsman
Management Services LLC™

CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0083576872
62-20/311
38621953

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION
298	570	CLAIM WC 608-D97538 HOD

CHECK DATE
05/07/20

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

VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

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

TO THE ORDER OF
JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781-4165

TWO SIGNATURES REQUIRED IF OVER $150,000

⑈0083576872⑈ ⑆031100209⑆

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7071
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman
Management Services LLC

BLOCK NUMBER
000484

OSN: MM0301050702-000484
BANK: 298
CHECK REF: 0083576872 DATE: 05/07/20 AMT: 180.(
INTERNAL BILL NO: 126792302 MSR: N0069529
CUST/EXTERNAL BILL NO: 2000685914
BR PROVIDER #: 330956713-0003

CLAIM NO. WC 608-D97538 HOD
CONTRACT NO: WP8-66B-064779-028
DOCUMENT NO: 20119A00085

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: SUPER CENTER CONCEPTS, INC.
ADDRESS: 1375 N. CITRUS AVE.
COVINA, CA 91722

LOCATION CODE: 2-115-TOR

PATIENT ACCT. #: 76357
SSN: XXX-XX
DOI: 04/18/19
PATIENT:

AGENCY CLAIM #(BOARD COMM #): 20190427210542862144 81
DIAG CODES: T14.90

DATES OF SERVICE: 01/29/20-01/29/20
AUDIT DATE: 05/06/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODE
			ELECTRONICALLY. SIGN-UP TODAY TO TAKE ADVANTAGE OF THE BENEFITS OF PAPERLESS BILLING AND PAYMENTS BY VISITING WWW.JOPARI.COM OR BY CALLING 1-800-630-3060. (Z849)							
	Z850		MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)							
	5688		TIME LIMITS TO DISPUTE PAYMENT AMOUNT REQUEST FOR SECOND REVIEW FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMSBR_1.PDF AFTER AN EOR IS RECEIVED ON AN ORIGINAL BILL SUBMISSION, A HEALTH CARE PROVIDER, HEALTH CARE FACILITY, OR BILLING AGENT/ASSIGNEE (HEREIN REFERRED TO AS 'PROVIDER') THAT DISPUTES THE AMOUNT PAID MAY SUBMIT AN APPEAL/RECONSIDERATION/REQUEST FOR SECOND REVIEW TO THE CLAIMS ADMINISTRATOR WITHIN 90 DAYS OF SERVICE OF THE EOR. THE REQUEST FOR SECOND REVIEW MUST CONFORM TO THE REQUIREMENTS OF THE DWC'S MEDICAL BILLING AND PAYMENT GUIDE, AND REGULATIONS AT TITLE 8, CA CODE OF REGULATIONS, SECTION 9792.5.4 ET SEQ. IF THE DISPUTE IS THE AMOUNT OF PAYMENT AND THE PROVIDER DOES NOT REQUEST A SECOND REVIEW WITHIN 90 DAYS OF THE SERVICE OF THE EOR, THE BILL SHALL BE DEEMED SATISFIED AND NEITHER THE EMPLOYER NOR THE EMPLOYEE SHALL BE LIABLE FOR ANY FURTHER PAYMENT. REQUEST FOR INDEPENDENT BILL REVIEW FORM: HTTP://WWW.DIR.CA.GOV/DWC/DWCPROPREGS/IBR/FORMIBR_1.PDF AFTER THE PROVIDER SUBMITS A REQUEST FOR SECOND REVIEW, THE CLAIMS ADMINISTRATOR WILL REVIEW THE BILL AND ISSUE AN EOR WHICH IS THE FINAL WRITTEN DETERMINATION BY THE CLAIMS ADMINISTRATOR ON THE BILL. AFTER THE EOR IS RECEIVED ON THE SECOND BILL REVIEW SUBMISSION, THE PROVIDER THAT STILL DISPUTES THE AMOUNT PAID MAY SUBMIT A REQUEST FOR INDEPENDENT BILL REVIEW (IBR) WITHIN 30 DAYS OF SERVICE OF THE EOR. THE REQUEST FOR IBR MUST CONFORM TO THE REQUIREMENTS OF TITLE 8, CA CODE OF REGULATIONS, SECTION 9792.5.4 ET SEQ. IF THE PROVIDER FAILS TO REQUEST AN IBR WITHIN 30 DAYS, THE BILL SHALL BE DEEMED SATISFIED, AND NEITHER THE EMPLOYER NOR THE EMPLOYEE SHALL BE LIABLE FOR ANY FURTHER PAYMENT. IF THE EMPLOYER HAS CONTESTED LIABILITY FOR ANY ISSUE OTHER THAN THE REASONABLE AMOUNT PAYABLE FOR SERVICES, THAT ISSUE SHALL BE RESOLVED PRIOR TO FILING A REQUEST FOR IBR, AND THE TIME LIMIT FOR REQUESTING IBR SHALL NOT BEGIN TO RUN UNTIL THE RESOLUTION OF THAT ISSUE BECOMES FINAL.							
	5792		TO OBTAIN INFORMATION ABOUT THE STATUS OF YOUR MEDICAL BILL SUBMISSIONS AND TO LEARN ABOUT THE RECONSIDERATION PROCESS, OR THE BENEFITS OF PAPERLESS BILLING & ELECTRONIC PAYMENTS (EFT), VISIT OUR PROVIDER SUPPORT WEBSITE AT WWW.LIBERTYMUTUALPROVIDERSUPPORT.COM.							

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOB, INCLUDE A COPY OF THE EOB, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE APPEALS ONLY ADDRESS LOCATED ON THE LEFT CORNER OF THE EOB. (Z212)
DATE BILL RECEIVED: 04/28/2020 PAY STATUS CD: 1 BILL FREQ. TYPE: DRG CD: PAY METHOD: PAPER PATIENT DOB: 11/19/1972
PPO/MPN NAME: PPO/MPN ID #: PAY-TO PROVIDER STATE LIC #: MDCA

LINE # 1 BILLED UNIT: 120.00 RX #: RENDRG PROV NPI:

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

*** INVOICE ***
Date NO#
05/21/20 75569

EAMS#(s):

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

BILL TO:
*SUPERIOR PERSONNEL, INC.
W. C. DEPARTMENT
ATTN: MANAGER/OWNER
P.O. BOX 1708
RANCHO CUCAMONGA, CA 91729

Case: vs SUPERIOR PERSONNEL INC.
Date Of Injury: 10/15/18;12/17-11/18

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/19	INITIAL EXAM	DR ZAREENA KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/08/19	INITIAL ACUP	W/ ACUPUNCT MIN JOO KIM @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/13/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/24/19	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/23/19	PR2/REEVAL	W/DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/29/20	P AND S	W/DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/15/20	PMT BY CHECK	DOS 3/13/19-6/24/19 # 102742	-820.00

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 **

102742

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com
90-7162/3222

WORKFORCE ENTERPRISES WFE INC
800 N. Haven Ave. Suite 330
Ontario, CA 91764

5/15/2020

PAY TO THE ORDER OF Joyce Altman Interpreters, Inc. $ **820.00

Eight Hundred Twenty and 00/100********** DOLLARS

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

AUTHORIZED SIGNATURE

MEMO

Security features. Details on back.

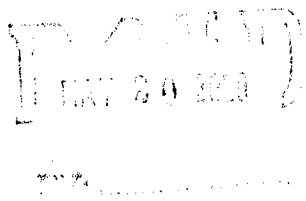
⑈102742⑈ ⑆322271627⑆ 28168388 5⑈

WORKFORCE ENTERPRISES WFE INC 102742

Joyce Altman Interpreters, Inc. 5/15/2020

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
1/1/2020	Bill	75569	820.00	820.00		820.00
					Check Amount	820.00

Chase Bank Operatin 820.00



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

*** INVOICE ***
Date NO#
05/26/20 77336

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
10204012

BILL TO:
UTICA NATIONAL INS (SCRANTON)
W. C. DEPARTMENT
ATTN: MICHELLE HYRE
P.O. BOX 6584
SCRANTON, PA 18505

Case: vs LAX IN FITE SERVICES, LLC
Date Of Injury: 2/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/19	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/27/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/04/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/11/19	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/18/19	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/03/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	JENNIFER RAMOS # 101254	0.00
01/08/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/31/20	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/05/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/12/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/21/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG CHIRO*+	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/06/20	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/13/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/27/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00

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

*** INVOICE ***
Date NO#
05/26/20 77336

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
10204012

BILL TO:
UTICA NATIONAL INS (SCRANTON)
W. C. DEPARTMENT
ATTN: MICHELLE HYRE
P.O. BOX 6584
SCRANTON, PA 18505

Case: vs LAX IN FITE SERVICES, LLC
Date Of Injury: 2/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/20	F/U CHIRO TX	CHIRO TX W/DR GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
05/18/20	PMT BY CHECK	DOS 11/18/19-3/6/20* =# 0001428034	-1940.00

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 **

UTICA NATIONAL INSURANCE GROUP
Insurance that starts with you.

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

CLAIM NUMBER	PAYMENT DESCRIPTION	AMOUNT OF CHECK	CHECK NO.	DATE OF ISSUE
0010204012	77336 FROM 11/18/2019 TO 03/06/2020	$1,940.00	0001428034	05/18/2020

DCN00000020129200330101

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:
MICHELE HYRE **TELEPHONE:(315) 734-2000**

CLAIM NUMBER: 0010204012
CLAIMANT:
ACCOUNT: 77336

3301 CA

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

UTICA NATIONAL INSURANCE GROUP
P. O. Box 530
Utica, NY 13503-0530

M&T Bank
Manufacturers and Traders Trust Company
Commercial Banking

DATE OF ISSUE 05/18/2020
0001428034
50-7063
2213

AMOUNT OF CHECK
$**********1,940.00
VOID AFTER 180 DAYS

FO	CLAIM NUMBER	LOSS DATE	INSURED
Z7	0010204012	02/08/2019	LAX IN FLITE DBA ROYAL

FOR 77336
FROM 11/18/2019 TO 03/06/2020

ONE THOUSAND, NINE HUNDRED FORTY AND 00/100 ---------- DOLLARS

Pay to the order of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

AUTHORIZED SIGNATURE

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈0001428034⑈ ⑆221370632⑆ 610000001471751⑈

AccuMed

Explanation of Review

Client Name: UTICA NATIONAL INS GROUP CA WC - K6CA
Client Code: K6CA
Carrier No:
Carrier: GRAPHIC ARTS MUTUAL INSURANCE
P O BOX 5310
BINGHAMTON, NY 13902-9955

Employer/Insured: LAX IN-FLITE SERVICES LLC D
ROYAL AIRLINE LINEN
125 N. ASH AVENUE
INGLEWOOD, CA 90301

Policy Admin: EJ2749

Case: IC1-K6CA-15807
Post Date: 05-15-2020
Adjustor: K6_HYREMICHELE
Reviewer: @@/
Other: Y_OT_S_RP_HF_C_NV_
Pmt Status Code: 1

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

NPI:
Tax ID: 33-0956713 AE Lic: 999999999 AO R: 26
Rnd Pr: INTERPRETERS INC, JOYCE ALTMAN

Claim: 0010204012
CR/BR Date: 05-07-2020 / 05-08-2020
SSN:
DOI/DOL: 02-08-2019
Claimant:

Provider Invoice: 77336
Provider Account: 77336

Bill ICD Version: 10
DOS: 11-18-2019 to 03-06-2020
N Dx A: T14.90XD INJURY, UNSPECIFIED, SUBSEQUEN T ENCOUNTER
Ext ID: 3239661
CR Seq: 20129200330101

DOS	PS	Rev/Proc Service Description	Dx	Units	Charges	BRV RSZ	SR NGD	PPO ISR	Expl. Code(s) Allowance
11-18-2019	11	Q00014 INTERPRETER OTHER 15	A	1	230.00				G5, A50 230.00
11-27-2019	11	Q00014 INTERPRETER OTHER 15	A	1	90.00				G5, A50 90.00
12-04-2019	11	Q00014 INTERPRETER OTHER 15	A	1	90.00				G5, A50 90.00
12-11-2019	11	Q00014 INTERPRETER OTHER 15	A	1	90.00				G5, A50 90.00
12-18-2019	11	Q00014 INTERPRETER OTHER 15	A	1	180.00				G5, A50 180.00
01-03-2020	11	Q00014 INTERPRETER OTHER 15	A	1	180.00				G5, A50 180.00
01-08-2020	11	Q00014 INTERPRETER OTHER 15	A	1	180.00				G5, A50 180.00
01-31-2020	11	Q00014 INTERPRETER OTHER 15	A	1	180.00				G5, A50 180.00
02-05-2020	11	Q00014 INTERPRETER OTHER 15	A	1	180.00				G5, A50 180.00
02-12-2020	11	Q00014 INTERPRETER OTHER 15	A	1	180.00				G5, A50 180.00
02-21-2020	11	Q00014 INTERPRETER OTHER 15	A	1	180.00				G5, A50 180.00
03-06-2020	11	Q00014 INTERPRETER OTHER 15	A	1	180.00				G5, A50 180.00

AccuMed

Explanation of Review

Client Name: UTICA NATIONAL INS GROUP CA WC - K6CA
Client Code: K6CA
Carrier No:
Carrier: GRAPHIC ARTS MUTUAL INSURANCE
P O BOX 5310
BINGHAMTON, NY 13902-9955

Employer/Insured: LAX IN-FLITE SERVICES LLC D
ROYAL AIRLINE LINEN
125 N. ASH AVENUE
INGLEWOOD, CA 90301

Policy Admin: EJ2749

Case: IC1-K6CA-15807
Post Date: 05-15-2020
Adjustor: K6_HYREMICHELE
Reviewer: @@/
Other: Y_OT_S_RP_HF_C_NV_
Pmt Status Code: 1

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

NPI:
Tax ID: 33-0956713 AE Lic: 999999999 AO R: 26
Rnd Pr: INTERPRETERS INC, JOYCE ALTMAN

Claim: 0010204012
CR/BR Date: 05-07-2020 / 05-08-2020
SSN:
DOI/DOL: 02-08-2019
Claimant:

Provider Invoice: 77336
Provider Account: 77336

Bill ICD Version: 10
N Dx A: T14.90XD INJURY, UNSPECIFIED, SUBSEQUEN T ENCOUNTER

DOS: 11-18-2019 to 03-06-2020
Ext ID: 3239661
CR Seq: 20129200330101

DOS	PS	Rev/Proc Service Description	Dx	Units	Charges	BRV RSZ	SR NGD	PPO ISR	Expl. Code(s) Allowance
				Total Charges:	1,940.00				
				Recommended Allowance:					1,940.00

Messages:

A50 APPROVED FOR PAYMENT BY ADJUSTOR
G5 THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

INVOICE:77336

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

AccuMed

Explanation of Review

Case: IC1-K6CA-15807
Client Name: UTICA NATIONAL INS GROUP CA WC - K6CA
Post Date: 05-15-2020
Client Code: K6CA
Employer/Insured: LAX IN-FLITE SERVICES LLC D
Adjustor: K6_HYREMICHELE
Carrier No:
ROYAL AIRLINE LINEN
Carrier: GRAPHIC ARTS MUTUAL INSURANCE
125 N. ASH AVENUE
Reviewer: @@/
P O BOX 5310
INGLEWOOD, CA 90301
BINGHAMTON, NY 13902-9955
Other: Y_OT_S_RP_HF_C_NV_
Policy Admin: EJ2749
Pmt Status Code: 1

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

Claim: 0010204012
CR/BR Date: 05-07-2020 / 05-08-2020
SSN:
DOI/DOL: 02-08-2019
Claimant:

NPI:
Tax ID: 33-0956713 AE Lic: 999999999 AO R: 26
Rnd Pr: INTERPRETERS INC, JOYCE ALTMAN

Provider Invoice: 77336
Provider Account: 77336

Bill ICD Version: 10
DOS: 11-18-2019 to 03-06-2020
N Dx A: T14.90XD INJURY, UNSPECIFIED, SUBSEQUEN T ENCOUNTER
Ext ID: 3239661
CR Seq: 20129200330101

DOS	PS	Rev/Proc	Dx	Units	Charges	BRV	SR	PPO	Expl. Code(s)
		Service Description				RSZ	NGD	ISR	Allowance

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.

File: E1600

DIRECT INQUIRIES TO GENEX SERVICES, AT THE FOLLOWING LOCATION:
UTICA NATIONAL INS
PO BOX 6584, SCRANTON, PA 18505-6584
FAX # 888-300-0744
(800) 240-0809

DCN: 20129200330101

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

*** INVOICE ***
Date NO#
05/27/20 76930

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
182234

BILL TO:
VANLINER INSURANCE (FENTON,MO)
W. C. DEPARTMENT
ATTN: CYNTHIA COOKSEY
P.O. BOX # 26352
FENTON, MO 63026

Case: vs LINK LOGISTICS
Date Of Injury: 9/17/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/26/19	POST-OP	DR EMMETT COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO 101080	0.00
10/10/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/24/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/07/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/21/19	PR2/REEVAL	DR COX @ HAND & ORTHO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/20/20	PMT BY CHECK	DOS 9/26/19-11/21/19* # 0100471852	-900.00

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

VANLINER INSURANCE COMPANY

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CHECK NUMBER	0100471852
CHECK DATE	05/20/20
VENDOR CODE	VLPOINT007627
CHECK AMOUNT	$ 900.00

Invoice Date	Invoice No.	Description	Invoice Amt
05/19/20	B5/00182234/4984408	DOS 09/26/19 TO 11/21/19. INVOICE 76930.	900.00

MEMO:

VANLINER INSURANCE COMPANY

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CHECK NUMBER	0100471852
CHECK DATE	05/20/20
VENDOR CODE	VLPOINT007627
CHECK AMOUNT	$ 900.00

Invoice Date	Invoice No.	Description	Invoice Amt
05/19/20	B5/00182234/4984408	DOS 09/26/19 TO 11/21/19. INVOICE 76930.	900.00

MEMO:

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

*** INVOICE ***
Date NO#
05/21/20 77596

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ASCX-011354

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

Case: vs CENTINELA VALLEY UHS
Date Of Injury: 9/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/20	INITIAL EXAM	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/17/20	FOLLOW-UP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCASE # 007328	0.00
01/28/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/12/20	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE #011036	0.00
03/11/20	PR2/REEVAL	DR RUSSMAN/NAJIB @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
03/18/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/07/20	PMT BY CHECK	DOS 1/10/20-2/12/20* =# 193087	-450.00
03/24/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/31/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/18/20	PMT BY CHECK	DOS 3/11/20* # 193339	-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#
05/21/20 77596

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ASCX-011354

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

Case: vs CENTINELA VALLEY UHS
Date Of Injury: 9/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT

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 **

Mailing Information:

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

Claim Number:	ASCX-011354
Claimant:	
Date of Loss:	09/09/2019
Check Number:	193339
Check Date:	05/18/2020
Check Amount:	$180.00
Type of Payment:	
	EP 61 - MISC. ALL OTHER
Location:	4002305 District Office 14901 Inglewood Avenue of Centinela Valley Union H.S.
For Period:	03/11/2020 to 03/11/2020
InvoiceNo:	77596
IRS #:	33-0956713
Handling Office:	701-Inland Empire I, Roseville, CA

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

ASCIP (Self-Insured) - 2288/W
c/o York Risk Services Group, Inc.
P.O. Box 1700
Rancho Cucamonga, CA 91729

Bank of America
339 Yale Ave
Claremont, CA 91711
16-66/1220

REF. NUMBER	
ASCX-011354	
DATE	CHECK NO
5/18/2020	193339
AMOUNT	
***$180.00	

PAY ONE HUNDRED EIGHTY AND 0/100

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

Not negotiable after 90 days

York Risk

⑈0193339⑈ ⑆122000661⑆ 0205702235⑈

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

*** INVOICE ***
Date NO#
05/19/20 71992

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080358496001

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

Case: vs MARSHALLS TJX COMPANIES INC
Date Of Injury: 1/1/10 - 1/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/17	INITIAL EXAM	DR GALAL GOUBRAN @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/03/17	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS TX	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/05/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/19/17	FOLLOW-UP	W/ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/10/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
05/19/20 71992

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080358496001

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

Case: vs MARSHALLS TJX COMPANIES INC
Date Of Injury: 1/1/10 - 1/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/16/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELIS L. MEDINA # 003693	0.00
09/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/22/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/28/17	PR2/REEVAL	DR MICHAEL PRICE/MILES* (TRANSFER OF CARE)	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#
05/19/20 71992

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080358496001

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

Case: vs MARSHALLS TJX COMPANIES INC
Date Of Injury: 1/1/10 - 1/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/16/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/01/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/09/17	PR2/REEVAL	DR PRICE/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/22/17	FOLLOW-UP	W/ ACUPUNCT WOO-HEE CHOI*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
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BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: SHERRI STRUNK
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs MARSHALLS TJX COMPANIES INC
Date Of Injury: 1/1/10 - 1/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/01/17	FOLLOW-UP	W/ ACUPUNCT WOO-HEE CHOI @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/04/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/11/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/14/17	PR2/REEVAL	DR PRICE/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/08/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/10/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/11/18	PR2/REEVAL	DR RAFLA/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/15/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/17/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/22/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/26/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/29/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/09/18	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00

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P.O. BOX # 4165
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W. C. DEPARTMENT
ATTN: SHERRI STRUNK
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs MARSHALLS TJX COMPANIES INC
Date Of Injury: 1/1/10 - 1/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/15/18	PR2/REEVAL	DR JOHN XIAO JIANG QIAN/DAVE FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/19/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/24/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/21/18	PR2/REEVAL	DR QIAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/19/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/16/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/13/18	PR2/REEVAL	DR JOHN QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/11/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/08/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA #500267	0.00
12/13/18	PR2/REEVAL	DR QIAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/29/19	FOLLOW-UP	W/ ACUPUNCT TED PRIEBE @ FMR*	180.00
/ /	INTERPRETER:	RAQUEL ISUNZA # 500258	0.00
06/04/19	FOLLOW-UP	W/ ACUPUNCT HUGH MORRISON @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/02/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO @# 101143	0.00
07/11/19	FOLLOW-UP	W/ ACUPUNCT KWANG LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
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SCHAUMBURG, IL 60196

Case: vs MARSHALLS TJX COMPANIES INC
Date Of Injury: 1/1/10 - 1/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/25/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/01/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/08/19	PR2/REEVAL	DR MAGGIE PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/08/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/15/19	PR2/REEVAL	DR MARINA RUSSMAN & ACUPUNCT W/DR LIM @ FMR*	180.00
/ /	INTERPRETER:	EUDARDO REYES # 004539	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/23/19	INIT PHYSIO	THERAPY DR MAGGIE PEZESKHIAN @ FMR*	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
09/30/19	F/U PHYSIO	THERAPY W/DR PEZESHKIAN*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/03/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/31/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/12/19	PR2/REEVAL	DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
11/27/19	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
12/27/19	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/07/20	FOLLOW-UP	W/ ACUPUNCT TAE KIM @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
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SCHAUMBURG, IL 60196

Case: vs MARSHALLS TJX COMPANIES INC
Date Of Injury: 1/1/10 - 1/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/20	PR2/REEVAL	W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/23/20	FOLLOW-UP	W/ ACUPUNCT LIM @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/27/20	PR2/REEVAL	W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
01/30/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	ELISA MEDINA # 003693	0.00
03/06/20	PMT BY CHECK	DOS 1/23/20* # 1102257650	-180.00
02/04/20	FOLLOW-UP	W/ ACUPUNCT SANGWON HWANG @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/18/20	F/U PHYSIO	THERAPY DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
03/31/20	PMT BY CHECK	DOS 1/14/20* # 1230326316	-180.00
02/25/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/27/20	PR2/REEVAL	DR HASSANIN/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/02/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/03/20	FOLLOW-UP	W/ ACUPUNCT S. HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/10/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/16/20	F/U PHYSIO	TX W/DR PEZESHKIAN @ FMR*	180.00
/ /	INTERPRETER:	JENNIFER MINOTTA # 101254	0.00
03/17/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/24/20	FOLLOW-UP	W/ ACUPUNCT HWANG @ FMR*	180.00

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SCHAUMBURG, IL 60196

Case: vs MARSHALLS TJX COMPANIES INC
Date Of Injury: 1/1/10 - 1/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/30/20	F/U PHYSIO	THERAPY W/DR PEZESHKIAN @FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/31/20	FOLLOW-UP	W/ ACUPUNCT S. HWANG @ FMR*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/15/20	PMT BY CHECK	DOS 2/25/20* # 1102300444	-180.00
05/15/20	PMT BY CHECK	DOS 2/27/20* # 1102300447	-180.00

BALANCE 17830.00

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

1010037400374

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

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00374

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208 0358496 001 XX	WC 4020144	71992		01/11/17	02/25/20-02/25/20

Check Number	1102300444	Date Issued	05/15/20	Amount	$***180.00
Insured	TJX Companies / Marshalls				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sushil Kumar Sharma				
File Supervisor	Sherri Strunk	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		

TOTAL $180.00

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

1010037700377

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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00377

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0358496 001 XX	WC 4020144	71992		01/11/17	02/27/20-02/27/20

Check Number	1102300447	Date Issued	05/15/20	Amount	$***180.00
Insured	TJX Companies / Marshalls				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sushil Kumar Sharma				
File Supervisor	Sherri Strunk	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		
TOTAL	$180.00		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
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*** INVOICE ***
Date NO#
05/27/20 75881

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
208036486

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

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

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

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

*** INVOICE ***
Date NO#
05/27/20 75881

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
208036486

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

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

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

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950
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05/27/20 75881

EAMS#(s):

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208036486

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/28/19	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/03/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/04/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
09/05/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/09/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/10/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
09/17/19	PMT BY CHECK	DOS 5/6/19-8/8/19* # 110210576	-3520.00
09/19/19	PMT BY CHECK	DOS 5/6/19* # 1102104911	-1890.00
09/12/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/19/19	PMT BY CHECK	DOS 9/12/19* # 1102104911	-90.00
09/16/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/17/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/19/19	PMT BY CHECK	DOS 5/6/19* # 1102104911	-270.00
09/18/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
09/24/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/25/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

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

*** INVOICE ***
Date NO#
05/27/20 75881

EAMS#(s):

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208036486

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
09/26/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/30/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/19/19	PMT BY CHECK	DOS 5/6/19* # 1102104911	-900.00
10/01/19	FOLLOW UP	PHYSICAL TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
10/02/19	FOLLOW-UP	W/ ACUPUNCT BIRHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 50049	0.00
09/19/20	PMT BY CHECK	DOS 5/6/19* # 1102104911	-270.00
10/03/19	PR2/REEVAL	DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/19/19	PMT BY CHECK	DOS 5/6/19* # 1102104911	-180.00
10/07/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
10/08/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/19/19	PMT BY CHECK	DOS 5/6/19* # 1102104911	-270.00
10/09/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/19/19	PMT BY CHECK	DOS 5/6/19* # 1102104911	-180.00
10/14/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/10/19	FOLLOW UP	PHYS TX W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/19/19	PMT BY CHECK	DOS 5/6-19* # 1102104911	-10.00
10/17/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
11/01/19	PR2/REEVAL	DR RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00

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

*** INVOICE ***
Date NO#
05/27/20 75881

EAMS#(s):

SS # :
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Terms: 60 days
Claim #(s):
208036486

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
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
11/13/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
11/14/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/21/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/13/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/07/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101080	0.00
01/14/20	F/U PHYSIO	THERAPY W/DR NIJAB @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
01/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/21/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH CALDERON # 101080	0.00
01/23/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/24/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/06/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/12/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/09/20	PMT BY CHECK	DOS 1/14/20* # 1102259625	-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#
05/27/20 75881

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
208036486

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
02/26/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH PARRENO # 101080	0.00
03/04/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
03/11/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/05/20	PMT BY CHECK	DOS 2/19/20* # 1102294676	-180.00
05/05/20	PMT BY CHECK	DOS 2/26/20* # 1102294578	-180.00
05/14/20	PMT BY CHECK	DOS 2/6/20* # 1102299689	-180.00
05/20/20	PMT BY CHECK	DOS 3/4/20* # 1102303171	-180.00

BALANCE 3050.00

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

M

Zurich American Insurance Co.

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

00891

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
208-0364867 001 LL	WC 0142341	75881		04/25/18	02/19/20-02/19/20

Check Number	1102294676	Date Issued	05/05/20	Amount	$***180.00
Insured	MHX LLC				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	JOYCE ALTMAN INTERPRETERS, INC PO BOX 4165				
Requested By	Sandeep Gaud				
File Supervisor	Lea Libang	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		
TOTAL	$180.00		

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

56-1544/441

ZURICH AMERICAN INSURANCE COMPANY

ZURICH

PO BOX 968046
SCHAUMBURG IL 60196 8046

Claim Number	Date Issued	CHECK NO.
208-0364867 001 LL	05/05/20 VOID AFTER 11/01/20	1102294676

Amount : ***ONE HUNDRED EIGHTY AND 00/100*** ----------

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

$***180.00

JPMORGAN CHASE BANK, N.A.
COLUMBUS OH

** THE BACKGROUND IS COLORED **

⑈1102294676⑈ ⑆044115443⑆ 528291201⑈

m

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00795

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PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0364867 001 LL	WC 0142341	75881		04/25/18	02/26/20-02/26/20

Check Number	1102294578	Date Issued	05/05/20	Amount	$***180.00
Insured	MHX LLC				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Ashwani Jain				
File Supervisor	Lea Libang	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		
TOTAL	$180.00		

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

56-1544/441

ZURICH

ZURICH AMERICAN INSURANCE COMPANY

PO BOX 968046
SCHAUMBURG IL 60196 8046

Claim Number	Date Issued	CHECK NO.
208-0364867 001 LL	05/05/20 VOID AFTER 11/01/20	1102294578

Amount : ***ONE HUNDRED EIGHTY AND 00/100*** ----------

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

$***180.00

JPMORGAN CHASE BANK, N.A.
COLUMBUS OH

** THE BACKGROUND IS COLORED **

⑈1102294578⑈ ⑆044116443⑆ 528291820⑈

PO BOX 68005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

1010034900349

Please Note:
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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00349

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0364867 001 LL	WC 0142341	75881		04/25/18	02/06/20-02/06/20

Check Number	1102299689	Date Issued	05/14/20	Amount	$***180.00
Insured	MHX LLC				
Claimant					
Nature of Payment	OTHER LEGAL EXPENSE				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sushil Kumar Sharma				
File Supervisor	Lea Libang	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		
TOTAL	$180.00		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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1010084900849

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00849

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0364867 001 LL	WC 0142341	75881		04/25/18	03/04/20-03/04/20

Check Number	1102303171	**Date Issued**	05/20/20	**Amount**	$***180.00
Insured	MHX LLC				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Ashwani Jain				
File Supervisor	Lea Libang	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		
TOTAL	**$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#
05/20/20 76858

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080368690

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

Case: vs CALIFORNIA FARMS MEAT CO.
Date Of Injury: 11/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/19	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
10/07/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/16/19	F/U CHIRO TX	CHIRO TX W/DR ERIC GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/21/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/23/19	F/U CHIRO TX	CHIRO TX W/DR KRAVHCENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/28/19	PR2/REEVAL	W/DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/30/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/04/19	F/U CHIRO TX	DR KRAVCHENKO @ GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/06/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/11/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/13/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/18/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/20/19	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/25/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/02/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	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#
05/20/20 76858

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080368690

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

Case: vs CALIFORNIA FARMS MEAT CO.
Date Of Injury: 11/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/09/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
12/11/19	F/U CHIRO TX	CHIRO TX W/DR KRAVCHEKO*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/13/20	PR2/REEVAL	W/DR KRAVCHENKO @ GOFNUNG CHIRO* DOI: CT 3/97	180.00
/ /	INTERPRETER:	IRIS GALVEZ # 100727	0.00
02/10/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/12/20	F/U CHIRO TX	CHIRO TX W/DR KRAVCHENKO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/02/20	PMT BY CHECK	DOS 2/10/20* # 1230326687	-180.00
04/02/20	PMT BY CHECK	DOS 2/12/20* # 1230326691	-180.00
03/09/20	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
03/25/20	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/14/20	PMT BY CHECK	DOS 3/9/20* # 110230079	-180.00

BALANCE 2480.00

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

m

American Zurich Ins. Co.

1010073400735

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

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

00734

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0368690 001 D1	WC 0086114	76858		11/05/18	03/09/20-03/09/20

Check Number	1102300079	Date Issued	05/14/20	Amount	$***180.00
Insured	CALIFORNIA FARMS MEAT COMPANY INC.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS, INC PO BOX # 4165				
Requested By	Sandeep Gaud				
File Supervisor	Deborah Richardson	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		
TOTAL	$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#
05/14/20 77291

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2080373674

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

Case: vs REVOLVE/EMINENT, INC.
Date Of Injury: 5/28/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/25/19	INITIAL EXAM	DR MOHAMMED HASSANIN/MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/04/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/13/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ANA TORRALBA # 004052	0.00
01/04/20	FOLLOW-UP	W/ ACUPUNCT SEUNG TAE AHN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/08/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
02/27/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
05/08/20	PMT BY CHECK	DOS 11/25/19-2/27/20* # 1102296597	-1180.00

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

1010056500565

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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00565

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0373674 001 HL	WC 0195705	77291		05/28/18	11/25/19-02/27/20

Check Number	1102296597	Date Issued	05/08/20	Amount	$**1,180.00
Insured	Eminent, Inc.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Equan Atiq				
File Supervisor	Laura Hershey	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,180.00		

TOTAL	$1180.00

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

*** INVOICE ***
Date NO#
05/12/20 77366

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080375167

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

Case: vs TROJAN BATTERY COMPANY LLC
Date Of Injury: 7/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/19	INITIAL EXAM	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/25/19	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/27/19	INIT PHYSIO	THERAPY W/DR JAVAD NAJIB @ FMR*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/05/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
12/06/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	BLANCA DUARTE # 011036	0.00
12/17/19	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/20/19	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
12/28/19	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/30/19	FOLLOW-UP	W/ ACUPUNCT SEUNG AHN @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/06/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/08/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/09/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	GETSEMANI CALDERON # 101897	0.00
01/13/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/16/20	F/U PHYSIO	THERAPY W/DR NAJIB @ 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#
05/12/20 77366

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080375167

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

Case: vs TROJAN BATTERY COMPANY LLC
Date Of Injury: 7/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/31/20	PR2/REEVAL	W/DR RAMSHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	JOSSUE LUCAS # 007328	0.00
01/30/20	F/U PHYSIO	THERAPY W/DR NAJIB @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
02/06/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
02/19/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/24/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/26/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/02/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	CARLOS TORRES #301694	0.00
03/04/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/06/20	PR2/REEVAL	DR RUSSMAN/RAMESHNI @ FMR*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
03/09/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/16/20	FOLLOW-UP	W/ ACUPUNCT KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
05/06/20	PMT BY CHECK	DOS 11/13/19-3/2/20* # 1102294937	-3790.00

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

*** INVOICE ***
Date NO#
05/12/20 77366

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080375167

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

Case: vs TROJAN BATTERY COMPANY LLC
Date Of Injury: 7/25/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 720.00

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

m

American Zurich Ins. Co.

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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00317

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0375167 001 XO	WC 1155453	77366 ✓		09/11/19	11/13/19-03/02/20

Check Number	1102294937 ✓	Date Issued	05/06/20 ✓	Amount	$**3,790.00 ✓
Insured	Trojan Battery Company				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Ashwani Jain				
File Supervisor	Jacqueline Tran	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	3,790.00		
TOTAL	$3790.00		

PAID
MAY 12 2020

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

ZURICH

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

PO BOX 968046
SCHAUMBURG IL 60196 8046

56-1544/441

Claim Number	Date Issued	CHECK NO.
208-0375167 001 XO	05/06/20 VOID AFTER 11/02/20	1102294937

Amount : ***THREE THOUSAND, SEVEN HUNDRED NINETY AND 00/100 ----------***

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

$**3,790.00

JPMORGAN CHASE BANK, N.A.
COLUMBUS OH

** THE BACKGROUND IS COLORED **

⑈1102294937⑈ ⑆044115443⑆ 528291201⑈

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

*** INVOICE ***
Date NO#
05/27/20 77575

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2010394035

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

Case: . vs INNOVATIVE CONSTRUCTION SOL
Date Of Injury: 4/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/20	INITIAL EXAM	DR NEGIN RAMESHNI/MARINA RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/14/20	INITIAL ACUP	W/ ACUPUNCT CYNTHIA BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
01/28/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/04/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/18/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/21/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/28/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	ANTONIETTA SCHULZ # 102100	0.00
03/05/20	FOLLOW-UP	W/ ACUPUNCT BIRKHIMER @ FMR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
05/01/20	PMT BY CHECK	DOS 1/8/20-2/28/20* # 1102293219	-1260.00
03/17/20	FOLLOW-UP	W/ ACUPUNCT JI SUN KIM @ FMR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/27/20	PR2/REEVAL	DR RAMESHNI/RUSSMAN @ FMR*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/20/20	PMT BY CHECK	DOS 3/5/20* # 1102303162	-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#
05/27/20 77575

EAMS#(s):

SS # :
DOB :
Terms: 60 days
Claim #(s):
2010394035

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

Case: vs INNOVATIVE CONSTRUCTION SOL
Date Of Injury: 4/11/19

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 360.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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M

PO BOX 9e8002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00886

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1010088600888

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0394035 001 G0	WC 5513751	77575		04/22/19	01/08/20-02/28/20

Check Number	1102293219	Date Issued	05/01/20	Amount	$**1,260.00
Insured	Innovative Construction Solutions Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Ashwani Jain				
File Supervisor	Brenda Guerrero	Phone Number	415 538-7100		

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

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

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

00840

1010084000840

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PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0394035 001 G0	WC 5513751	77575		04/22/19	03/05/20-03/05/20

Check Number	1102303162	**Date Issued**	05/20/20	**Amount**	$***180.00
Insured	Innovative Construction Solutions Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS, INC PO BOX 4165				
Requested By	Sandeep Gaud				
File Supervisor	Brenda Guerrero	**Phone Number**	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		
TOTAL	$180.00		