Market Rate Summary Graph

Payments at market rate for legal dates of service, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
1	72878	8/6/2019	9/24/2019	$ 250.00	C&R Reading	$ 250.00	229319	9/18/2019	**100%**	Alaska National
2	72901	7/19/2019	9/3/2019	$ 250.00	C&R Reading	$ 250.00	03002910	8/28/2019	**100%**	Amtrust/ ANA UBI Claims
3	76512	7/25/19 - 8/16/19	10/7/2019	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	0000198196	10/2/2019	**100%**	Benchmark
4	75355	8/26/2019	10/2/2019	$ 250.00	C&R Reading	$ 250.00	009709050	9/25/2019	**100%**	Berkshire/ NorGuard Ins
5	76520	7/31/19 - 8/27/19	10/1/2019	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	5660517069	9/27/2019	**100%**	Broadspire
6	76540	8/5/19 - 8/20/19	10/2/2019	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	5660433738	9/24/2019	**100%**	Broadspire
7	76137	6/6/2019	9/3/2019	$ 250.00	Depo review	$ 250.00	027478	8/28/2019	**100%**	Cannon Cochran/ CCMSI
8	74722	8/27/2019	9/24/2019	$ 313.00	Full Day Board Appearance (WCAB POM)	$ 313.00	1463	9/19/2019	**100%**	Cardenas Markets
9	4311	8/19/2019	9/24/2019	$ 313.00	Full Day Board Appearance (WCAB LBO)	$ 313.00	81754465	9/17/2019	**100%**	CIGA
10	75780	4/23/2019	9/17/2019	$ 250.00	C&R Reading	$ 90.00	100906475	7/3/2019	**100%**	Compwest
						$ 160.00	101009924	9/6/2019		
11	55415	10/2/2012	9/12/2019	$ 313.00	Arbitration	$ 313.00	DA82119222	9/6/2019	**100%**	ESIS/ACE/ Chubb

Market Rate Summary Graph

Payments at market rate for legal dates of service, received between 9/3/19 and 10/4/19

	Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
12	74615	5/19/16 - 3/29/17	10/3/2019	$ 719.50	Depo prep ($156.50), Depo review ($250), 2 Board Appearances (WCAB LBO) ($156.50 each)	$ 719.50	3812137964	9/20/2019	**100%**	Farmers
13	76074	5/23/19 - 6/24/19	9/10/2019	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	157132159	8/29/2019	**100%**	Gallagher Bassett
14	76335	7/11/19 - 8/1/19	10/3/2019	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	0157808208	9/27/2019	**100%**	Gallagher Bassett
15	74739	6/20/19 - 8/15/19	9/12/2019	$ 406.50	Depo review ($250), Board Appearance (WCAB LBO) ($156.50)	$ 406.50	130647171 0	9/4/2019	**100%**	The Hartford
16	70833	8/30/2019	10/3/2019	$ 250.00	C&R Reading	$ 250.00	67452325	9/23/2019	**100%**	Helmsman
17	76072	5/23/2019 - 7/30/19	9/3/2019	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	02679690	8/29/2019	**100%**	Liberty/ Helmsman
18	75910	8/1/2019	9/10/2019	$ 250.00	Depo review	$ 250.00	10070208	9/6/2019	**100%**	Packard Claims
19	74412	8/15/2019	10/2/2019	$ 250.00	C&R Reading	$ 250.00	107107774	9/11/2019	**100%**	Sedgwick
20	76334	8/16/2019	9/6/2019	$ 250.00	Depo review	$ 250.00	101094119	9/3/2019	**100%**	Sedgwick

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

*** INVOICE ***
Date NO#
09/24/19 72878

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
HP845

BILL TO:
ALASKA NATIONAL INS. (WALNUT)
W. C. DEPARTMENT
ATTN: OSCAR ALANIS
100 PRINGLE AVE., STE 460
WALNUT CREEK, CA 94596

Case: vs GRILL CONCEPTS SERVICES INC
Date Of Injury: 1/1/11 - 4/10/17

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/17	LEGAL_PREP	DEPO PREP @ L/O WIDOM, SAVEY	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/11/18	LEGAL_PREP	DEPO PREP @ L/O WIDOM, SAVEY II	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
02/01/18	PMT BY CHECK	DOS 11/14/17* # 997067	-156.50
02/05/18	PMT BY CHECK	DOS 1/11/18* =# 100561	-156.50
09/17/18	LEGAL_PREP	DEPO PREP @ L/O WIDOM, SAVEY II	156.50
/ /	INTERPRETER:	MARIA SALINAS # 301871	0.00
02/05/18	PMT BY CHECK	DOS 9/17/18* # 100561	-156.50
01/31/19	LEGAL_PREP	DEPO PREP @ L/O GOLDMAN MAGDALLAN	156.50
/ /	INTERPRETER:	ANABEL MUNGUIA # 301374	0.00
02/15/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
02/25/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
02/27/19	PMT BY CHECK	DOS 1/31/19* =# 189088 ALASKA	-156.50
04/28/19	PMT BY CHECK	DOS 11/14/17-2/17/19* # 0154170466 GALLAGH	-500.00
08/06/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
09/18/19	PMT BY CHECK	DOS 8/6/19* # 229319 ALASKA NATIONAL	-250.00

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

*** INVOICE ***

Date	NO#
09/24/19	72878

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
HP845

BILL TO:
ALASKA NATIONAL INS. (WALNUT)
W. C. DEPARTMENT
ATTN: OSCAR ALANIS
100 PRINGLE AVE., STE 460
WALNUT CREEK, CA 94596

Case: vs GRILL CONCEPTS SERVICES INC
Date Of Injury: 1/1/11 - 4/10/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

ALASKA NATIONAL INSURANCE COMPANY
2501 East State Avenue, Suite 100, Meridian, ID 83642-8037

WELLS FARGO BANK ALASKA, N.A.

229319

CLAIM #
HP84500

DATE
09/18/2019

89-5/1252

CHECK AMOUNT
**********250.00

PAY *Two Hundred Fifty Dollars And 00/100*

To the order of: **JOYCE ALTMAN INTERPRETERS**
PO BOX 4165
TUSTIN, CA 92781

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

Dana A Fenton

THE FACE OF THIS DOCUMENT CONTAINS VARIABLE SHADES OF BLUE AND RED ON WHITE PAPER • VOID IF SIMULATED WATERMARK OF ALASKA NATIONAL LOGO DOES NOT APPEAR ON BACK

⑈0002293194⑈ ⑆121000248⑆ 405000291⑆

CORVEL

Explanation of Review

Employer: GRILL CONCEPTS, INC., A CALIFORNIA CO
Patient:

Business Unit: Alaska National Insurance Company - San
2501 E State Ave
Suite 100
Meridian, ID 83642-8037

Patient DOB:
Gender: Male

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill # : 48/5295570 - 1
Reprice: CA, 92781
Billed Date: 08/26/2019
Business Rcvd: 08/29/2019
MBR Rcvd: 08/29/2019
MBR Date: 09/16/2019
Approved Date: 09/16/2019
DOS From - To: 08/06/2019 - 08/06/2019

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

Treating Provider:
Referring Physician:
Patient Control #: 72878 -75362
Provider Tax Id: 33-0956713

Claim #: HP84500
Processor Initials: JM
DOI: 04/10/2017
RX Number:

Date	*Code*	*Units*	*POS*	*Bill Charges TOS*	*DXR*	*Reduction*	*Allowed Fees*
08/06/2019	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVIC 1	11	$250.00	A	$0.00	$250.00
Sub-Totals for Bill: 5295570				**$250.00**		**$0.00**	**$250.00**

Charges not listed have been previously processed

Totals for Bill: 5295570 **$250.00**

Line Item Reason Codes and Descriptions

MV0 Market Value
RZZ Payer/ Provider agreement in place
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

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

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

*** INVOICE ***
Date NO#
09/03/19 72901

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2511738

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

Case: vs TEAM COLOR INC
Date Of Injury: 2/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
11/27/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/22/18	PMT BY CHECK	DOS 11/6/17-11/27/17* # 02093439	-406.50
01/28/19	LEGAL_WCAB	STATUS CONF @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
02/27/19	PMT BY CHECK	DOS 1/28/19* # 02736907	-156.50
07/19/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	DANIEL TRIGUEROS # 36815481	0.00
08/28/19	PMT BY CHECK	DOS 7/19/19* # 03002910	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03002910
2698903-1
SWC1136758

DATE	AMOUNT
8/28/2019	$250.00

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

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

VOID AFTER 180 DAYS

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

⑈03002910⑈ ⑆021309379⑆ 79026246 3⑈

Check Number	03002910
Claim Number:	2698903-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1136758/Team Color Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/29/2017
Location:	
Examiner Code:	lsaldano

Amount:	$250.00
Dates of Service:	7/19/2019-7/19/2019
Explanation:	Invoice 72901 DOS 7 19 19
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

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

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

*** INVOICE ***
Date NO#
10/07/19 76512

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6866369

BILL TO:
BENCHMARK (ONTARIO)
W. C. DEPARTMENT
ATTN: JENNIFER STRAFELLA
430 N. VINEYARD AVE STE 200
ONTARIO, CA 91764

Case: vs J M I CONSTRUCTION, INC.
Date Of Injury: 6/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/25/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
08/16/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/02/19	PMT BY CHECK	DOS 7/25/19-8/16/19* # 0000198196	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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M

Benchmark Insurance Company - Compstar 972
California Claims Account - (800) 362-5198
7881 W Charleston Blvd., Suite 210
Las Vegas NV 89117

Wells Fargo
Minneapolis, MN
17-1/910

Check Number
0000198196
Issue Date: 10/02/2019
VOID After 60 Days

Form 614-BG

For Expense from 07/25/2019 to 08/16/2019. 76512
Claim: 6866369 / . Language Interpreter - paid under Expense

Pay *Four Hundred Six and 50/100 Dollars* $ *******406.50

To The Order Of
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781

David L. Ashlee
Authorized Signature
SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈0000198196⑈ ⑆091000019⑆ 3987025529⑈

Claim: 6866369 / Abrahan Romero, Accident date: 06/14/2017, Jurisdiction State: California.
Insured: J M I Construction, Inc, Policy: CST5008409.

The payment is for Language Interpreter - paid under Expense from 07/25/2019 to 08/16/2019.
Check: 0000198196, issued: 10/01/2019, for: $406.50, for: Expense, Invoice: 76512 ✓

To the Order of: Joyce Altman Interpreters, Inc
: P.O. BOX 4165
: TUSTIN, CA 92781

Please contact Jennifer Strafella, telephone: (800) 362-5198 Ext: 974 in CA \ Ontario Ontario CA, if you have questions regarding this payment.

Send to Adjuster

0000609650

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

*** INVOICE ***
Date NO#
10/02/19 75355

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
PIWC808018-001

BILL TO:
BERKSHIRE HATHAWAY/GUARD -W.B.
W. C. DEPARTMENT
ATTN: SHANEY RIVERS
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs PINNACLE LANDSCAPE MANAGEMENT
Date Of Injury: 6/23/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/19	LEGAL_WCAB	STATUS CONF @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/26/19	PMT BY CHECK	DOS 1/29/19* # 009619926 GUARD	-156.50
07/23/19	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/03/19	PMT BY CHECK	DOS 7/23/19* # 009699117 GUARD	-156.50
08/26/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/06/19	PMT BY CHECK	DOS 7/23/19-7/23/19* # 3266624 INTERCARE	-156.50
09/17/19	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/25/19	PMT BY CHECK	DOS 8/26/19* =# 009709050 GUARD/BERKSHIRE	-250.00

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 **

802

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

09/25/2019 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
(E034) 250.00 IWC808018-001 DOL:06/23/2017

Inv/Case#: 75355
:08/26/2019

(Continued on next pages)

GDCH104-0925728.000802.01.02.000000

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company

Wells Fargo Bank, N.A.

11-24
T210

009709050

P.O. Box A-H
Wilkes-Barre, PA 18703-0020

DATE 09/25/2019

AMOUNT ******$2,500.00

⇨⇨⇨⇨⇨PAY ONLY $2,500.00

DOLLAR TWO COMMA FIVE ZERO ZERO PERIOD ZERO ZERO

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

■ TWO THOUSAND FIVE HUNDRED DOLLARS AND 00 CENTS**********

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

VOID OVER $2,500.00

⑈009709050⑈ ⑆121000248⑆ 2000519409116⑈

Explanation of Review

BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES

Carrier

Carrier No:
Carrier: NORGUARD INSURANCE COMPANY
P.O. BOX A-H / 16 S. RIVER STREET
WILKES-BARRE, PA 18703-0020

Bill: GUA-GUCA-892413

Provider

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

Claimant

NPI: **Rendering NPI:**
Tax ID: 33-0956713 **Type:** OM **Specialty (1):** AO
License: A99999999 **Specialty (2):** AO
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386
Invoice Date: 09-15-2019
Patient Account: 72386

Claim Number: PRWC720105-002
DOI/DOL: 06-26-2017
External Claim Number: PR720105002

Payment Status Code: 1

Bill Details

Dates of Service: 06-26-2017
Post Date: 09-23-2019
Reviewer: DII/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: JMUKORO

Bill ICD Version: 10
Dx A: T14.9 UNSPECIFIED INJURY

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description			Explanation Code(s)
				Charges	BR	Network	ONR	Other	Allow.
1	06-26-2017	11	MDS10	A	1	SETTLEMENT FOR DISPUTE			G67, 961
				2,250.00					2,250.00

Totals

Total Charges: 2,250.00
Recommended Allowance: **2,250.00**

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

2nd portion of check was for a separate case

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

GUARD INSURANCE GROUP, PO BOX 1368, WILKES-BARRE, PA 18703, (800) 673 - 2465

DCN Number: MN-092020190320

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

*** INVOICE ***
Date NO#
10/01/19 76520

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188912884

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W. C. DEPARTMENT
ATTN: VICKI BARROWS
P.O. BOX 14352
LEXINGTON, KY 40512

Case: vs TEMPUR SEALY MATTRESS
Date Of Injury: 1/7/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/19	LEGAL_PREP	DEPO PREP @ L/O WAI CONNOR	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/27/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/27/19	PMT BY CHECK	DOS 7/31/19-8/27/19* # 5660517069	-406.50

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 **

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/27/2019
Check Amount	:	$406.50
Check Number	:	5660517069

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description Check Memo	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
188912884-001 RM Fresno Professional Service	01/07/2019 $406.50 $406.50	Vicki L. Barrows 76520	559-451-3899 07/31/2019-08/27/2019

Please Fold on Perforation Before Tearing

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

*** INVOICE ***
Date NO#
10/02/19 76540

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
18902208

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W. C. DEPARTMENT
ATTN: HANSEN LI
P.O. BOX 14352
LEXINGTON, KY 40512

Case: vs UNIVERSITY OF SOUTHERN CALIF
Date Of Injury: 5/8/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/20/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/24/19	PMT BY CHECK	DOS 8/5/19-8/20/19* # 5660433738	-406.50

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

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	09/24/2019
Check Amount	:	$406.50
Check Number	:	5660433738

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

Claim Number	Date of Loss		
Claimant Name	Amount		
Contact Info: Adjusting Office		Adjuster Name	Adjuster Phone#
Transaction Description	Transaction Amount	Invoice#	Invoice Date
Check Memo			Service Dates
189022038-001	05/08/2019 $406.50		
BP WC Brea		Hansen Li	714-579-8100
Professional Service	$406.50	76540	
			09/18/2019-09/18/2019

Please Fold on Perforation Before Tearing

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

*** INVOICE ***
Date NO#
09/03/19 76137

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
18W03F790542

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

Case: vs JAMS GLOBAL CORPORATION
Date Of Injury: 2/27/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/06/19	LEGAL_REVIEW	DEPO REVIEW @ L/O ANTONY GLUCK	250.00
/ /	INTERPRETER:	JUAN L. PEREZ # 100777	0.00
08/28/19	PMT BY CHECK	DOS 6/6/19* # 027478	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CCMSI OBO STATE NATIONAL INSURANCE COMPANY
GREENLIGHT REINSURANCE LTD
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

2-3/710 IL

Check Number 027478

Date: 08/28/2019
Batch #: 302948006

BANK OF AMERICA
CHICAGO, IL 60603

Amount

$****250.00

Amount: TWO HUNDRED FIFTY AND XX / 100**********

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

Void After 180 Days
Two Signatures Required for Amounts over 5,000.00

Rodney D. Golden

⑈00002747 8⑈ ⑆071000039⑆ 867 061 6175⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
76137	05/31/2018	18W03F797664	250.00	0.00	250.00	76137 6/6/19	RMCNUTT

PAID
SEP 03 2019

Batch #: 302948006
Check Number 027478

Check Amount $****250.00

Loc:JAM'S GLOBAL CORP - ORANGE

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

*** INVOICE ***
Date NO#
09/24/19 74722

EAMS#(s):

SS # : xxx-XX-
DOB :
Terms: 60 days
Claim #(s):
N/A

BILL TO:
UEF/CARDENAS MARKET, LLC

ATTN: MANAGER/OWNER
2501 E. GUASTI ROAD
ONTARIO, CA 91761

Case: vs CARDENAS MARKET
Date Of Injury: 6/17/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/15	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	MARTHA HASSAN # 01430180	0.00
11/06/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
02/17/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
04/07/16	PMT BY CHECK	DOS 9/18/15-2/17/16* # 107102	-563.00
02/01/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/03/17	PMT BY CHECK	DOS 2/1/17* # 110181	-156.50
09/18/18	LEGAL_WCAB	PRIORITY CONFERENCE@ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/17/18	PMT BY CHECK	DATE 10/9/18* # 1314 CARDENAS MARKET INC	-156.50
11/13/18	LEGAL_WCAB	TRIAL @ WCAB POMONA	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
10/19/18	PMT BY CHECK	DOS 9/18/18* #95810430 SEDGWI	-156.50
04/16/19	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB POMONA	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/25/19	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB POMONA	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/18/19	PMT BY CHECK	DOS 4/16/19-6/25/19* # 1329 RANCHO CARDEN	-313.00
08/27/19	LEGAL_WCAB	FULL DAY TRIAL @ WCAB POMONA	313.00
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
09/19/19	PMT BY CHECK	DOS 8/27/19* # 1463 CARDENAS MARKET	-313.00

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

*** INVOICE ***
Date NO#
09/24/19 74722

EAMS#(s):

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

BILL TO:
UEF/CARDENAS MARKET, LLC

ATTN: MANAGER/OWNER
2501 E. GUASTI ROAD
ONTARIO, CA 91761

Case: [redacted] vs CARDENAS MARKET
Date Of Injury: 6/17/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

CARDENAS MARKETS, INC
12223 HIGHLAND AVE., STE 106-553
RANCHO CUCAMONGA, CA 91739-2574

Bank of America
ACH R/T 121000358

1463

11-35/1210 CA
44115

9/19/2019

PAY TO THE ORDER OF Joyce Altman Interpreters Inc.

$ **313.00

Three Hundred Thirteen and 00/100********** DOLLARS

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

MEMO

AUTHORIZED SIGNATURE

⑈001463⑈ ⑆121000358⑆ 325040682927⑈

CARDENAS MARKETS, INC

1463

Joyce Altman Interpreters Inc.

9/19/2019

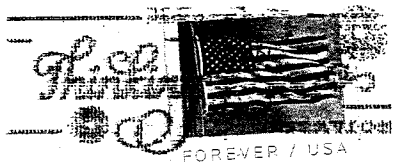
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
9/19/2019	Bill	74722 091219	313.00	313.00		313.00
					Check Amount	313.00

US Trust x2927

313.00

Cardenas Markets.
12223 Highland Ave 106-553
Rancho Cucamonga CA 91739

SANTA ANA CA 926
21 SEP 2019 PM 7 L



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

92781-416565

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

*** INVOICE ***
Date NO#
09/24/19 04311

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
105-002179205101

BILL TO:
CIGA/INTERCARE
W. C. DEPARTMENT
ATTN: CAROL BRUSEGARD
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs COASTAL BROKERS
Date Of Injury: 4/19/02

DOS	SERVICE	DESCRIPTION	AMOUNT
09/05/03	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
11/05/03	PEN & INT	PER LABOR CODE °4622 DOS 9/5/03	24.99
05/11/04	PMT BY CHECK	DOS 9/5/03 & 11/5/03 # 21142662	-171.99
04/27/05	WCAB LB	MSC	147.00
01/18/06	PENALTIES	FOR DATE OF SERVICE 4/27/05	22.05
07/20/16	INTEREST	FOR DATE OF SERVICE 4/27/05	190.22
05/27/08	WCAB LB	EXP. HEARING	156.50
01/26/09	PENALTIES	FOR DATE OF SERVICE 05/27/07	23.48
07/20/16	INTEREST	FOR DATE OF SERVICE 05/27/07	147.09
02/26/09	WCAB LB	MSC	156.50
07/08/09	INITIAL EXAM	DR JARCHI @ WILLOW MED*	230.00
09/09/09	PR2/REEVAL	DR JARCHI @ WILLOW MED*	180.00
01/13/10	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
04/20/10	EPIDURAL	DR MILLER @ MONROVIA HOSPITAL (5 HRS 36 MINS)	393.75
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/07/10	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
05/18/10	SURGERY	DR MILLER @ MONROVIA HOSPITAL (12.5 HRS)	1125.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
06/09/10	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
09/27/10	PENALTIES	FOR DATE OF SERVICE 02/26/09	23.48
07/20/16	INTEREST	FOR DATE OF SERVICE 02/26/09	133.69
09/27/10	PENALTIES	FOR DATE OF SERVICE 07/08/09	34.50
09/27/10	INTEREST	FOR DATE OF SERVICE 07/08/09	33.77
11/18/10	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA	180.00

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

*** INVOICE ***
Date NO#
09/24/19 04311

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
105-002179205101

BILL TO:
CIGA/INTERCARE
W. C. DEPARTMENT
ATTN: CAROL BRUSEGARD
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs COASTAL BROKERS
Date Of Injury: 4/19/02

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/11	PR2/REEVAL	# 301231 DR JARCHI* VINCENT MEJIA	180.00
06/06/11	PR2/REEVAL	# 500309 DR JARCHI* ELIZABETH HERRERA	180.00
09/12/11	PR2/REEVAL	# 301231 DR JARCHI* ELIZABETH HERRERA	180.00
12/12/11	PR2/REEVAL	# 301231 DR JARCHI* ELIZABETH HERRERA	180.00
03/05/12	PR2/REEVAL	# 301231 DR JARCHI* ELIZABETH HERRERA	180.00
06/11/12	PR2/REEVAL	# 301231 DR JARCHI* ELIZABETH HERRERA	180.00
09/24/12	PR2/REEVAL	# 301231 DR JARCHI* ELIZABETH HERRERA	180.00
11/08/12	INITIAL EXAM	# 301231 DR SAMIMI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/06/14	PR2/REEVAL	DR SAMIMI* RETURNED DUE TO INCREASE PAIN	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/09/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
11/14/14	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/12/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
06/06/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/20/16	PENALTIES	FOR DATE OF SERVICE 07/09/14	23.00
07/20/16	INTEREST	FOR DATE OF SERVICE 07/09/14	23.48
11/16/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/05/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50

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

*** INVOICE ***
Date NO#
09/24/19 04311

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
105-002179205101

BILL TO:
CIGA/INTERCARE
W. C. DEPARTMENT
ATTN: CAROL BRUSEGARD
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs COASTAL BROKERS
Date Of Injury: 4/19/02

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/28/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 101585	0.00
12/17/18	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
01/30/19	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/30/19	COSTS	ADD'L COSTS AWARDED	2140.99
02/13/19	PMT BY CHECK	DOS 9/5/03-1/30/19* #81625707 PARTIAL F&F 2/12/19	-8950.00
03/13/19	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/10/19	PMT BY CHECK	DOS 3/13/19* # 81662537	-156.50
06/25/19	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/06/19	PMT BY CHECK	DOS 6/25/19* # 81730193	-156.50
08/19/19	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/17/19	PMT BY CHECK	DOS 8/19/19* # 81754465	-313.00

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

*** INVOICE ***
Date NO#
09/24/19 04311

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
105-002179205101

BILL TO:
CIGA/INTERCARE
W. C. DEPARTMENT
ATTN: CAROL BRUSEGARD
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs COASTAL BROKERS
Date Of Injury: 4/19/02

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

Address Service Requested

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

m

Phone: (818) 844-4300

000148-000001-000001-000148 2211042 1040CK01 1
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781-4165

CHECK NUMBER: 81754465

Description	Invoice	Claim #	G/L Code	Serv/From	Serv/To	Amount
112-Interpreter	04311	105-0021792051		08/19/2019	08/19/2019	$313.00
TOTAL:						$313.00

SECURITY FEATURES ON THIS DOCUMENT INCLUDE A MICRO-PRINT BORDER AND VOID PANTOGRAPH ON FACE AND A RULED PATTERN AND WHITE WATERMARK ON BACK.

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 81754465

DATE: 09/17/2019

Claim#: 105-0021792051
Claimant:
Insured: Coastal Brokerage Co. Of South
DOL: 04/19/2002

16-66/1220

VOID 120 DAYS AFTER DATE OF ISSUE

PAY THREE HUNDRED THIRTEEN AND 00/100 *****$313.00

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC

Authorized Signature

Authorized Signature

Memo: 04311

1040-CK01

⑈81754465⑈ ⑆122000661⑆ 14177⑈50212⑈

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

*** INVOICE ***

Date	NO#
09/17/19	75780

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
0000055704

BILL TO:
COMPWEST INS. (LASING-MI)
W. C. DEPARTMENT
ATTN: BRYAN FERGUSON
P.O. BOX 40790
LANSING, MI 48901

Case: vs DOWNEY COMMUNITY HEALTH CENTER
Date Of Injury: 10/10/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/23/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
07/03/19	PMT BY CHECK	DOS 4/23/19* # 100906475	-90.00
09/06/19	PMT BY CHECK	DOS 4/21/19* # 101009924	-160.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CompWest
Part of the AF Group

PO Box 40790
Lansing, MI 48901-7990
CompWestInsurance.com

CHECK DATE : 07/03/2019
CHECK NUMBER : 100906475

Payable To: **Joyce Altman Interpreters, Inc.**
P.O. Box 4165
Tustin, CA 92781-4165

EMPLOYEE NAME / CLAIM NO.	FROM DATE / COMMENT	THRU DATE	MBR NUMBER	INVOICE NUMBER	AMOUNT
0000055704	04/23/2019 Claim 0000055704	04/23/2019		75780 ✓	$90.00
				TOTAL	$90.00

PAID
JUL 12 2019
BY.

Questions may be directed to us at : 888-266-7937
Check Number : 100906475

AF Group | PO Box 40790 Lansing, MI 48901-7990

on behalf of
Accident Fund Insurance Company of America

Security features included. Details on back.

VOID AFTER 180 DAYS

Check Number 101009924

JPMorgan Chase Bank, N.A.
Columbus, OH
56-1544/441

Check Date 09/06/2019

Pay This Amount

Pay the Sum of *One hundred sixty and 00/100 Dollars*

****$160.00****

Pay To The Order Of:
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

⑈101009924⑈ ⑆044115443⑆ 268937353⑈

CompWest
Part of the AF Group

PO Box 40790
Lansing, MI 48901-7990
CompWestInsurance.com

CHECK DATE : 09/06/2019
CHECK NUMBER : 101009924

Payable To: **Joyce Altman Interpreters, Inc.**
P.O. Box 4165
Tustin, CA 92781-4165

EMPLOYEE NAME / CLAIM NO.	FROM DATE / COMMENT	THRU DATE	MBR NUMBER	INVOICE NUMBER	AMOUNT
0000055704	04/21/2019 Claim 0000055704	04/21/2019		75780	$160.00
				TOTAL	$160.00

Questions may be directed to us at : 888-266-7937
Check Number : 101009924

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

*** INVOICE ***
Date NO#
09/12/19 55415

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
345C6203329

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

Case: vs PLATINUM WAX
Date Of Injury: 5/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/12	ARBITRATION	@ THE L/O OF PIPE TRUST AMENDED	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
09/06/19	PMT BY CHECK	DOS 10/2/12* # DA82119222 ACE/CHUBB	-313.00

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 **

ACE PROPERTY AND CASUALTY INSURANCE COMPANY
PO BOX 6569
SCRANTON PA 18505-6569

M

DATE 09/06/19
CHECK NO. **DA82119222**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00360 DA82119222

JOYCE ALTMAN
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID 345C6203329

DOLLARS $********313.00

*** NOT NEGOTIABLE ***

Invoice # 55415
Agency Claim # 201102221508483452558 9

FOR
10/02/12 THRU 10/02/12 55415 ✓ SS786

CLAIMANT

DATE OF EVENT
05/10/10

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

PDMT-DMCD-001569-01-01-00

BOA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

CHUBB

Chubb
ACE Property and Casualty Insurance Company

64-1278
611

DATE 09/06/19

DA82119222

FILE ID
345C6203329

CWA10509190000120361

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay ****THREE HUNDRED THIRTEEN DOLLARS AND 00 CENTS****

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

$********313.00

FOR
10/02/12 THRU 10/02/12 55415

CLAIM OFFICE
WOODLAND HILLS WC

POLICYHOLDER
PLATINUM CONSTRUCTION

CLAIMANT

DATE OF EVENT
05/10/10

CHUBB

AUTHORIZED SIGNATURE

Bank of America

COPYRIGHT ANTI-FRAUD PROTECTION

NBS-1GS-11

⑈618211922⑈ ⑆061112788⑆ 003299786402⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK — HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT

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

*** INVOICE ***
Date NO#
10/03/19 74615

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10096335

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: JHOANNE KUHNLY
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs PROSPECTIVE INTERNATIONAL
Date Of Injury: 7/22/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/19/16	LEGAL_PREP	DEPO PREP @ L/O WILLIAM ABREGO & ASSOCIATES	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
06/13/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
12/07/16	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/29/17	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/03/18	PENALTIES	FOR DATE OF SERVICE 05/19/16	23.48
08/03/18	INTEREST	FOR DATE OF SERVICE 05/19/16	37.72
08/03/18	PENALTIES	FOR DATE OF SERVICE 06/13/16	37.50
08/03/18	INTEREST	FOR DATE OF SERVICE 06/13/16	60.26
08/03/18	PENALTIES	FOR DATE OF SERVICE 12/07/16	23.48
08/03/18	INTEREST	FOR DATE OF SERVICE 12/07/16	29.44
08/03/18	PENALTIES	FOR DATE OF SERVICE 03/29/17	23.48
08/03/18	INTEREST	FOR DATE OF SERVICE 03/29/17	22.93
09/20/19	PMT BY CHECK	DOS 5/19/16-3/29/17* # 3812137964 FARMERS	-719.50
		BALANCE	258.29

* 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 **

FIRE INSURANCE EXCHANGE

Check Number: 3812137964
Date: 09/20/2019

Amount: $719.50******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Claimant/Patient:
Insured: YAN CHU
Date of Loss: 07/22/2013
Claim Number: WC10096335
Correspondence Reference: B14DVSTBN

Claim Representative: Anginch Esmaili
Office Phone Number: 8185402254

Additional Information:
Inv# 74615 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 754-3260 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
05/19/16 - 03/29/17	Non-Attorney Legal Fees (FEES NOT ATTRIBUTED TO ATTORNEY TIME)	$719.50

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

FARMERS INSURANCE

62-20/311

FIRE INSURANCE EXCHANGE
Westlake
Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10096335

Check No. 3812137964
Date: 09/20/2019

Payable If Desired At Any Citibank

PAY Seven Hundred Nineteen Dollars And Fifty Cents $719.50******

NOT GOOD AFTER SIX MONTHS

To the order of
JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin CA 92781

Thomas S. Noh

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

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

⑈3812137964⑈ ⑆031100209⑆ 3872446 9⑈

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

*** INVOICE ***
Date NO#
09/10/19 76074

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000714077166WC01

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

Case: vs AVITUS INC DBA CATALYST FORWAR
Date Of Injury: 7/1/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
06/24/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ANABEL MUNGUIA # 301374	0.00
08/29/19	PMT BY CHECK	DOS 5/23/19-6/24/19* # 0157132159	-406.50

BALANCE 0.00

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

GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

000714 PAGE 1 OF 1 002957

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

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

CLAIM NO.: 000714 077166 WC 01 (FD6-CA-BBS)
CLAIMANT:
DESCRIPTION: INV#-76074 V

DATES OF SERVICE: 23May19 **THRU** 24Jun19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 01Jul17

NO.: 0157132159
VN: 0002090232
DATE: 29Aug19

AMOUNT: 406.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004179 004785 003 003

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

CHECK NO. 0157132159 002957
VN. 0002090232
DATE: 29Aug19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

CLAIM NO.: 000714 077166 WC 01 (FD6-CA-BBS) **BRANCH NO.:** 138
PAY FOUR HUNDRED SIX AND 50/100 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

⑈0157132159⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
10/03/19 76335

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001068009624WC01

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

Case: vs ROCKVIEW DARIES
Date Of Injury: 1/28/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
08/01/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/12/19	LEGAL_PREP	DEPO PREP @ L/O STONESIFER CHONG	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/27/19	PMT BY CHECK	DOS 7/11/19-8/1/19* # 0157808208	-406.50

BALANCE 156.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-LA/ORANGE CA
PO BOX 2934
CLINTON IA 52733-2934

000714 PAGE 1 OF 1 011259 M

MDG2009 00006388 1 MB .428 1

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

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

CLAIM NO.: 000714 077434 WC 01 (130834) **BRANCH NO.:** 138 **NO.:** 0157808208
CLAIMANT: **ACC DATE:** 28Jan19 **VN:** 0002107458
DESCRIPTION: INV#-76335 **DATE:** 27Sep19
DATES OF SERVICE: 11Jul19 **THRU** 01Aug19 **AMOUNT:** 406.50
BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006388 007121 001 001

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

CHECK NO. 0157808208 011259
VN. 0002107458
DATE: 27Sep19 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **406.50

CLAIM NO.: 000714 077434 WC 01 (130834) **BRANCH NO.:** 138
PAY FOUR HUNDRED SIX AND 50/100 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

⑈0157808208⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
09/12/19 74739

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C82112; Y67C85180

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

Case: vs KENTMASTER MFG CO INC
Date Of Injury: 4/26/18; 4/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/05/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	DANIEL FATTORI # 36586781	0.00
10/05/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	DIANA DEL OLMO # 301577	0.00
05/07/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI II	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
06/20/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
08/15/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/04/19	PMT BY CHECK	DOS 6/20/19-8/15/19* # 130647171 0	-406.50

BALANCE 563.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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M

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308234

MB 01 002105 54410 B 8 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
74739 07/30/2015	72WEC ZX2045 Y67C 02694	KENTMASTER MFG CO INC		$406.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 06/20/2019 08/15/2019	$406.50

Claim Handler: SHANNON MASVIDAL
8664019222 x2308234
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
$250 for 6/20/2019 DOS$156.50 for 8/15/2019 DOS.

Issue Date	09/04/2019	Check Number	130647171 0	Total Check Amount	$406.50

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

HAR-100-2

118348014

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

*** INVOICE ***
Date NO#
10/03/19 70833

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608C65464; WC608-D56651

BILL TO:
HELMSMAN MGMT SVCS (ROCKLIN)
W. C. DEPARTMENT
ATTN: SANDRA SCOTT
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs ALCOA
Date Of Injury: 6/13-7/14; 2/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/14	LEGAL_PREP	DEPO PREP @ L/O BAGBY, GAJ & ZACHARY	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/06/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/17/14	PMT BY CHECK	DOS 10/13/14-11/6/14* # 0054493712	-406.50
05/05/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE C. ALTMAN # 300624	0.00
11/17/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/10/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/23/17	PENALTIES	FOR DATE OF SERVICE 5/5/16	23.48
08/02/17	INTEREST	FOR DATE OF SERVICE 5/5/16	22.83
06/23/17	PENALTIES	FOR DATE OF SERVICE 11/17/16	23.48
08/02/17	INTEREST	FOR DATE OF SERVICE 11/17/16	13.17
06/23/17	PENALTIES	FOR DATE OF SERVICE 1/10/17	23.48
08/02/17	INTEREST	FOR DATE OF SERVICE 1/10/17	10.65
08/02/17	PMT BY CHECK	DOS 7/6/17* # 02215431 HELMSMAN	-469.50
08/29/17	PMT BY CHECK	DOS 7/6/17* # 02231852 HELMSMAN	-117.09
11/02/17	COSTS	ADD'L COSTS AWARDED	1500.00
11/02/17	PMT BY CHECK	DOS 1/18/17* # 02270056 HELMSMAN	-1500.00
08/01/18	LEGAL_PREP	DEPO PREP @ L/O VINCENT PURITON -DOI:2/15/17	156.50
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00
08/20/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA J. RAMIREZ # 301566	0.00

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

*** INVOICE ***
Date NO#
10/03/19 70833

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608C65464; WC608-D56651

BILL TO:
HELMSMAN MGMT SVCS (ROCKLIN)
W. C. DEPARTMENT
ATTN: SANDRA SCOTT
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs ALCOA
Date Of Injury: 6/13-7/14; 2/15/17

DOS	SERVICE	DESCRIPTION	AMOUNT
12/19/18	PMT BY CHECK	DOS 8/1/18-8/20/18* # 67205025 HELMSMAN	-406.50
07/09/19	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/20/19	LEGAL_WCAB	STATUS COFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/30/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/10/19	PMT BY CHECK	DOS 7/9/19* # 67441013 HELMSMAN	-313.00
09/23/19	PMT BY CHECK	DOS 8/30/19* # 67452325 HELMSMAN	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC™

B. CODE	CHECK NUMBER	CHECK DATE
002	67452325	09/23/19
	CHECK AMOUNT ****$250.00	BLOCK NUMBER 003230

OSN: EE2801092303-003144

CLAIM #: WC 608-D56651
CONTRACT #: WP8-68B-054536-026

CONTROL #: 000007879 ID: CRWEE13

PAYEE: JOYCE ALTMAN INTERPRETERS INC

DATE OF INJURY: 02/15/17
EMPLOYEE:

A 70833
63963

EMPLOYER: ARCONIC
DATES OF SERVICE 08/30/19-08/30/19
LOCATION CODE: 03200

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
08/30/19	08/30/19	EXPENSE		.00	250.00	250.00	

NOTE: PAYS INTERPRETING INVOICE# 70833 DATED 9/12/19

TOTAL GROSS	250.00
TOTAL PAYABLE:	250.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	250.00

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

*** INVOICE ***
Date NO#
09/03/19 76072

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC608D61370

BILL TO:
LIBERTY/HELMSMAN (ROCKLIN)
W. C. DEPARTMENT
ATTN: BERNISE GAILORDE
P.O. BOX 779008
ROCKLIN, CA 95677

Case: GABRIELA PEDROZA vs ON TIME STAFFING
Date Of Injury: 6/28/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/19	LEGAL_PREP	DEPO PREP @ L/O MICHAEL SULLIVAN	156.50
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
07/30/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/29/19	PMT BY CHECK	DOS 5/23/19-7/30/19* =# 02679690	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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M

BRANCH OFFICE ADDRESS:
PO BOX 8016
WAUSAU, WI 54402
916-564-1792

Helmsman
Management Services LLC™

B. CODE	CHECK NUMBER	CHECK DATE
199	02679690	08/29/19
	CHECK AMOUNT ****$406.50	BLOCK NUMBER 002660

OSN: EE2801082903-002567

CLAIM #: WC 608-D61370
CONTRACT #: WP8-62B-095228-018

CONTROL #: 000003580 ID: CRWE050

76072

PAYEE: JOYCE ALTMAN INTERPRETERS INC

DATE OF INJURY: 06/28/18
EMPLOYEE:

EMPLOYER: ON TIME STAFFING
DATES OF SERVICE 05/23/19-05/23/19
LOCATION CODE: 4678

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
07/30/19	07/30/19	EXPENSE		.00	250.00	250.00	
05/23/19	05/23/19	EXPENSE		.00	156.50	156.50	

NOTE: PAYS INTERPRETING INVOICE# 76072 DATED 8/14/19

TOTAL GROSS	406.50
TOTAL PAYABLE:	406.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	406.50

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

*** INVOICE ***
Date NO#
09/10/19 75910

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018053603; 2018855863

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

Case: vs SOUTHEAST EMPLOYEE LEAS/PRIORI
Date Of Injury: 8/29/18; 10/30/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	DANIEL TRIGUEROS # 36815481	0.00
07/11/19	PMT BY CHECK	DOS 5/9/19* # 10066610	-156.50
08/01/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/15/19	LEGAL_PREP	DEPO PREP @ L/O BASSETT, DISCOE & McMAINS II	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/06/19	PMT BY CHECK	DOS 8/1/19* # 10070208	-250.00
09/06/19	PMT BY CHECK	DOS 8/15/19* # 10070207	-156.50

BALANCE 0.00

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Explanation Of Bill Review

Packard Claims Administration
P.O. BOX 1549
TARPON SPRINGS, FL 34688-1549
Telephone Number: 817-265-2000

Insurer: State National Insurance
2739 US HWY 19 N
Holiday, FL 34691
Div#: 12831

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

Claimant Name:
Claimant SSN:
Incident Date: 08/29/2018
Claim Number: 2018053603
Division Claim No.: 2018091110243

Policy ID: CWC 71949-1017
Examiner: NCACERES
Check Number: 10070208
Check Amount: $250.00
Check Date: 09/06/2019
Description: Translation
Invoice No: 75910

Document PRA-PKCA-102493
Received Date: 01/11/2019
Reviewed 09/05/2019

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

From: 05/09/2019 **Through:** 08/01/2019
Pharmacy No.:
DRG Code: T14

Srvc	Mod	Units	Service Description	Srvc Date	Billed	BR Red	PPO Red	Other	Allowanc	Reason Code
T1013		1.00	INTERPRETER	05/09/2019	156.50	156.50	0.00	0.00	0.00	224 G56
T1013		1.00	INTERPRETER	08/01/2019	250.00	0.00	0.00	0.00	250.00	
				Totals:	406.50	156.50	0.00	0.00	250.00	

Reason Codes:

224 A DUPLICATE PROCEDURE AND OR SUPPLY ON THE SAME DATE.

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.

Optum at 1(610)631-2376
2500 Monroe Blvd.
Norristown, PA 19430

* UNLESS OTHERWISE NOTED, ALL REDUCTIONS WERE DUE TO CHARGES EXCEEDING THE OFFICIAL MEDICAL FEE SCHEDULE OF THE STATE OF CALIFORNIA. AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTORS ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKERS COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

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

*** INVOICE ***
Date NO#
10/02/19 74412

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3017227622-001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: TANIA ARLANDER
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs CARE PLUS HOME CARE
Date Of Injury: 7/2/17

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
10/05/18	PMT BY CHECK	DOS 8/3/18* # 96705868	-156.50
03/18/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
04/03/19	PMT BY CHECK	DOS 3/18/19* # 101083963	-250.00
08/15/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/11/19	PMT BY CHECK	DOS 5/15/19* # 107107774	-250.00

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

0003156-0008669 0106 001 823910 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
09/11/2019	250.00	107107774

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services, Inc	01 of 01

Claimant Name			Loss Date	Claim Number
			07/02/2017	30178227622-0001
Amt Paid:	250.00	Description:		
Amt Billed:	250.00	Invoice:	74412	ICN:301782276220001
Dates:	08/15/2019 - 08/15/2019	Comment:		

SWK.RM.STD.00.NP

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

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

*** INVOICE ***
Date NO#
09/06/19 76334

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30192342634-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: ZACHARY MARTINEZ
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs CONNECT STAFFING, INC.
Date Of Injury: 2/18/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/19	LEGAL_PREP	DEPO PREP @ L/O HANNA BROPHY	156.50
/ /	INTERPRETER:	LETICIA G. URIOSTEGUI #301652	0.00
08/16/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/28/19	PMT BY CHECK	DOS 7/9/19* # 101039443	-156.50
09/03/19	PMT BY CHECK	DOS 8/16/19* # 101094119	-250.00

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

0004299-0009905 0106 001 821283 SWK

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

DATE	CHECK AMOUNT	CHECK NUMBER
09/03/2019	250.00	101094119
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
211 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			02/18/2018	30192342634-0001
Amt Paid:	250.00	Description:		
Amt Billed:	250.00	Invoice:	76334	ICN:301923426340001
Dates:	08/16/2019 - 08/16/2019	Comment:		

SWK.RM.STD.00.NP

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

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

On behalf of National Union and its affiliates
National Union Fire Insurance Company of

ORIGIN 2112453
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/03/2019

101094119

62-22
311

PAY: ******TWO HUNDRED FIFTY AND 00/100 DOLLARS

$250.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

637127561

MEMO:

AIG, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈101094119⑈ ⑆031100225⑆ 2079950059703⑈