Market Rate Summary Graph

Payments at market rate for legal dates of service received between 1/2/20 and 1/31/20

	Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
1	76090	12/23/2019	1/22/2020	$ 250.00	C&R Reading	$ 250.00	03193204	1/16/2020	**100%**	Amtrust/ ANA UBI Claims
2	76808	9/19/19-11/7/19	1/7/2020	$ 813.00	2 Depo prep ($156.50 each), 2 Depo review ($250 each)	$ 813.00	03177808	1/3/2020	**100%**	Amtrust/ ANA UBI Claims
3	76838	9/12/19-11/12/19	1/15/2020	$ 406.50	C&R Reading ($250), Board Appearance (WCAB LBO) ($156.50)	$ 406.50	0001297995	1/13/2020	**100%**	Applied Risk Services/ California Insurance Company
4	75307	1/6/2020	1/31/2020	$ 195.00	Board Appearance (WCAB LBO)	$ 195.00	0613700	1/28/2020	**100%**	Berkshire/ Oak River Insurance
5	76540	8/5/19-12/4/19	1/3/2020	$ 250.00	Depo review	$ 250.00	5662272789	12/31/2019	**100%**	Broadspire
6	74099	1/15/2020	1/22/2020	$ 195.00	Board Appearance (WCAB LBO)	$ 195.00	8817449146	1/15/2020	**100%**	Farmers/Mid Centry Ins
7	75859	5/2/19-11/26/19	1/15/2020	$ 656.50	Depo review ($250), C&R Reading ($250), Depo prep ($156.50)	$ 656.50	0160196152	1/7/2020	**100%**	Gallagher Bassett/Old Republic Ins
8	75280	12/6/2019	1/14/2020	$ 250.00	C&R Reading	$ 250.00	0160156762	1/5/2020	**100%**	Gallagher Bassett/Safety National Casualty
9	74968	11/20/2019	1/15/2020	$ 250.00	C&R Reading	$ 250.00	1000033450	1/9/2020	**100%**	Protective Insurance
10	76778	9/4/19-9/20/19	1/14/2020	$ 406.50	C&R Reading ($250), Board Appearance (WCAB LBO) ($156.50)	$ 406.50	3000578440	1/7/2020	**100%**	Republic Indemnity
11	77005	10/7/19-11/8/19	1/27/2020	$ 406.50	Depo prep ($156.50), Depo review ($250)	$ 406.50	112001167	1/20/2020	**100%**	Sedgwick
12	76516	7/29/19-12/5/19	1/15/2020	$ 719.50	Depo prep ($156.50), Board Appearance (WCAB LAO) ($156.50), Depo Review ($250), Board Appearance (WCAB LAO) ($156.50)	$ 246.50	99874822	9/25/2019	**100%**	Sedgwick for QBE Insurance
						$ 473.00	100174195	1/13/2020		
						$ 719.50				

Market Rate Summary Graph

Payments at market rate for legal dates of service received between 1/2/20 and 1/31/20

	Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
13	70681	8/18/16-1/9/19	1/15/2020	$ 2,215.00	Depo prep & Deposition ($400), Depo Review $250), 4 Board Appearances (WCAB LBO) ($156.50 each), 3 Full Day Board Appearances ($313 each)	$ 2,215.00	23424	1/3/2020	**100%**	Seng Man Kim (Employer)
14	73678	10/1/19-12/10/19	1/9/2020	$ 313.00	Full Day Board Appearance (WCAB LBO)	$ 313.00	896D 93452101	1/3/2020	**100%**	Travelers
15	76759	7/25/19-9/26/19	1/30/2020	$ 469.50	Board Appearance (WCAB LBO) ($156.50), Full Day Board Appearance (WCAB LBO) ($313)	$ 93.84	891A 90892021	1/23/2020	**120%**	Travelers
						$ 469.50	891A 90892022	1/23/2020		
						$ 563.34				
16	75698	4/10/2019	1/8/2020	$ 313.00	Full Day Board Appearance ($313) (WCAB LBO)	$ 313.00	63-315631	1/2/2020	**100%**	UEF
17	76524	6/5/18-12/12/19	1/20/2020	$ 406.50	Depo review ($250), Board Appearance (WCAB LBO) ($156.50)	$ 406.50	1102208667	1/14/2020	**100%**	Zurich Ins

Average % of Market Rate paid	**101%**

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

*** INVOICE ***
Date NO#
01/22/20 76090

EAMS#(s)

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2752970

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

Case: , vs CULVER CITY VOLVO
Date Of Injury: 12/5/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/19	LEGAL_PREP	DEPO PREP @ L/O LOWER KESNER	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
04/24/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
07/11/19	PMT BY CHECK	DOS 3/15/19-4/24/19* # 02936762 AMNTRUST	-406.50
12/23/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/16/20	PMT BY CHECK	DOS 12/23/19* # 03193204 AMTRUST	-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 **

VOID VOID VOID

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
03193204
2752966-1
SWC1110207

DATE	AMOUNT
1/16/2020	$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

⑈03193204⑈ ⑆021309379⑆ 790262463⑈

Check Number	03193204
Claim Number:	2752966-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1110207/Culver City Motorcars Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/30/2017
Location:	11201 W Washington Blvd Culver City CA 90230 -
Examiner Code:	gcastaneda

Amount:	$250.00
Dates of Service:	12/23/2019-12/23/2019
Explanation:	INV 76090
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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/07/20 76808

EAMS#(s):

SS # : xXX-XX-
DOB :
Terms: 60 days
Claim #(s):
3111697

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

Case: vs PALMCREST GRAND HOME ASST LVNG
Date Of Injury: 4/18/19

DOS	SERVICE	DESCRIPTION	AMOUNT
09/19/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/10/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/14/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/07/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
01/03/20	PMT BY CHECK	DOS 9/19/19-11/7/19* # 03177808	-813.00

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.
03177808
3111697-1
SWC1230936

DATE	AMOUNT
1/3/2020	$813.00

Eight Hundred Thirteen 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

⑈03177808⑈ ⑆021309379⑆ 79026246 3⑈

Check Number	03177808
Claim Number:	3111697-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1230936/Palmcrest Grand Home Assisted Living LLC
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/18/2019
Location:	3503 Cedar Ave Long Beach CA 90807 -
Examiner Code:	asamuell

Amount:	$813.00
Dates of Service:	9/19/2019-11/7/2019
Explanation:	INV 76808
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

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

*** INVOICE ***
Date NO#
01/15/20 76838

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
134135

BILL TO:
APPLIED RISK SERVICES (NABRAS)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 3804
OMAHA, NE 68103

Case: -- vs CUSTOM ALLOY SALES
Date Of Injury: 9/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/12/19	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/13/20	PMT BY CHECK	DOS 9/12/19-11/12/19* # 0001297995 APPLIED	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Expense Payment

Check Date:	01/13/20
Service Begining:	09/12/19
Service Ending:	11/12/19

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	09/15/16	134135

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
76838	09/12/19-11/12/19	406.50	N/A	N/A	406.50

Messages

Total	406.50

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

California Insurance Company
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave , Menlo Park, CA 94025
11-491220

0001297995

Date: 01/13/20

Pay FOUR HUNDRED SIX AND .50 DOLLARS********** $ 406.50

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy C Robb

⑈0001297995⑈ ⑆122000496⑆ 7000168038⑈

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

*** INVOICE ***
Date NO#
01/31/20 75307

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
22031969;22037788

BILL TO:
BERKSHIRE/ACCA (SAN FRANCISCO)
W. C. DEPARTMENT
ATTN: TAYLOR BESSEY
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs LA HABRA COLLISSION & GLASS CT
Date Of Injury: 1/4/17;12/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/19	LEGAL_WCAB	EXP HEARING @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN @ 100585	0.00
02/22/19	PMT BY CHECK	DOS 28/11/19* # 0564523	-156.50
01/06/20	LEGAL_WCAB	EXP. HEARING @ WCAB LBO	195.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/28/20	PMT BY CHECK	DOS 1/6/20* # 0613700	-195.00

BALANCE 0.00

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Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 01/28/2020
Check Number : 0613700
Check Amount : $195.00

6XVD2K

OZ 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

boo5a
00014

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22031969		01/04/2017	75307	Interpreter Fees -	01/06/2020	01/06/2020	$195.00

14-14
4014

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

*** INVOICE ***
Date NO#
01/03/20 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
10/10/19	LEGAL_PREP	DEPO PREP II @ L/O D.FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/01/19	PMT BY CHECK	DOS 8/5/19-10/10/19* # 5661185184	-156.50
12/04/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/31/19	PMT BY CHECK	DOS 8/5/19-12/4/19* # 5662272789	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	12/31/2019
Check Amount	:	$250.00
Check Number	:	5662272789

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
189022038-001	05/08/2019 $250.00		
BP WC Brea Professional Service	$250.00	Hansen Li 76540	714-579-8100 12/23/2019 08/05/2019-12/04/2019

Please Fold on Perforation Before Tearing

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

*** INVOICE ***
Date NO#
01/22/20 74099

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10142768

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

Case: vs EL COMPADRE dba ECII
Date Of Injury: 10/9/14 - 10/9/17

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/18	LEGAL_PREP	DEPO PREP @ L/O WILLIAM ABREGO	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
06/18/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/12/18	PMT BY CHECK	DOS 5/10/18-6/18/18* # 8816910689	-406.50
01/02/20	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/15/20	PMT BY CHECK	DOS 1/2/20 # 8817449146	-195.00

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

MID-CENTURY INSURANCE COMPANY

Check Number: 8817449146
Date: 01/15/2020

Amount: $195.00******

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

To the order of
Joyce Altman Interpreters
PO Box 4165
Tustin, CA, 92781-4165

74099

Claimant/Patient:		Primary Adjuster:	Jennifer Burris
Insured:	El Compadre, Inc.	Toll Free Number:	8884861451
Date of Loss:	10/09/2017	Applicable Coverage:	Workers Compensation
Claim Number:	WC10142768		
Correspondence Reference:	1147B6TZW		

Additional Information:
If there are questions regarding the cashing of this check, please contact the Primary Adjuster at their toll free telephone number or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
	Interpreter (PPD)	$195.00

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

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

*** INVOICE ***
Date NO#
01/15/20 75859

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
611260095104-WC-01

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

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 10/1/18

DOS	SERVICE	DESCRIPTION	AMOUNT
05/02/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/11/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
11/26/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
01/07/20	PMT BY CHECK	DOS 5/2/19-11/26/19* # 0160196152	-656.50

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 **

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

011260 PAGE 1 OF 1 004577

MDG2009 00004145 1 MB .428 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 095104 WC 01 (4020150-04)
CLAIMANT:
DESCRIPTION: DEPO AND C/R READING

BRANCH NO.: 094
ACC DATE: 01Oct18

NO.: 0160196152
VN: 0002298071
DATE: 07Jan20

DATES OF SERVICE: 02May19 **THRU** 26Nov19
BENEFIT PERIOD: **THRU**

AMOUNT: 656.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004145 004809 001 001

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

39602

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

CHECK NO. 0160196152 004577
VN. 0002298071
DATE: 07Jan20 62-20/311

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **656.50

CLAIM NO.: 011260 095104 WC 01 (4020150-04) **BRANCH NO.:** 094
PAY SIX HUNDRED FIFTY-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

⑈0160196152⑈ ⑆031100209⑆ 4007490⑈

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

*** INVOICE ***
Date NO#
01/14/20 75280

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
000747115109WC-01

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

Case: vs MICHAEL'S STORES
Date Of Injury: 10/10/17

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/19	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/26/19	PMT BY CHECK	DOS 1/25/19* # 0152654934	-156.50
12/06/19	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
01/05/20	PMT BY CHECK	DOS 12/6/19* # 0160156762	-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 **

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

000747 PAGE 1 OF 1 001197

M

MDG2009 00000429 1 SP .500 2

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

GALLAGHER BASSETT SERVICES INC
FOR SAFETY NATIONAL CASUALTY

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

CLAIM NO.: 000747 115109 WC 01 (3007)
CLAIMANT:
DESCRIPTION: INV#-75280

DATES OF SERVICE: 06Dec19 **THRU** 06Dec19
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 10Oct17

NO.: 0160156762
VN: 0000805221
DATE: 05Jan20

AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000429 000575 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR SAFETY NATIONAL CASUALTY

CHECK NO. 0160156762 001197
VN. 0000805221
DATE: 05Jan20 62-20/311

NOT VALID AFTER 90 DAYS*
PAY EXACTLY
$ **250.00

CLAIM NO.: 000747 115109 WC 01 (3007) **BRANCH NO.:** 094
PAY TWO HUNDRED FIFTY 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

⑈0160156762⑈ ⑆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#
01/15/20 74968

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WD-00010783

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: PERSONNEL STAFFING
PO BOX 7099
INDIANAPOLIS, IN 46207

Case: vs PERSONNEL STAFFING GROUP LLC
Date Of Injury: 5/31/18

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
12/28/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/23/19	PMT BY CHECK	DOS 11/14/18* # 3534536	-156.50
03/05/19	PMT BY CHECK	DOS 11/14/18-1/23/19* # 3548409	-250.00
10/31/19	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
11/20/19	PMT BY CHECK	DOS 10/31/19* # 1000020438	-156.50
11/20/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
01/09/20	PMT BY CHECK	DOS 11/20/19* # 1000033450	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Protective Insurance Company
P.O. Box 7099
Indianapolis, IN 46207-7099

January 09, 2020

>002107 7202911 0001 092574 10Z
Joyce Altman Interpreters Inc.
PO Box 4165
Tustin CA 92781

CHECK DATE: 01/09/2020
CHECK NUMBER: 1000033450
CHECK AMOUNT: $250.00

02107 7202911 002108 0001/0001 k002107

PAGE: 1 OF 1

Invoice Received	Invoice Number	Claim Number	Amount	Adjustments	Amount Paid
01/01/00	74968	WD-00010783	$250.00	$0.00	$250.00
Claimant Name:					
Loss Date: 05/31/2018					
Payment Transaction: BL_DH					
FROM 11/20/2019 THROUGH 11/20/2019					
TOTAL			$250.00	$0.00	$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#
01/14/20 76778

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
R00079052

BILL TO:
REPUBLIC INDEMNITY (ENCINO)
W. C. DEPARTMENT
ATTN: MARIA RODRIGUEZ
P.O. BOX # 20036
ENCINO, CA 91416-0036

Case: vs AMERICAN OIL
Date Of Injury: 7/11/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/04/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/20/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/07/20	PMT BY CHECK	DOS 9/4/19-9/20/19* # 3000578440 REPUBLI	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
P.O. Box 20036
Encino, CA 91416
818-990-9860

Republic Indemnity

Date: 01/07/2020
Check #: 3000578440
Payment Amount: 406.50

002464 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00048587		76778	12/27/2019	09/04/19	09/20/19	406.50	406.50	
	122 Interpreter For Medical							
						Total	406.50	

PLEASE DETACH BEFORE DEPOSITING CHECK

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

*** INVOICE ***
Date NO#
01/27/20 77005

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30181074713-0001

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

Case: vs AAA RESTORATION INC
Date Of Injury: 9/17/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/07/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/08/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
01/20/20	PMT BY CHECK	DOS 10/7/19-11/8/19* # 112001167	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

0000418-0001603 0106 001 858701 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
01/20/2020	406.50	112001167
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
	09/17/2018	30181074713-0001
Amt Paid: 406.50	Description:	
Amt Billed: 406.50	Invoice: 77005 ✓	ICN:243307002.339
Dates: 10/07/2019 - 11/08/2019	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

Sedgwick as agent for Falls Lake Fire and Casualty Company
Falls Lake Fire and Casualty Company

ORIGIN 5236200 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 01/20/2020

112001167

62-22
311

PAY: ******FOUR HUNDRED SIX AND 50/100 DOLLARS

$406.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Falls Lake Fire and Casualty C, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈112001167⑈ ⑆031100225⑆ 207995005970 3⑈

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

*** INVOICE ***
Date NO#
01/15/20 76516

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30189705456-0001

BILL TO:
QBE SPECIALTY INSURANCE (WI)
W. C. DEPARTMENT
ATTN: SHANNA PENA
P.O. BOX 975
SUN PRAIRIE, WI 53590

Case: vs ENERGY TRANSPORT AND LOGISTICS
Date Of Injury: 2/9/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/19	LEGAL_PREP	DEPO PREP @ L/O HANNA BROPHY	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/26/19	LEGAL_WCAB	EXPEDITED HEARING @ WCAB LA	156.50
/ /	INTERPRETER:	ROBERT ARROYO # 301531	0.00
09/25/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI II	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/25/19	PMT BY CHECK	DOS 7/29/19-8/26/19* # 99874822	-246.50
12/05/19	LEGAL_WCAB	MSC @ WCAB LOS ANGELES	156.50
/ /	INTERPRETER:	ELENA WILSON # 100363	0.00
01/13/20	PMT BY CHECK	DOS 12/23/19* # 100174195	-473.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P.O. Box 975
Sun Prairie, WI 53590-0975

0006185-0021795 0106 001 828715 SWK

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

PAID
SEP 30 2019

DATE	CHECK AMOUNT	CHECK NUMBER
09/25/2019	246.50	99874822
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
281 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name	Loss Date	Claim Number
	02/09/2018	30189705456-0001
Amt Paid: 246.50	Description:	
Amt Billed: 246.50	Invoice: 76516	ICN:44680532.848
Dates: 07/29/2019 - 08/26/2019	Comment:	

SWK.RM.STD.00.NP

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

[redacted]

Sedgwick Claims Management Services, Inc
P.O. Box 975
Sun Prairie, WI 53590-0975

0007727-0023791 0106 001 856550 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
01/13/2020	473.00	100174195
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
281 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		02/09/2018	30189705456-0001
Amt Paid: 473.00	Description:		
Amt Billed: 473.00	Invoice:	76516	ICN:45233664.848
Dates: 12/23/2019 - 12/23/2019	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

QBE North America
QBE Insurance Corporation

ORIGIN 2816224
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 01/13/2020

100174195
62-22
311

PAY: ******FOUR HUNDRED SEVENTY THREE AND 00/100 DOLLARS

$473.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

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

⑈100174195⑈ ⑆031100225⑆ 20799500597 03⑈

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

*** INVOICE ***
Date NO#
01/15/20 70681

EAMS#(s):

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

BILL TO:
UEF/SENG KIM

ATTN: MANAGER/OWNER
12401 GOTTES LN.
LA MIRADA, CA 90638

Case: vs SENG MAN KIM AKA SENG KIM AKA
Date Of Injury: 11/26/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/16	LEGAL_PREP	DEPO PREP & DEPOSITION @ L/O DENNIS FUSI	400.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/21/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/31/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
08/02/17	LEGAL_WCAB	TRIAL @ WCAB LBO (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
10/11/17	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/28/18	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802 (AM)	0.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 (PM)	0.00
05/02/18	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/11/18	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/09/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE C. ALTMAN # 300624	0.00
01/03/20	PMT BY CHECK	DOS 8/18/16-1/9/19 # 23424 SENG MAN KIM	-2215.00

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

*** INVOICE ***
Date NO#
01/15/20 70681

EAMS#(s):

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

BILL TO:
UEF/SENG KIM

ATTN: MANAGER/OWNER
12401 GOTTES LN.
LA MIRADA, CA 90638

Case: vs SENG MAN KIM AKA SENG KIM AKA
Date Of Injury: 11/26/12

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THIS CHECK IS DELIVERED FOR PAYMENT ON THE FOLLOWING ACCOUNTS			
DATE		AMOUNT	

SENG MAN KIM
JANE IN KIM
APARTMENT ACCOUNT
P.O. Box 1141
Downey, Ca 90240

23424

EZShield™ Check Fraud Protection for Business

16-66-1220

DATE 1/3/20

PAY TO THE ORDER OF Joyce Altman Enterprises Inc $ 2215.00

Two Thousand Two Hundred Fifteen and no/100 DOLLARS

Bank of America
Paramount-Florence Branch 0564 (562) 868-1448
Downey, CA 90241

⑈023424⑈ ⑆122000661⑆ 000564132853⑈

Security Features Included

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

*** INVOICE ***
Date NO#
01/09/20 73678

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FBA4873

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

Case: vs NOBEST
Date Of Injury: 8/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/18	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL GREEN	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/27/18	PMT BY CHECK	DOS 4/3/18* # 896D 91392234	-250.00
02/26/19	LEGAL_WCAB	EXP. HEARING @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 101471	0.00
04/25/19	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
05/07/19	PMT BY CHECK	DOS 4/3/18-4/25/19* # 896D 92456618	-313.00
06/20/19	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
07/03/19	PMT BY CHECK	DOS 6/20/19* # 896D 92702942	-156.50
08/13/19	LEGAL_WCAB	TRIAL @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
08/29/19	PMT BY CHECK	DOS 8/13/19* # 896D 92930802	-156.50
10/01/19	LEGAL_WCAB	TRIAL @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
10/31/19	PMT BY CHECK	DOS 4/3/18-10/1/19* =# 896D 93192442	-156.00
12/10/19	LEGAL_WCAB	FULL DAY TRIAL @ WCAB ANAHEIM	313.00
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
01/03/20	PMT BY CHECK	DOS 10/1/19-12/10/19* # 896 93452101 TRAVE	-313.50

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

*** INVOICE ***
Date NO#
01/09/20 73678

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FBA4873

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

Case: vs NOBEST
Date Of Injury: 8/14/17

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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017698

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

SA08819

896D 93452101

TRAVELERS

DATE: 01/03/20
LOSS DATE: 11/09/17
FILE NUMBER: 152 CB FBA4873 E

EMPLOYEE

ACCOUNT NAME:
NOBEST, INC.

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 10/1/2019 TO: 12/10/2019

TOTAL PAID: $313.50
TAX INFO: 330956713 Y C
PAY MISC: 73678
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: KIRT HARRISON AT (909)612-3865

003008879
DETACH CHECK

UNSUMM -11131
OVRPUNS2-12129
DETACH CHECK

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

*** INVOICE ***
Date NO#
01/30/20 76759

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FLD6054

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

Case: _____ vs HOME RESTAURANT/CIERA STAFF/RE
Date Of Injury: 12/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/22/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/01/16	PENALTIES	FOR DATE OF SERVICE 10/6/14	37.50
08/07/18	INTEREST	FOR DATE OF SERVICE 10/6/14	105.71
02/01/16	PENALTIES	FOR DATE OF SERVICE 10/22/15	23.48
08/07/18	INTEREST	FOR DATE OF SERVICE 10/22/15	50.05
04/27/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/20/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
08/07/18	PENALTIES	FOR DATE OF SERVICE 04/27/16	23.48
08/07/18	INTEREST	FOR DATE OF SERVICE 04/27/16	40.28
08/07/18	PENALTIES	FOR DATE OF SERVICE 03/20/18	23.48
08/07/18	INTEREST	FOR DATE OF SERVICE 03/20/18	6.21
10/18/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/29/18	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	SANDRA TALANCON 100802	0.00
01/24/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/25/19	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/26/19	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LBO	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/23/20	PMT BY CHECK	DOS 7/25/19-9/26/19* # 891A 90892022 TRAV	-469.50
01/23/20	PMT BY CHECK	DOS 7/25/19-9/26/19* # 891A 90892021 TRAV	-93.84

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

*** INVOICE ***
Date NO#
01/30/20 76759

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
FLD6054

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

Case: vs HOME RESTAURANT/CIERA STAFF/RE
Date Of Injury: 12/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1405.35

* 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 **

017309

M

THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
0

891A 90892022

TRAVELERS

DATE: 01/23/20
LOSS DATE: 08/09/11
FILE NUMBER: 152 CB FLD6054 E

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

EMPLOYEE

ACCOUNT NAME:
HOME RESTAURANT SAVP INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Other

SERVICE DATE: 7/25/2019 TO: 9/26/2019

TOTAL PAID: $469.50
TAX INFO: 330956713 Y C

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: CATALINA SANCHEZ AT (909)612-3242

023008694
DETACH CHECK

UNSUMM -111311
OVRPUNS2-121295
DETACH CHECK

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

SA08615

891A 90892021

TRAVELERS

DATE: 01/23/20
LOSS DATE: 08/09/11
FILE NUMBER: 152 CB FLD6054 E

EMPLOYEE

ACCOUNT NAME:
HOME RESTAURANT SAVP INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Penalty Against Employer

SERVICE DATE: 7/25/2019 TO: 9/26/2019

TOTAL PAID: $93.84
TAX INFO: 330956713 Y C

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JAN 29 2020
BY.....

FOR ADDITIONAL INFORMATION, CONTACT: CATALINA SANCHEZ AT (909)612-3242

023008693
DETACH CHECK

UNSUMM -111311
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***
Date NO#
01/08/20 75698

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
UEF10823708

BILL TO:
UEF (L.A.)
W. C. DEPARTMENT
ATTN: TA LORI ROBINSON
320 W. FOURTH ST., STE 690
LOS ANGELES, CA 90013

Case: vs BENNY MARKET/TAE CHUN/TAE HONG
Date Of Injury: 8/1/15 - 4/3/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/19	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LONG BEACH	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/29/19	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ANABEL MUNGUIA # 301374	0.00
01/02/20	PMT BY CHECK	DOS 4/10/19-4/29/19* # 63-315631 UEF	-469.50

BALANCE 93.50

* 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 **

STATE OF CALIFORNIA 63-315631

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

FUND NO. 0571 FUND NAME UNINSURED EMPLOYERS BEN

A000772112 7350

MO. 01 DAY 02 YR. 2020

90-1342/1211

63315631

DOLLARS $*****469. CENTS 50

TO: 315631
--- JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-85(1.99) CONTROLLERS WARRANT

⑈121134231⑈ 63315631⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

63-315631

ISSUE DATE: 01/02/2020
UNINSURED EMPLOYERS BENEFITS TRUST FUND
P.O. BOX 429397
SAN FRANCISCO, CA 94142-9397
TEL: (510) 286-7067

PAYEE NAME: JOYCE ALTMAN INTERPRETERS INC
CLAIM#: UEF10823708
CLAIMANT:
C/O:
FROM: 04-10-2019 THRU: 04-29-2019
INVOICE#: 75990

STUBNOTES ITEMS	GROSS AMOUNT
1 - ONE TIME PAYMENT	469.50
0 - INTERPRETER FEE	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
TOTAL AMOUNT PAID :	

ADJUSTER NAME: SUSAN LEW

BY ENDORSING THIS WARRANT THE PAYEE CERTIFIES THAT THEY ARE ENTITLED TO THIS PAYMENT OF WORKERS COMPENSATION BENEFITS. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO OBTAIN PAYMENT FOR BENEFITS OR SERVICES WHICH ARE NOT DUE TO THE RECIPIENT. (SEE LABOR CODE 5401.7).

THIS WARRANT IS VOID AFTER (1) YEAR FROM ISSUE DATE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OR YOUR ACCOUNT, PLEASE CONTACT: TEL: (510) 286-7067

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

*** INVOICE ***
Date NO#
01/20/20 76524

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080362421

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

Case: _____ vs CROWN POLY INC
Date Of Injury: CT 1/22/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 101585	0.00
07/17/18	PMT BY CHECK	DOS 6/5/18* # 800516979	-156.50
07/16/19	LEGAL_WCAB	EXP. HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/30/19	PMT BY CHECK	DOS 7/16/19* # 800529417	-156.50
09/30/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
10/23/19	PMT BY CHECK	DOS 6/5/18-9/30/19* # 1102136373 ZURICH	-156.50
10/15/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/12/19	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/14/20	PMT BY CHECK	DOS 6/5/18-12/12/19* # 1102208667 ZURICH	-406.50

BALANCE 0.00

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

American Guarantee & Liability

1010106200063

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

01062

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0362421 001 B0	WC 0141904	76524		01/22/18	06/05/18-12/12/19

Check Number	1102208667	**Date Issued**	01/14/20	**Amount**	$***406.50
Insured	Crown Poly Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Neha Pandey				
File Supervisor	George Alcantar	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	406.50		
TOTAL	**$406.50**		