Market Rate Summary Graph

Payments at market rate for legal dates of service received between 9/1/21 and 9/30/21

	Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
1	78725	8/25/2021	9/14/2021	$ 390.00	Full Day Board Appearance (WCAB MDR)	$ 390.00	1606062	9/8/2021	**100%**	Amica
2	81361	8/13/2021	9/21/2021	$ 250.00	C&R Reading	$ 250.00	0000404008	9/17/2021	**100%**	Benchmark
3	80702	5/24/2021	9/14/2021	$ 250.00	Depo Review	$ 90.00	0161680670	7/14/2021	**100%**	CCMSI
						$ 90.00	13225347	8/16/2021		
						$ 70.00	13475122	9/9/2021		
4	56583	8/16/2021	9/17/2021	$ 195.00	Depo Prep	$ 195.00	82074305	9/8/2021	**100%**	CIGA
5	81355	8/11/21-8/23/21	9/28/2021	$ 445.00	Depo Prep ($195) & Depo Review ($250)	$ 445.00	903A 67786216	9/24/2021	**100%**	Constitution State Services (Travelers)
6	77217	1/21/2021	9/9/2021	$ 195.00	Board Appearance (WCAB LBO)	$ 195.00	1062046	8/31/2021	**100%**	Corvel (Ace American Ins)
7	81157	8/11/2021	9/20/2021	$ 250.00	Depo Review	$ 250.00	6443373	9/10/2021	**100%**	Corvel (GuideOne)
8	81365	8/17/2021	9/28/2021	$ 250.00	C&R Reading	$ 250.00	006809	9/23/2021	**100%**	Elite Claims Mgmt
9	77653	7/6/20-8/3/21	9/30/2021	$ 500.00	Depo Review & C&R Reading ($250 each)	$ 250.00	11213155	8/6/2020	**100%**	Enstar
						$ 125.00	11266571	9/8/2021		
						$125 (CK was issued for $360.00 and vendor returned $235.00)	11269323	9/23/2021		

Market Rate Summary Graph

Payments at market rate for legal dates of service received between 9/1/21 and 9/30/21

	Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
10	79583	2/23/21-8/17/21	9/17/2021	$ 500.00	Depo Review & C&R Reading ($250 each)	$500 (CK was issued for $586.56, vendor applied $86.56 to the invoice balance)	DA50192505	8/31/2021	**100%**	ESIS (Chubb)
11	81006	6/24/2021	9/13/2021	$ 250.00	Depo Review	$ 250.00	0173621779	9/5/2021	**100%**	Gallagher Basset
12	76200	7/30/2019	9/8/2021	$ 250.00	Depo Review	$ 66.50	130573016 0	8/15/2019	**100%**	The Hartford
						$ 93.50	132854998 4	7/16/2021		
						$90 of total pymt of $156.50 ($66.50 applied towards invoice balance)	132994028 8	9/1/2021		
13	81311	7/27/21-8/11/21	9/30/2021	$ 445.00	Depo Prep ($195) & Depo Review ($250)	$ 445.00	133061269 8	9/24/2021	**100%**	The Hartford
14	76142	8/18/2021	9/14/2021	$ 250.00	C&R Reading	$ 250.00	03159541	9/10/2021	**100%**	Helmsman Mgmt
15	81615	4/26/21-9/8/21	9/21/2021	$ 500.00	Depo Review & C&R Reading ($250 each)	$ 500.00	11554	9/17/2021	**100%**	Innovative Risk Mgmt (Charles Taylor)
16	75665	7/26/2021	9/21/2021	$ 250.00	C&R Reading	$ 250.00	3778519	9/9/2021	**100%**	Ins. Co. of the West
17	79733	2/22/21-4/8/21	9/27/2021	$ 500.00	C&R Reading & C&R Reading (Addendum) ($250 each)	$ 175.00	3547782	4/1/2021	**100%**	Ins. Co. of the West
						$ 325.00	3787474	9/15/2021		

Market Rate Summary Graph

Payments at market rate for legal dates of service received between 9/1/21 and 9/30/21

	Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
18	79916	3/17/2021	9/14/2021	$ 250.00	Depo Review	$ 250.00	258023	8/31/2021	**100%**	Intercare
19	81090	8/11/2021	9/21/2021	$ 250.00	C&R Reading	$ 250.00	01333735	9/10/2021	**100%**	Pacific Comp Ins
20	60200	8/17/2021	9/29/2021	$ 250.00	C&R Reading	$250 (CK was issued for $406.56, vendor returned $156.50)	CU-507927	9/22/2021	**100%**	SCIF
21	62455	7/27/2021	9/7/2021	$ 250.00	C&R Reading	$250 of total pymt of $1916.67 (ck includes a separate case)	CU-506210	8/31/2021	**100%**	SCIF
22	81312	7/30/2021	9/28/2021	$ 250.00	C&R Reading	$ 250.00	CE-946802	9/23/2021	**100%**	SCIF
23	77550	1/13/20-2/18/20	9/27/2021	$ 445.00	Depo Prep ($195) & Depo Review ($250)	$ 445.00	125677970	9/17/2021	**100%**	Sedgwick
24	77698	9/8/2021	9/27/2021	$ 195.00	Trial (L/O of Dennis Fusi)	$ 195.00	109009301	9/22/2021	**100%**	Sedgwick
25	78525	10/2/19-10/17/19	9/23/2021	$ 406.50	Depo Review ($250) & Depo Prep ($156.50)	$ 406.50	124224905	9/15/2021	**100%**	Sedgwick
26	80034	8/12/2021	9/24/2021	$ 250.00	C&R Reading	$250 (CK was issued for $406.56, vendor applied $156.50 to the invoice balance)	125010861	9/20/2021	**100%**	Sedgwick

Market Rate Summary Graph

Payments at market rate for legal dates of service received between 9/1/21 and 9/30/21

	Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Market Rate % paid	Payment Authority
27	80720	8/11/2021	9/22/2021	$ 195.00	Depo Prep	$ 195.00	50693158	9/15/2021	**100%**	Sentry
28	77399	6/18/2021	9/8/2021	$ 250.00	C&R Reading	$ 250.00	896D 95596585	9/2/2021	**100%**	Travelers
29	81437	8/25/2021	9/28/2021	$ 250.00	C&R Reading	$ 250.00	896D 95659423	9/22/2021	**100%**	Travelers

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

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

*** INVOICE ***
Date NO#
09/14/21 78725

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
60003682670

BILL TO:
AMICA MUTUAL INSURANCE CO.
W. C. DEPARTMENT
ATTN: JOSEPH WINKEL
P.O. BOX 9690
PROVIDENCE, RI 02940

Case: vs BRITTA GRUBIN
Date Of Injury: 5/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/03/18	LEGAL_PREP	DEPO PREP @ L/O JESSE MARINO	156.50
/ /	INTERPRETER:	LETICIA GUZMAN URIOSTEGUI # 301652	0.00
08/31/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/27/19	LEGAL_WCAB	MSC @ WCAB MARINA DE REY	156.50
/ /	INTERPRETER:	CRYSTAL DAVIS # 100629	0.00
08/12/20	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/02/20	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/11/20	PMT BY CHECK	DOS 8/12/20 # 1343421 AMICA MUTUAL INS	-195.00
09/21/20	PMT BY CHECK	DOS 7/3/18-9/2/20 # 1349732 AMICA	-813.00
02/03/21	LEGAL_WCAB	TRIAL (VENUE: WCAB MDR)	195.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/12/21	PMT BY CHECK	DOS 2/3/21 # 1456682 AMICA MUTUAL	-195.00
04/21/21	LEGAL_WCAB	TRIAL @ L/O DENNIS FUSI (VENUE: WCAB LBO)	195.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/04/21	PMT BY CHECK	DOS 4/21/21 # 1514994	-195.00
06/30/21	LEGAL_WCAB	TRIAL @ L/O DENNIS FUSI (VENUE: WCAB MDR)	195.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/12/21	PMT BY CHECK	DOS 6/30/21 # 1563056 AMICA	-195.00
08/25/21	LEGAL_WCAB	FULL DAY TRIAL L/O DENNIS FUSI (WCAB MDR)	390.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00

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

*** INVOICE ***

Date	NO#
09/14/21	78725

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
60003682670

BILL TO:
AMICA MUTUAL INSURANCE CO.
W. C. DEPARTMENT
ATTN: JOSEPH WINKEL
P.O. BOX 9690
PROVIDENCE, RI 02940

Case: vs BRITTA GRUBIN
Date Of Injury: 5/24/17

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/21	PMT BY CHECK	DOS 8/25/21 # 1606062 AMICA	-390.00

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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT: www.ProofOfMarketRate.net.

Amica Mutual Insurance Company
MAIL: P.O. BOX 6008 PROVIDENCE, R.I. 02940-6008

Dallas Regional Office
TOLL FREE 1-866-972-6422

77224
74334

CHECK NUMBER: 1606062
CHECK AMOUNT: $390.00

FILE NO: 60003682670
POLICY NO: 67070423GS

Worker's Comp Medical

CLAIM HANDLER: Joseph A Winkel

Claim 60003682670

Invoice: 78725

Fold Here

THE ATTACHED CHECK IS IN PAYMENT OF THE ITEMS LISTED ABOVE

PLEASE DETACH BEFORE DEPOSITING

Amica
AUTO HOME LIFE

AMICA MUTUAL INSURANCE COMPANY
CORPORATE OFFICE - LINCOLN, RHODE ISLAND

60-162/433
PNC Bank, N.A. 001
1606062

September 8, 2021

CLAIMS ACCOUNT

FOR A LOSS ON 05/24/2017 OR FOR SERVICES RENDERED UNDER POLICY NO. 67070423GS
CLAIM FILE NUMBER 60003682670 INSURED Britta Grubin

PAY THREE HUNDRED NINETY DOLLARS AND 00 CENTS

$390.00

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

Chief Financial Officer and Treasurer

⑈1606062⑈ ⑆043301627⑆ 1069974086⑈

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

*** INVOICE ***
Date NO#
09/21/21 81361

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7078324

BILL TO:
BENCHMARK (LAS VEGAS)
W. C. DEPARTMENT
ATTN: LISA McCAULEY
P.O. BOX 46350
LAS VEGAS, NV 89114

Case: vs NURSE STUCCO INC
Date Of Injury: 3/30/18 - 4/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
08/13/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
09/17/21	PMT BY CHECK	DOS 8/13/21* # 0000404008	-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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT:
www.ProofOfMarketRate.net.

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
0000404008
Issue Date: 09/17/2021
VOID After 60 Days

For Expense from 08/13/2021 to 08/13/2021. 81361
Claim: 7078324 / Language Interpreter - paid under Expense

Pay *Two Hundred Fifty and 00/100 Dollars* $ *******250.00

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

David L. Ashlan
Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈0000404008⑈ ⑆091000019⑆ 3987025529⑈

Claim: 7078324 / Accident date: 04/30/2020, Jurisdiction State: California.
Insured: Nurse Stucco, Inc., Policy: CST5017738.

The payment is for Language Interpreter - paid under Expense from 08/13/2021 to 08/13/2021.
Check: 0000404008, issued: 09/17/2021, for: $250.00, for: Expense, Invoice: 81361

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

Please contact Lisa McCauley, telephone: (909) 843-9161 in CA \ Ontario Ontario CA, if you have questions regarding this payment.

Send to Adjuster

0000944651

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

*** INVOICE ***
Date NO#
09/14/21 80702

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
20W05J434021

BILL TO:
CANNON COCHRAN MGMT SVCS (AZ)

ATTN: BERTHA MARTINEZ
P.O. BOX 27920
SCOTTSDALE, AZ 85255

Case: vs DIAMOND PEO LLC
Date Of Injury: 8/1/20

DOS	SERVICE	DESCRIPTION	AMOUNT
05/24/21	LEGAL_REVIEW	DEPO REVIEW @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/14/21	PMT BY CHECK	DOS 5/24/21* =# 0161680670	-90.00
08/16/21	PMT BY CHECK	DOS 5/24/21* # 13225347	-90.00
09/09/21	PMT BY CHECK	DOS 5/24/21* # 13475122	-70.00

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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT: www.ProofOfMarketRate.net.

THE FACE OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF VOID IS VISIBLE.

CCMSI OBO STATE NATIONAL INSURANCE
2 EAST MAIN ST, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check No. 0161680670

Date: 07/14/2021

Batch#: 304652028

Amount

$****90.00

Void After 180 Days

Amount: NINETY AND 00 / 100*****

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

Rodney J. Golden

⑈0161680670⑈ ⑆071000039⑆ 866662264 2⑈

Claim#\DOL	Claimant	Inv. Amt	Disc. Amt	Net Paid	Inv. #\Comment	Adjuster\Office
20W05J434021		250.00	160.00	90.00	80702	BMARTINEZ
08/11/2020		STRATACARE			82706 DS 05/24/21	Scottsdale

RECEIVED
JUL 20 2021

Batch#: 304652028

Loc: ESMAR MANAGEMENT/MTNA

Check# 161680670

Check Amount: $**90.00**

Comp MC

COHESIVE NETWORKS, INC 2305

Process Date: 07/12/2021
Control Number: 82706
EOR Page 1 of 2
Rev/Aud: SS/NG

Claim Number:	20W05J434021	PPO/OSR ID:	
Claimant:		NPI Number:	
Provider Tax ID:	330956713 Vendor: 230833	Claimant SSN:	XXX-XX
Provider Ref:	80702 Geo Zip: 92781	Date Of Injury:	08/11/2020
Provider License:	999999999	Claims Received Date:	06/24/2021

Adjuster Name: Martinez Bertha

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

ICD-DX1: T14.90 Injury, unspecified

MPN Claim: N Region: 26

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	PPO/Red	Other/Red	Allowance	Reasons
05/24/21	11	T1013		SIGN LANGUAGE/	1.000	250.00	160.00	0.00	0.00	90.00	G1,601
			TOTALS:			250.00	160.00	0.00	0.00	90.00	
			TOTAL RECOMMENDED ALLOWANCE:							90.00	

Rendering Provider Name:
Rendering Provider NPI:

DWC CODE DESCRIPTION

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

CARRIER EXPLANATION REASON CODE

601 -CHARGES EXCEED MAXIMUM ALLOWANCE FOR INTERPRETER SERVICES

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

0000773-0002135 S0106 001 329739 CCM

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CCMSI

PAID
AUG 25 2021

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

CCMSI Transaction ID:	530234784
VP Trans ID:	1113965300 CCM0001501
Date:	08/16/2021
Amount:	$90.00
Claimant Name:	
Invoice Number:	80702 (-$0.00)
Date of Service:	05/24/2021 to 05/24/2021 Comment: 80702 5/24/21 -7/14/21
Check Number:	13225347
Claim Number:	20W05J434021

[redacted]

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

0001115-0002908 S0106 001 337174 CCM

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CCMSI

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

CCMSI Transaction ID:	530371626
VP Trans ID:	1134652464
	CCM0001501
Date:	09/09/2021
Amount:	$70.00
Claimant Name:	
Invoice Number:	80702 (-$180.00)
Date of Service:	05/24/2021 to 05/24/2021 Comment: 0 80702 DS 05.24.21
Check Number:	13475122
Claim Number:	20W05J434021

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

CCMSI

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

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

13475122

09/09/2021

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC **$70.00**

SEVENTY DOLLARS AND 00/100 DOLLARS

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID AFTER 180 DAYS

MEMO 80702 (-$180.00)

1134652464

⑈13475122⑈ ⑆273970116⑆ 1700100408⑈

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

*** INVOICE ***
Date NO#
09/17/21 56583

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
135-10021461

BILL TO:
CIGA (GLENDALE)
W. C. DEPARTMENT
ATTN: LAURIE HUTCHINS
P.O. BOX # 29066
GLENDALE, CA 91209-9066

Case: vs STAFF CHEX
Date Of Injury: 7/31/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/12	DEPO PREP	@ THE L/O OF GRANCELL, LEBO-VITZ, STANDER	156.50
/ /	INTERPRETER:	MARIO RAMIREZ # 100349	0.00
01/15/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/19/14	PMT BY CHECK	DOS 1/15/13* # 79278757 CIGA	-250.00
03/06/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/05/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
11/13/14	PMT BY CHECK	DOS 12/17/12-6/5/14* # 79540854 CIGA	-469.50
04/14/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI (VOL II)	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/28/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/24/16	PMT BY CHECK	DOS 4/14/16* # 79958799	-90.00
06/14/16	PMT BY CHECK	DOS 4/28/16* # 79976656	-90.00
06/16/16	PMT BY CHECK	DOS 6/2/16* # 79978206	-226.50
05/21/18	LEGAL_WCAB	EXPEDITED HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/18/18	PMT BY CHECK	DOS 5/21/18* # 81432728	-156.50
06/27/18	PENALTIES	FOR DATE OF SERVICE 12/7/12	23.48
11/13/14	INTEREST	FOR DATE OF SERVICE 12/7/12	18.69
06/27/18	PENALTIES	FOR DATE OF SERVICE 1/15/13	37.50
01/19/14	INTEREST	FOR DATE OF SERVICE 1/15/13	6.38
06/27/18	PENALTIES	FOR DATE OF SERVICE 3/6/14	23.48
11/13/14	INTEREST	FOR DATE OF SERVICE 3/6/14	11.83
06/27/18	PENALTIES	FOR DATE OF SERVICE 11/13/14	23.48
11/13/14	INTEREST	FOR DATE OF SERVICE 11/13/14	6.31
08/16/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00

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

*** INVOICE ***

Date	NO#
09/17/21	56583

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
135-10021461

BILL TO:
CIGA (GLENDALE)
W. C. DEPARTMENT
ATTN: LAURIE HUTCHINS
P.O. BOX # 29066
GLENDALE, CA 91209-9066

Case: vs STAFF CHEX
Date Of Injury: 7/31/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/21	PMT BY CHECK	DOS 8/16/21* # 82074305	-195.00

BALANCE 151.15

* 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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT: www.ProofOfMarketRate.net.

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

Address Service Requested

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Phone: (818) 844-4300

000151-000001-000001-000151 2229598 1040CK01 1
Joyce Altman Interpreters, Inc.
PO Box 4165
Tustin, CA 92781-1460

CHECK NUMBER: 82074305

Description	Invoice	Claim #	G/L Code	Serv/From	Serv/To	Amount
112-Interpreter	56583 ✓	135-10021461		08/16/2021	08/16/2021	$195.00
TOTAL:						$195.00

640016(PC0)

SECURITY FEATURES ON THIS DOCUMENT INCLUDE A MICROPRINT BORDER AND A VOID PANTOGRAPH ON FACE AND AN ORIGINAL DOCUMENT SECURITY SCREEN ON THE BACK.

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

16-66/1220

CHECK NO. 82074305

DATE: 09/08/2021

VOID 120 DAYS AFTER DATE OF ISSUE

Claim#: 135-10021461
Claimant:
Insured: HORIZON PERSONNEL SERVICES, IN
DOL: 07/31/2012

PAY ONE HUNDRED NINETY-FIVE AND 00/100 *****$195.00

TO THE ORDER OF Joyce Altman Interpreters, Inc.

Authorized Signature

Authorized Signature

Memo: 56583

1040-CK01

Details on back. Security features included.

⑈82074305⑈ ⑆122000661⑆ 14177⑈5021 2⑈

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

*** INVOICE ***
Date NO#
09/28/21 81355

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
FSH8319

BILL TO:
TRAVELERS INS. (DALLAS)
W. C. DEPARTMENT
ATTN: KIMBERLY ZHOU
P.O. BOX 660055
DALLAS, TX 75266

Case: vs HOSPITALITY STAFFING SOLUTIONS
Date Of Injury: 1/22/21

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/23/21	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/24/21	PMT BY CHECK	DOS 8/11/21-8/23/21* # 903A 67786216	-445.00

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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT: www.ProofOfMarketRate.net.

M

CSS LLC - CLAIM CENTRALIZED SUPPORT
CSS CLAIM WORK COMP
PO BOX 650461
DALLAS TX 75265-0461

SA00467

903A 67786216

Constitution State Services

DATE: 09/24/21
LOSS DATE: 01/22/21
FILE NUMBER: 730 CB FSH8319 E

EMPLOYEE

ACCOUNT NAME:

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

ZURICH AMERICAN INSURANCE COMPANY

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 8/11/2021 TO: 8/23/2021

TOTAL PAID: $445.00
TAX INFO: 330956713 Y C
PAY MISC: 81355
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: KIMBERLY ZHOU AT (909)612-3076

267000477
DETACH CHECK

UNSUMM -111311
OVRPUNS2-121295
DETACH CHECK

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

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

Constitution State Services LLC
AS SERVICING AGENT FOR:

(909)612-3076

903A 67786216 62-20 311

DATE 09/24/21
ACCOUNT NUMBER CN1
FILE NUMBER 730 CB FSH8319 E

VOID VOID VOID

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

FOUR HUNDRED FORTY FIVE AND 00/100 ---------- PAY: $******445.00 XAJO

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

000948
SA00467

Douglas K. Russell
AUTHORIZED SIGNATURE

"67786216" :031100209: 3862266 5"

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

*** INVOICE ***
Date NO#
09/09/21 77217

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
116-WC190000100

BILL TO:
CORVEL CORPORATION (S.D. NEW)
W. C. DEPARTMENT
ATTN: MAUREEN DUSON
P.O. BOX 669
CHINO, CA 91708

Case: vs ISS FACILITY SERVICES
Date Of Injury: 3/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/19	LEGAL_PREP	DEPO PREP @ L/O MANNING KASS	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
11/18/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
04/17/20	PMT BY CHECK	DOS 10/1/19-11/18/19* =# 1044959	-406.50
09/21/20	LEGAL_WCAB	TRIAL (VENUE: LBO)	195.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/22/20	PMT BY CHECK	DOS 9/21/20* # 1051765	-195.00
11/03/20	LEGAL_WCAB	TRIAL (VENUE: LBO) (AMENDED)	195.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
12/04/20	PMT BY CHECK	DOS 11/3/20* =# 1053255	-90.00
01/21/21	LEGAL_WCAB	TRIAL (VENUE: WCAB LBO)	195.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/31/21	PMT BY CHECK	DOS 1/21/21* =# 1062046	-195.00

BALANCE 105.00

* 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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT:
www.ProofOfMarketRate.net.

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

AS ADMINISTRATOR OF:
Ace American Insurance Company

Claim#: 1116-WC-19-0000100

Bank Code= ISS
11-24
1210(8)

CHECK NUMBER	CHECK DATE
1062046	08/31/21

*******$195.00

PAY EXACTLY: *One hundred ninety five and 00/100 Dollars*

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈000106 2046⑈ ⑆121000248⑆ 4045 6946 76⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: 5032594-SH MF THOUS OAKS LAWRE
1455 Lawrence Dr
Thousand Oaks, CA 91320-1311

Employer
Patient:

Patient DOB: XXX-XX

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 9/3302263 - 1
Reprice: CA, 92781
Billed Date: 07/29/2021
Business Rcvd: 08/17/2021
MBR Rcvd: 08/17/2021
MBR Date: 08/30/2021
Date Approved: 08/30/2021
DOS From - To: 10/01/2019 - 01/21/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Dunson, Maureen

Treating Provider:
Referring Physician:
Patient Control #: 77217
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 1116-WC-19-0000100
Processor Initials: MD
DOI: 03/05/2019
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/01/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$156.50			$156.50	$0.00
	R1 , G56		1	11			1		
	Original bill [2931729,9]								
11/18/19	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$250.00			$250.00	$0.00
	R1 , G56		1	11			1		
	Original bill [2931729,9]								
09/21/20	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1			$195.00			$195.00	$0.00
	R1 , G56		1	11			1		
	Original bill [3067591,9]								

CORVEL

11/03/20	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$195.00	1	$195.00	$0.00
	Original bill [3099105.9]							
01/21/21	T1013 01, 523, G1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$195.00	1	$0.00	$195.00
Sub-Totals for Bill: 3302263					**$991.50**		**$796.50**	**$195.00**

Totals for Bill:3302263 **$195.00**

Line Item Reason Codes and Descriptions

01 Certified /Registered Half day except LA or SD Co

523 Reduced per administrative rules

R1 Duplicate Billing

Line Item Reason Codes and Descriptions

G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

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

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 & §5307.3 for OMFS, §9794 & §9795 for Med-Legal, §9981 for Copy, and §9795.3 for Translation of the California Code of Regulation. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600.

DOS on or before 01/01/2013: If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.

Request for Second Review After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the explanation of review.

Emergency Regulation for DOS on or After 01/01/2013 (8 CCR § 9792.5.1(a))114 The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment. Request for Independent Bill Review After a health care provider, health care facility, or billing agent/assignee submits a Request for Second Review, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The Request for Independent Bill Review must conform to the requirements of title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final.

ICD Diagnosis Code

T14.90XA INJURY UNSPECIFIED INITIAL ENCOUNTR

Questions regarding this bill may be sent to:

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

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

California DWC

Employer Address -

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

*** INVOICE ***
Date NO#
09/20/21 81157

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
AA147938

BILL TO:
GUIDEONE INSURANCE (DES M, IA)
W. C. DEPARTMENT
ATTN: JASON MARCILLA
P.O. BOX # 14543
DES MOINES, IA 50306-3546

Case: vs ABC NURSERY INC
Date Of Injury: 5/11/20 - 5/11/21

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/11/21	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
08/23/21	PMT BY CHECK	DOS 7/21/21* # 64441705	-195.00
09/10/21	PMT BY CHECK	DOS 8/11/21* # 6443373	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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www.ProofOfMarketRate.net.

CORVEL CORPORATION
GUIDEONE
1701 48TH ST, SUITE 275
WEST DES MOINES, IA 50266
(515) 333-4700

CORVEL

Bank Code= GUIDE
11-24
1210(8)

CHECK NUMBER	CHECK DATE
6443373	09/10/21

Claim#: AA147938-005

PAY EXACTLY: *Two hundred fifty and 00/100 Dollars*

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0006443373⑈ ⑆121000248⑆ 4121 0642 16⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: ROCK-GuideOne Mutual - 11
PO Box 14543
West Des Moines, IA 50306-3543

Employer Patient: ABC Nursery Inc.

Patient DOB: XXX-XX-

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 59/2054033 - 1
Reprice: CA, 92781
Billed Date: 08/25/2021
Business Rcvd: 09/01/2021
MBR Rcvd: 09/01/2021
MBR Date: 09/09/2021
Date Approved: 09/09/2021
DOS From - To: 07/21/2021 - 08/11/2021

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 99130
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 81157
Provider Tax Id: 33-0956713

Claim #: AA147938-005
Processor Initials: HW
DOI: 05/11/2021
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
07/21/21	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$195.00		1	$195.00	$0.00
	Reviewed on EOR 2044915 - Payment ID Number - 6441705 Payment Date - 08/24/2021 Original bill [2044915,59]								
	Billed: T1013; Units: 1								
08/11/21	T1013 G67, MV0, RZZ	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	8	11	$250.00		1	$0.00	$250.00
	Billed: T1013; Units: 1								
Sub-Totals for Bill: 2054033					**$445.00**			**$195.00**	**$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#
09/28/21 81365

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC1900190

BILL TO:
ELITE CLAIMS MGMT. (TEMECULA)

ATTN: REGINA BURT
27475 YNEZ RD., STE 322
TEMECULA, CA 92591

Case: vs THE VILLAGE RETIREMENT COMUNIT
Date Of Injury: 8/5/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/23/21	PMT BY CHECK	DOS 8/17/21* # 006809	-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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT: www.ProofOfMarketRate.net.

Freedom Properties dba The Village Workers' Compensation Program Administered by Elite Claims Management, Inc.

m

Payee: Joyce Altman Interpreters
Check Number: 6809
Date of Check: 9/23/2021
Invoice Number: 81365
Invoice Date: 9/14/2021

Description	Claim Number	Injury Date	Claimant	From Date	To Date	Memo	Bill ID	Amount
Legal Interpreter	WC1900190	8/5/2019		8/17/2021	8/17/2021	81365		$250.00

Direct Questions/Inquiries to Elite Claims Management (951) 676-3850

VOID VOID VOID

Elite Claims Management, Inc. for
Freedom Properties dba The Village - Workers' Comp
2200 West Acacia
Hemet, CA 92545

Community Bank
1750 State College Blvd.
Anaheim, CA 92806

90-4284
1222

006809

Check Date 9/23/2021

PAY **Two Hundred Fifty Dollars and No Cents**

**********$250.00

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

VOID AFTER 90 DAYS

Lora Dees

Security features included. Details on back.

⑈006809⑈ ⑆122203471⑆ 70400179⑈

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

*** INVOICE ***
Date NO#
09/30/21 77653

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000-00-318465

BILL TO:
ENSTAR INS (100239 SC)
W. C. DEPARTMENT
ATTN: TRACY KIDDER
P.O. BOX 100239
COLUMBIA, SC 29202

Case: vs BRENTWOOD ORIGINALS INC
Date Of Injury: 7/27/19; 10/9/19

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/20	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
08/06/20	PMT BY CHECK	DOS 7/6/20* # 11213155 ENSTAR	-250.00
08/03/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/08/21	PMT BY CHECK	DOS 8/3/21* # 11266571 ENSTAR	-125.00
09/23/21	PMT BY CHECK	DOS 2/13/20-7/6/21* =# 11269323 ENSTAR	-125.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CHECK NO : 11213155

PAYEE: JOYCE ALTMAN INTERPRETERS INC.

DATE: 08/06/2020

AMOUNT: 250.00

PAGE: 1 of 6

M

Item #: 1	Invoice No: 77653 ✓ 77747	Insured: Brentwood Originals, Inc.	
Acct:	Service Dates: 07/06/2020 - 07/06/2020	Description: Miscellaneous Indemnity	
Date of Loss: 07/27/2019	Ref No: cc:13358566	Memo: Claim 000-00-318465	
Claimant:		Claim: 000-00-318465	Amount: 250.00

TOTAL: 250.00

PAID

AUG 11 2020

PW

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

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

63-4 / 630 FL
Bank of America

Check No
11213155

08/06/2020

PAY Two Hundred Fifty And 0/100 Dollars $250.00

VOID AFTER SIX MONTHS

PAY TO THE ORDER OF:

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

SIGNATURE HAS A BLUE-GREEN BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈11213155⑈ ⑆063000047⑆ 8980684386 22⑈

000 0000799 00000000 001 001 00590 INS: 0 0

CHECK NO : 11266571

PAYEE: JOYCE ALTMAN INTERPRETERS INC.

77653

DATE: 09/08/2021

AMOUNT: 125.00

PAGE: 1 of 1

Item #: 1	Invoice No: 77747	Insured: Brentwood Originals, Inc.	
Acct:	Service Dates: 08/03/2021 - 08/03/2021	Description: Interpretive Service	
Date of Loss: 07/27/2019	Ref No: cc:15421493	Memo: Invoice no 77747 Interpreting invoice for C&R 8/9/21 Claim 000-00-318465	
Claimant:		Claim: 000-00-318465	Amount: 125.00

TOTAL: 125.00

PAID
SEP 14 2021

pv. .....

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

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

63-4 / 630 FL
Bank of America

Check No
11266571

09/08/2021

PAY One Hundred Twenty Five And 0/100 Dollars $125.00

VOID AFTER SIX MONTHS

PAY TO THE ORDER OF:

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

SIGNATURE HAS A BLUE GREEN BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈11266571⑈ ⑆063000047⑆ 8980684386 22⑈

000 0000758 00000000 001 002 00483 INS: 0 0

CHECK NO : 11269323

PAYEE: JOYCE ALTMAN INTERPRETERS INC.

DATE: 09/23/2021

AMOUNT: 360.00

Item #: 1
Acct:
Date of Loss: 07/27/2019
Claimant:

Invoice No: PAL-15CA-206230
Service Dates: 02/13/2020 - 07/06/2021
Ref No: cc:15453867

77653

Insured: Brentwood Originals, Inc.
Description: Miscellaneous Medical Treatment
Memo:
Claim: 000-00-318465 Amount: 360.00

TOTAL: 360.00

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

VOID VOID VOID VOID VOID

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

63-4 / 630 FL
Bank of America

Check No
11269323

09/23/2021

PAY Three Hundred Sixty And 0/100 Dollars

$360.00

VOID AFTER SIX MONTHS

PAY TO THE ORDER OF:

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

SIGNATURE HAS A BLUE-GREEN BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈11269323⑈ ⑆063000047⑆ 8980684386 22⑈

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

*** INVOICE ***
Date NO#
09/17/21 79583

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
345C5731176

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

Case: vs RANDSTAND NORTH AMERICA INC
Date Of Injury: 9/30/20

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/23/21	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/17/21	PMT BY CHECK	DOS 2/2/21* =# DA84593411	-195.00
08/04/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/17/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUAMAN # 100585	0.00
08/31/21	PMT BY CHECK	DOS 2/23/21-8/4/21* =# DA50192505	-586.56
09/10/21	PMT BY CHECK	DOS 8/17/21* =# DA50213420	-90.00

BALANCE 18.44

* 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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT: www.ProofOfMarketRate.net.

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

Electronic Service Requested

MIXED AADC 926
1266 1.0394 MB 0.482
JOYCE ALTMAN INTERPRETERS INC 137
PO BOX 4165
TUSTIN, CA 92781-4165

DATE: 08/31/21
CHECK NO: **DA50192505**

STATEMENT

CHUBB

CHUBB
ACE Property and Casualty Insurance Company

FILE ID	DOLLARS
C345C5731176	$ 586.56

* **NOT NEGOTIABLE** *
INVOICE # 79583
AGENCY CLAIM # 202010081321433644 1056

FOR
SERVICES FROM 02/02/21 THRU 08/04/21 PAT.# 79583

CLAIMANT

DATE OF EVENT
09/30/20

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.

ENV 1266 3 OF 5 F

EM-BOA18B

DETACH THIS PORTION BEFORE CASHING

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS ■ A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

CHUBB

CHUBB
ACE Property and Casualty Insurance Company

64-1278/611 GA

DATE: 08/31/21

DA50192505

FILE ID
C345C5731176

Bank of America

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay Five Hundred Eighty Six & 56/100 Dollars

$ *****$586.56*

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

FOR
SERVICES FROM 02/02/21 THRU 08/04/21 PAT.#
POLICY HOLDER
RANDSTAD NORTH AMERICA, INC.

CLAIM OFFICE
WOODLAND HILLS WC
CLAIMANT

SPECIAL HANDLING
00

CHUBB

AUTHORIZED SIGNATURE

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

⑈6150192505⑈ ⑆061112788⑆ 00329978640 2⑈

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

*** INVOICE ***
Date NO#
09/13/21 81006

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
006829-496017-WC-01

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

Case: vs OLIVE GARDEN
Date Of Injury: 6/7/20

DOS	SERVICE	DESCRIPTION	AMOUNT
06/24/21	LEGAL_REVIEW	DEPO REVIEW @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
09/05/21	PMT BY CHECK	DOS 6/24/21* # 0173621779	-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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT:
www.ProofOfMarketRate.net.

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

006829 PAGE 1 OF 1 000750

M

MDG2009 00000209 1 SP .530
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR DARDEN RESTAURANT INC

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

CLAIM NO.: 006829 496017 WC 01 (0021341)
CLAIMANT:
DESCRIPTION: INV#-81006

BRANCH NO.: 138
ACC DATE: 07Jun20

NO.: 0173621779
VN: 0003083532
DATE: 05Sep21

DATES OF SERVICE: 24Jun21 **THRU** 24Jun21
BENEFIT PERIOD: **THRU**

AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000209 000293 001 001

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

GALLAGHER BASSETT SERVICES INC
FOR DARDEN RESTAURANT INC

CHECK NO. 0173621779 000750
VN. 0003083532
DATE: 05Sep21 62-20/311

CLAIM NO.: 006829 496017 WC 01 (0021341) **BRANCH NO.:** 138

NOT VALID AFTER 90 DAYS
PAY EXACTLY
$ **250.00

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

⑈0173621779⑈ ⑆031100209⑆ 000750 1⑈

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

*** INVOICE ***
Date NO#
09/08/21 76200

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
Y2EC02800

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

Case: vs GLOBAL CABINET INC
Date Of Injury: 2/14/19

DOS	SERVICE	DESCRIPTION	AMOUNT
06/24/19	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	ANABEL MUNGUIA # 301374	0.00
07/30/19	PMT BY CHECK	DOS 6/24/19* # 130506660 0	-90.00
07/30/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/15/19	PMT BY CHECK	DOS 6/24/19-6/25/19* # 130573016 0	-66.50
07/16/21	PMT BY CHECK	DOS 6/24/19-7/30/19* # 132854998 4	-93.50
09/01/21	PMT BY CHECK	DOS 6/24/19-7/30/19* # 132994028 8	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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www.ProofOfMarketRate.net.

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
916/294-1618

MB 01 002133 38337 B 9 D

PAID
AUG 21 2019
BY: .....

002133 1/1

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
76200 02/14/2019	72WEC ZT9128 Y2EC 02800	GLOBAL CABINET INC	$66.50

Nature of Benefits:	Nature of Payment:	Service Dates		Amount Paid
Translation Services	Payment Reason - Translation Services	06/24/2019	06/25/2019	$66.50

Claim Handler: HILARY STILES
916/294-1618
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	08/15/2019	Check Number	130573016 0	Total Check Amount	$66.50

Please keep the above information for your records.

118241106

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
916/294-1618

000394 1/1

MB 01 000394 56375 B 2 A

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

PAID
JUL 23 2021

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
76200 02/14/2019	72WEC ZT9128 Y2EC 02800	GLOBAL CABINET INC		$93.50
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Payment Reason - Misc Medical	Service Dates 06/24/2019 07/30/2019	$93.50

Claim Handler: HILARY STILES
916/294-1618
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	07/16/2021	Check Number	132854998 4	Total Check Amount	$93.50

Please keep the above information for your records.

122160037

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

M

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
916/294-1618

000921 1/1

MB 01 000921 03420 B 4 A

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99 — **Explanation of Benefits** — **Page 1 of 2**

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
02/14/2019	72WEC ZT9128 Y2EC 02800	GLOBAL CABINET INC		$156.50
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 06/24/2019 07/30/2019	$156.50

Claim Handler: HILARY STILES
916/294-1618
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	09/01/2021	Check Number	132994028 8	Total Check Amount	$156.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

122364579

THE HARTFORD

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

56-1544
441

Check Number: 132994028 8

Issue Date: 09/01/2021

$********156.50**

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

Pay
ONE HUNDRED FIFTY-SIX DOLLARS AND 50/100

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

The Hartford
Authorized Signature

122364579

⑈132994028⑈ ⑆044115443⑆ 632559738⑈

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

*** INVOICE ***
Date NO#
09/30/21 81311

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y2PC29836

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

Case: vs HESTAN COMMERCIAL CORPORATION
Date Of Injury: 10/13/18

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/11/21	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/24/21	PMT BY CHECK	DOS 727/21-8/11/21* # 133061269 8	-445.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE HARTFORD

ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington KY 40512-4472
8774699222 x2304116

000830 1/1

MB 01 000830 27120 B 4 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

Page 1 of 2

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
81311 10/13/2018	57WE GI1424 Y2PC 29836	HESTAN COMMERCIAL CORPORATION		$445.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 07/27/2021 08/11/2021	$445.00

Claim Handler: KYLE RAHMAN
8774699222 x2304116
ClaimPlus Work Comp Claim Center
PO Box 14472
Lexington, KY 40512-4472

Additional Comments:

Issue Date	09/24/2021	Check Number	133061269 8	Total Check Amount	$445.00

Please keep the above information for your records.

122465939

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

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

56-1544
441

Check Number: 133061269 8

Issue Date: 09/24/2021

$********445.00**

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

Pay
FOUR HUNDRED FORTY-FIVE DOLLARS AND 00/100

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

The Hartford
Authorized Signature

122465939

⑈133061269⑈ ⑆044115443⑆ 63255973⑈

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

*** INVOICE ***

Date	NO#
09/14/21	76142

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC608D7168; WC608D67235

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

Case: vs ANEMOSTAT PRODUCTS
Date Of Injury: 7/16/18; 7/17/18

DOS	SERVICE	DESCRIPTION	AMOUNT
06/13/19	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	DANIEL FATTORI # 36586781	0.00
07/16/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
10/02/20	PMT BY CHECK	DOS 7/16*19-6/13/19* # 02942644	-406.50
08/18/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI DOI: 2/1/12	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/10/21	PMT BY CHECK	DOS 6/13/19-8/18/21* # 03159541	-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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT: www.ProofOfMarketRate.net.

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

Helmsman
Management Services LLC™

B. CODE	CHECK NUMBER	CHECK DATE
199	03159541	09/10/21
	CHECK AMOUNT ****$250.00	BLOCK NUMBER 003059

CLAIM #: WC 608-D67235
CONTRACT #: WP8-65B-290306-298

OSN: EE2801091003-003642
CONTROL #: 000004983 ID: CRCEC40
PROVIDER #: 33095671384596

PAYEE: JOYCE ALTMAN INTERPRETERS INC

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX # 4165
TUSTIN, CA 92781

PROVIDER:

DATE OF INJURY: 07/17/18
EMPLOYEE:

EMPLOYER: ADP TOTALSOURCE FL XVI, INC.
DATES OF SERVICE 06/13/19-08/18/21
LOCATION CODE: JEYNCTS

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
06/13/19	08/18/21	MISC		250.00	250.00	

NOTE: INV#76142

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

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

BNA *002399*
916-564-1792
PO BOX 8016
WAUSAU, WI 54402

Helmsman
Management Services LLC™

51-44/119
BANK OF AMERICA
HARTFORD, CT

*PAY*TWO*HUNDRED*FIFTY*DOLLARS*NO*CENTS*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
608	199	CLAIM WC 608-D67235	03159541	09/10/21

PAY $ 250.00

VOID IF NOT PRESENTED WITHIN 90 DAYS OF DATE OF CHECK

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

Check 1 Pac

⑈03159541⑈ ⑆011900445⑆00000006758 7⑈

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

*** INVOICE ***
Date NO#
09/21/21 81615

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
4749/46986/90-4468-2

BILL TO:
CHARLES TAYLOR (LAKEWOOD CA)
W. C. DEPARTMENT
ATTN: GABRIELA BAKER
P.O. BOX 6000
LAKEWOOD, CA 90714

Case: vs THE PASHA GROUP
Date Of Injury: 8/23/18;1/17-7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/26/21	LEGAL_REVIEW	DEPO REVIEW @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
09/08/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/17/21	PMT BY CHECK	DOS 4/26/21-9/8/21* # 11554 ARCH INS	-500.00

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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT:
www.ProofOfMarketRate.net.

Description	From Date	To Date	Invoice #	Invoice Amt	Amount
Other	4/26/2021	9/8/2021	80188 / 81601 / 81615	$0.00	$500.00

Claim Number: WCLTSSA047497 Claimant: Payee:Joyce Altman Interpreters
Check Number: 11554 Total Check Amt: $500.00 Event Date: 8/23/2018 Department: The Pasha Group The Pasha Group-1309 Bay

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD TO LIGHT TO VIEW

IRM
INNOVATIVE RISK MANAGEMENT

Arch Insurance Group – Signal Program
Administered by
INNOVATIVE RISK MANAGEMENT, INC.
9111 Cypress Waters Blvd Ste 350
Dallas, TX 75019

JPMorgan Chase Bank, N.A.
Dallas, TX
32-61/1110

DATE	CHECK NO.
09/17/2021	11554
AMOUNT	
$ **500.00**	

VOID AFTER 180 DAYS

PAY Five Hundred and 00/100 Dollars**********

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

INNOVATIVE RISK MANAGEMENT, INC.

Lisa Hansen

⑈011554⑈ ⑆111000614⑆ 518950685⑈

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

*** INVOICE ***
Date NO#
09/21/21 75665

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018000162

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

Case: vs GREAT WEST INTERIORS INC
Date Of Injury: 12/19/17

DOS	SERVICE	DESCRIPTION	AMOUNT
07/26/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/09/21	PMT BY CHECK	DOS 3/26/19-7/26/21* =# 3778519	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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www.ProofOfMarketRate.net.

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

Check Date: 09/09/2021
Check Number: 3778519
Check Amount: $250.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,FXDCR2

FXDCR2

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2018000162		12/19/2017	75665	492	03/26/2019	07/26/2021	$250.00

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

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

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

FXDCR2

DATE	CHECK NO
09/09/2021	3778519
	CHECK AMOUNT
VOID AFTER 90 DAYS	$250.00

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

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

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2018000162

⑈3778519⑈ ⑆122000661⑆ 14595399 43⑈

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

*** INVOICE ***
Date NO#
09/27/21 79733

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2018013909

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

Case: vs DANNYS AUTO PAINTING AND BODY
Date Of Injury: CT 6/29/16-6/29/18

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/08/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/01/21	PMT BY CHECK	DOS 2/22/21* # 3547782 ICW	-175.00
09/15/21	PMT BY CHECK	DOS 9/3/21* # 3787474 BERKSHIRE	-325.00

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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT: www.ProofOfMarketRate.net.

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

Check Date: 04/01/2021
Check Number: 3547782
Check Amount: $175.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,NW0TMG

NW0TMG

10/15/20 9:40 PM 3 0000302 20210402 RD0U9101 JOP-FEC 1 oz DOM RD0U910000* 161281 CK

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

Payment Summary

2018013909	06/29/2018	79733	492	02/22/2021	02/22/2021	$175.00

Category	Stub Notes	Stub Amount
492	If you disagree with the above, you may object to	$0.00

APR 13 2021

BY: .....

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

Check Date: 09/15/2021
Check Number: 3787474
Check Amount: $325.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,PKHFRW

PKHFRW

10/15/20 9:40 PM 3 0000530 20210916 RI4NP101 JOP-FEC 1 oz DOM RI4NP10000* 161281 CK

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

Payment Summary

Claim#	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2018013909		06/29/2018		492	09/03/2021	09/03/2021	$325.00

Category	Stub Notes	Stub Amount
492	Per petition for costs agreement dated 09/03/21	$0.00

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Bank of America
450 B Street
San Diego, CA 92101

11-66
1220

PKHFRW

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

DATE	CHECK NO
09/15/2021	3787474
	CHECK AMOUNT
VOID AFTER 90 DAYS	$325.00

PAY: THREE HUNDRED TWENTY-FIVE & 00 / 100 DOLLARS*****

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

TWO SIGNATURES REQUIRED IF MORE THAN $15,000.00

MEMO: Claim#: 2018013909

⑈3787474⑈ ⑆122000661⑆ 145953994 3⑈

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

*** INVOICE ***
Date NO#
09/14/21 79916

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
20-133974

BILL TO:
INTERCARE INS (FRESNO)
W. C. DEPARTMENT
ATTN: SOTHEAVY EALEY
P.O. BOX # 40009
FRESNO, CA 93755

Case: vs CAL CENTRAL HARVESTING INC
Date Of Injury: 9/14/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/21	LEGAL_REVIEW	DEPO REVIEW @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
08/31/21	PMT BY CHECK	DOS 3/17/21* # 258023	-250.00

BALANCE 0.00

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P8528028003

Administered by Intercare Holdings Insur
P.O. Box 579
Roseville, CA 95661

202109030109

Electronic Service Requested

ALL FOR AADC 926
23047 0.3820 AB 0.458

Joyce Altman Interpeters 285
PO BOX 4165
TUSTIN, CA 92781-4165

Payee: Joyce Altman Interpeters
Company Name: California Farm Management, Inc.
Facility: Cal Central Harvesting, Inc.
Policy ID: CFM2000040-20
IRS/SSN: XXXXX6713
Administrator: SEALEY
Claim #: 20-133974
Account #:
Check #: 258023
Check Total: $250.00
Check Date: 08/31/2021
Injury Date: 09/14/2020
From/Through Date: 03/17/21-03/17/21
Claimant Name:
Invoice #: 79916
Description: Interpreter Fees - Medical Rel
Document #: 1497955-01
Primary ICD-9:
Received Date: 08/23/2021
Reviewed Date: 08/24/2021
PPO Name:
Pharmacy #:
DRG Code:

1 OF 1
ENV 23047

79916

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	03/17/21-03/17/21	T1013	100	250.00	T1013	250.00	0.00	250.00	
	SIGN LANGUAGE/ORAL INTEPR SERVIC								
	Totals:			250.00		250.00	0.00	250.00	

Reason Code Description

This analysis constitutes the claim administrators objection to fees in excess of OMFS and/or Title 8 of the California Code of Regulation Section 9795 and/or 9789.10 - 9789.110. The provider shall not attempt to collect expenses for medical treatment from the injured worker, LC 4600. If you disagree with our objections, you have the right to file a lien/application with the WCAB to adjudicate the matter

2CS P.O. Box 358 Roseville, CA 95661 (800)281-8186

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

intercare California Farm Management, Inc
INTERCARE HOLDINGS INSURANCE SERVICES
P.O. Box 579 Roseville, CA 95661, (916) 677-2500

16-1606
1220

City National BankRiverside Main
3484 Central Ave.
Riverside CA 92506

CHECK NO.: 258023
CHECK DATE: 08/31/2021
Void After 90 Days

AMOUNT
*****$250.00

PAY Two Hundred Fifty Dollars

TO THE ORDER OF: Joyce Altman Interpeters

WARNING. You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits. ADVERTENCIA. Es necesario que usted le avise a su patron o a su compania de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.

Alan B. Arnett

Two Signatures Required over $25,000

2950134

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

⑈258023⑈ ⑆122016066⑆ 112⑈296034⑈

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

*** INVOICE ***
Date NO#
09/21/21 81090

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
00080890

BILL TO:
PACIFIC COMP INS. COMPANY
W. C. DEPARTMENT
ATTN: MARK KILMNICK
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs RANCHO BERNARDO INN
Date Of Injury: 3/20/17-3/20/20

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
07/30/21	PMT BY CHECK	DOS 7/1/21* =# 01325570	-152.00
08/11/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP (ADDENDUM)	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/10/21	PMT BY CHECK	DOS 8/11/21* =# 01333735	-250.00

BALANCE 98.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042

Temporary Return Service Requested

000013-000001-000037 2515711 2320EDC 3
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

81090

Claimant:
Claim: 00080890
Policy #: WA00179704
Date of Injury: 20200320
Description: 07-01-21 - 08-11-21 PC100100975588
Payment For: INTERPRETER FOR NON-MEDICAL

Payment Amount: $ 250.00

DIRECT INQUIRIES TO: PACIFIC COMPENSATION INSURANCE COMPANY

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

PacificComp
A CopperPoint Insurance Company

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01333735

DATE: 09/10/2021

AMOUNT
*****$250.00

VOID AFTER 6 MONTHS

PAY Two Hundred Fifty and 00/100

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

Marc E. Pehmatter

⑈01333735⑈ ⑆122016066⑆ 412⑈118464⑈

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

*** INVOICE ***
Date NO#
09/29/21 60200

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05830426

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MIKE TARAKHCHYAN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs CONSTRACTIVE
Date Of Injury: 8/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/23/14	DEPO PREP	@ THE L/O OF HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/06/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/27/14	PMT BY CHECK	DOS 11/14/13-1/23/14* # CU-101472	-469.50
05/01/14	DEPO PREP	@ M&M COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/29/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/17/15	PENALTIES	DOS 5/1/14-5/29/14	40.65
03/17/15	INTEREST	DOS 5/1/14-5/29/14	28.45
03/17/15	PMT BY CHECK	DOS 5/1/14-5/29/14* # CU-192856	-406.50
03/17/15	PMT BY CHECK	DOS 5/1/14-5/29/14* PENALTY # CU-192854	-40.65
03/17/15	PMT BY CHECK	DOS 5/1/14-5/29/15* INTEREST # CU-192855	-28.45
05/04/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/03/15	PEN & INT	DOS 5/4/15	69.10
08/03/15	PMT BY CHECK	DOS 5/4/15 # CU-225616	-69.10
08/22/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/16/16	PMT BY CHECK	DOS 5/4/15-8/22/16* =# CU-310322	-313.00
09/29/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/11/16	LEGAL_MISC	STIP & AWARD @ L/O DENNIS FUSI	156.50

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

*** INVOICE ***
Date NO#
09/29/21 60200

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
05830426

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: MIKE TARAKHCHYAN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs CONSTRACTIVE
Date Of Injury: 8/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/09/16	PMT BY CHECK	DOS 9/29/16* # CU-319028	-156.50
12/06/16	PMT BY CHECK	DOS 10/11/16* =# CU-322562	-156.50
08/17/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/22/21	PMT BY CHECK	DOS 2/6/14-8/17/21* # CU-507927	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338
http://www.statefundca.com/

Provider Number: XXXXX6713

Check #: **CU-507927**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/22/21
Doc #: 036708890

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Charges	Amount Reduced	Reduction Codes	PPO Savings	Allowances
	Patient Name:				**Claim #:** 05830426		**Date of Injury:** 06/27/12		
SSN: XXX-XX	Employer name: CONSTRACTIVE			Employer ID: 0000001977346120					
	MPN NAME: State Fund MPN			MPN ID: 3136					
1	SF1-SPCA-577378	01/23/14	999Q9	Legal Int - Half D	156.56	156.56	G56 277	.00	.00
2	SF1-SPCA-577378	02/06/14	999Q9	Legal Int - Half D	156.56	.00	G5 922	.00	156.56
3	SF1-SPCA-577378	08/17/21	999Q9	Legal Int - Half D	250.00	.00	G5 922	.00	250.00
4	SF1-SPCA-577378	11/14/13	999Q9	Legal Int - Half D	156.56	156.56	G56 277	.00	.00
							Total Allowances:		**$406.56**

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-507927
Union Bank
Los Angeles, California

90-4150
1222

Medical
SA

Payee IRS Number: XXXXX6713

VOID

VOID After 365 Days

Check Date	Check Amount
September 22, 2021	**$********406.56**

PAY ****Four Hundred Six and 56/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Please negotiate at your local Union Bank Branch.

2844452 2

⑈521050792 7⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338
http://www.statefundca.com/

Provider Number: XXXXX6713

Check #: **CU-507927**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/22/21
Doc #: 036708890

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	PPO Savings	Allowances	Penalty & Interest	Totals
SF1-SPCA-577378	05830426	60200	719.68	313.12	.00	406.56	.00	406.56

Provider NPI: Rendering Provider NPI: Rendering Provider:

Patient Acct #: ReviewerID: þ© Carrier Receive Date: 08/30/21 Review Date: 09/17/21 Payment Code: 1 UB04:

EOR Reduction Code Explanation:

277 : THESE CHARGES HAVE ALREADY BEEN BILLED AND PAID FOR ACCORDING TO FEE SCHEDULE AND/OR REASONABLE GUIDELINES. NO FURTHER PAYMENT IS DUE.

922 : Per CA code of Regulations, Title 8 9795.3(b)(1):
For appeals board hearings, arbitration and depositions, the interpreter fees must be billed and paid at the greater of:
1. The rate for one half day or one full day as defined in the Superior Court fee schedule for interpreters in the county where the service was provided; or
2. The market rate.
We have paid you based on your market rate agreement with State Fund for legal interpreting services.

G5 : This charge was adjusted for the reasons set forth in the attached letter.

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.

Reviewer's Comments:

SF1-SPCA-577378 All other DOS has been processed/paid.

0130248003670889000 1 2

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

*** INVOICE ***
Date NO#
09/07/21 62455

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
05915254

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: MICHAEL LOCOFANO
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs GERLUND BUILDERS
Date Of Injury: 5/24/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMENG GUZMAN # 100585	0.00
07/07/14	JOB DESCRIPT	@ THE L/O OF DENNIS FUSI DOI: 1/1/10	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/04/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
10/22/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/09/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI DOI: 1/10 - 7/13	156.50
/ /	INTERPRETER:	ARACELI RUBI # 100358	0.00
04/23/15	LEGAL_PREP	DEPO PREP @ PROFESSIONAL COURT REPORTERS	156.50
/ /	INTERPRETER:	GABRIEL DAVIS# 100541 DOI: 1/10 - 7/13	0.00
05/18/15	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761 DOI: 1/10 - 7/13	0.00
07/13/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/30/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI DOI: CT 1/10-7/13	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/14/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/29/17	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO DOI: 5/24/13	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/30/17	LEGAL_WCAB	STATUS CONF @ WCAB LONG BEACH	156.50

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

*** INVOICE ***
Date NO#
09/07/21 62455

** THIS SERVES AS DEMAND FOR PAYMENT **

EAMS#(s):
ADJ9036634
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
05915254

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: MICHAEL LOCOFANO
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs GERLUND BUILDERS
Date Of Injury: 5/24/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/01/17	PENALTIES	FOR DATE OF SERVICE 6/18/14	23.48
02/01/18	INTEREST	FOR DATE OF SERVICE 6/18/14	63.61
11/01/17	PENALTIES	FOR DATE OF SERVICE 7/7/14	23.48
02/01/18	INTEREST	FOR DATE OF SERVICE 7/7/14	63.61
11/01/17	PENALTIES	FOR DATE OF SERVICE 9/4/14	23.48
02/01/18	INTEREST	FOR DATE OF SERVICE 9/4/14	61.49
11/01/17	PENALTIES	FOR DATE OF SERVICE 10/22/14	23.48
02/01/18	INTEREST	FOR DATE OF SERVICE 10/22/14	58.92
11/01/17	PENALTIES	FOR DATE OF SERVICE 1/9/15	23.48
02/01/18	INTEREST	FOR DATE OF SERVICE 1/9/15	53.25
11/01/17	PENALTIES	FOR DATE OF SERVICE 4/23/15	23.48
02/01/18	INTEREST	FOR DATE OF SERVICE 4/23/15	49.75
11/01/17	PENALTIES	FOR DATE OF SERVICE 5/18/15	37.50
02/01/18	INTEREST	FOR DATE OF SERVICE 5/18/15	77.59
11/01/17	PENALTIES	FOR DATE OF SERVICE 7/13/15	23.48
02/01/18	INTEREST	FOR DATE OF SERVICE 7/13/15	46.94
11/01/17	PENALTIES	FOR DATE OF SERVICE 9/30/15	37.50
02/01/18	INTEREST	FOR DATE OF SERVICE 9/30/15	68.45
11/01/17	PENALTIES	FOR DATE OF SERVICE 9/14/16	23.48
02/01/18	INTEREST	FOR DATE OF SERVICE 9/14/16	25.59
11/01/17	PENALTIES	FOR DATE OF SERVICE 3/29/17	23.48
02/01/18	INTEREST	FOR DATE OF SERVICE 3/29/17	15.83
11/08/17	LEGAL_WCAB	STATIS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
02/01/18	PENALTIES	FOR DATE OF SERVICE 11/22/17	23.48
02/01/18	INTEREST	FOR DATE OF SERVICE 11/22/17	4.49
07/27/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/25/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI AMENDED	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#
09/07/21 62455

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
05915254

BILL TO:
SCIF (SUISUN CITY)
W. C. DEPARTMENT
ATTN: MICHAEL LOCOFANO
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs GERLUND BUILDERS
Date Of Injury: 5/24/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/31/21	PMT BY CHECK	DOS 7/27/21* =# CU-506210 SCIF	-250.00

BALANCE 3370.82

* 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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT: www.ProofOfMarketRate.net.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338
http://www.statefundca.com/

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-506210**

Issue Date: 08/31/21
Doc #: 036651432

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Charges	Amount Reduced	Reduction Codes	PPO Savings	Allowances
	Patient Name:				**Claim #:** 06488810		**Date of Injury:** 11/14/13		
SSN: XXX-XX	Employer name: JL FURNISHINGS				Employer ID: 0000009029575130				
	MPN NAME: State Fund MPN				MPN ID: 3136				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-21753564	09/24/20	MDS10	Settlement For Dis	2,500.00	833.33	G67 961 G5 375	.00	1,666.67
	Patient Name:				**Claim #:** 05915166		**Date of Injury:** 01/01/10		
SSN: XXX-XX	Employer name: GERLUND BUILDERS INC				Employer ID: 0000001778085090				
	MPN NAME: State Fund MPN				MPN ID: 3136				
2	SF1-SPCA-575315	07/27/21	999Q9	Legal Int - Half D	250.00	.00	G5 922 375	.00	250.00
					Total Allowances:				**$1,916.67**

62455

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

283783 68

State Compensation Insurance Fund

Medical
SA

Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-506210
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
August 31, 2021	**$******1,916.67**

PAY ****One Thousand Nine Hundred Sixteen and 67/100 Dollars****ONLY

To The
Order Of JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Please negotiate at your local Union Bank Branch.

⑈521050621⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338
http://www.statefundca.com/

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-506210**

Issue Date: 08/31/21
Doc #: 036651432

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	PPO Savings	Allowances	Penalty & Interest	Totals
SF1-SPCA-575315	05915166	65833	250.00	.00	.00	250.00	.00	250.00
Provider NPI:	Rendering Provider NPI:		Rendering Provider:					
Patient Acct #:	ReviewerID: þ©	Carrier Receive Date: 08/11/21 Review Date: 08/30/21 Payment Code: 1 UB04:						
SF1-SFCA-21753564	06488810	LS	2,500.00	833.33	.00	1,666.67	.00	1,666.67
Provider NPI:	Rendering Provider NPI:		Rendering Provider: JOYCE ALTMAN INTERPRETERS					
Patient Acct #: LS	ReviewerID: WZ	Carrier Receive Date: 08/21/21 Review Date: 08/30/21 Payment Code: 1 UB04:						

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.

922 : Per CA code of Regulations, Title 8 9795.3(b)(1):
For appeals board hearings, arbitration and depositions, the interpreter fees must be billed and paid at the greater of:
1. The rate for one half day or one full day as defined in the Superior Court fee schedule for interpreters in the county where the service was provided; or
2. The market rate.
We have paid you based on your market rate agreement with State Fund for legal interpreting services.

961 : Allowance reflects the lump sum settlement amount

G5 : This charge was adjusted for the reasons set forth in the attached letter.

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

Reviewer's Comments:

SF1-SFCA-21753564 BR Msg. 375 Settlement covers the following date(s) of service7/17/2019 through 5/27/2020

SF1-SPCA-575315 BR Message 375: All oher DOS has been previously processed.

01301673036651432001 2

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

*** INVOICE ***
Date NO#
09/28/21 81312

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06607620

BILL TO:
SCIF (FRESNO)

ATTN: YOLANDA SEAWOOD
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs PRECISION WORKS LLC
Date Of Injury: 2/23/21

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/21	LEGAL C&R	C&R READING @ L/O MINAIE LAW	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
09/23/02	PMT BY CHECK	DOS 7/30/21* # CE-946802	-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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT: www.ProofOfMarketRate.net.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : (888)782-8338
http://www.statefundca.com/

Provider Number: XXXXX6713

Check #: **CE-946802**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/23/21
Doc #: 036713903

Medical

81312

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Charges	Amount Reduced	Reduction Codes	PPO Savings	Allowances
Patient Name:						06607620	**Date of Injury:**	02/23/21	
SSN: XXX-XX-5201	Employer name: PRECISION ENVIRONMENTAL				Employer ID: 0000009265216200				
	MPN NAME: State Fund MPN				MPN ID: 3136				
1	SF1-SPCA-577229	07/30/21	999Q9	Legal Int - Half D	250.00	.00	G5 922	.00	250.00
						Total Allowances:			**$250.00**

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

285202777

State Compensation Insurance Fund

Medical
NE

Fresno District Office
PO BOX 65005
Fresno, CA 93650-5005

CE-946802
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
September 23, 2021	**$********250.00**

PAY ****Two Hundred Fifty and 00/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Please negotiate at your local Union Bank Branch.

⑈520394680⑈ ⑆122241501⑆ ⑈908100104⑈

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

*** INVOICE ***
Date NO#
09/27/21 77550

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30193457058-0001

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

Case: vs GOLDEN STATE STAFFING SERVICES
Date Of Injury: 8/17/19

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/20	LEGAL_PREP	DEPO PREP @ L/O COURT REPORTERS	195.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
02/18/20	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/17/21	PMT BY CHECK	DOS 1/13/20-2/18/21* # 125677970	-445.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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www.ProofOfMarketRate.net.

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

0003793-0009241 0106 001 340516 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
09/17/2021	445.00	125677970

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
	08/17/2019	30193457058-0001
Amt Paid: 445.00	Description:	
Amt Billed: 445.00	Invoice: 77550	ICN:261281911.34
Dates: 01/13/2020 - 02/18/2021	Comment:	

SWK.RM.SDM.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
Accredited Surety and
Casualty Company, Inc.
Accredited Surety and Casualty Company,

ORIGIN 5236200 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/17/2021

125677970

62-22
311

PAY: ******FOUR HUNDRED FORTY FIVE AND 00/100 DOLLARS

$445.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

MEMO: MP

Accredited Surety and Casualty, Principal
Sedgwick Claims Management Services, Inc., Agent By:

Bob Blankenship

1140883673

⑈125677970⑈ ⑆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#
09/27/21 77698

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30193655437-0001

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W. C. DEPARTMENT
ATTN: CECILY LORICA
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs VOLTAIRE CONSTRUCTION/LANSIGAN
Date Of Injury: 9/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/18	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/28/20	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/27/20	PMT BY CHECK	DOS 1/28/20* # 98486480 SEDGWICK	-195.00
04/28/20	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/10/20	PMT BY CHECK	DOS 9/10/20* # 99174438 SEDGWICK	-406.50
09/08/21	LEGAL_WCAB	TRIAL @ L/O DENNIS FUSI (WCAB LBO)	195.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/22/21	PMT BY CHECK	DOS 9/8/21* # 109009301 SEDGWICK	-195.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

0003441-0013311 0106 001 342200 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
09/22/2021	195.00	109009301
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
600 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			09/08/2014	30193655437-0001
Amt Paid:	195.00	Description:		
Amt Billed:	0.00	Invoice:	77698	ICN:301936554370001
Dates:	09/08/2021 - 09/08/2021	Comment:		

SWK.RM.SDM.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 The Allstate Corp
- TPA Program

ORIGIN 6005183

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/22/2021

109009301

62-22
311

PAY: ******ONE HUNDRED NINETY FIVE AND 00/100 DOLLARS

$195.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

The Allstate Corp, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1145312288

⑈109009301⑈ ⑆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#
09/23/21 78525

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
189044585-001

BILL TO:
SEDGWICK/SRS INS (LX-14153)
W. C. DEPARTMENT
ATTN: GLORYA MOLINA
P.O. BOX 14153
LEXINGTON, KY 40512

Case: HEALTHCARE SVS GROUP/QUALITY
Date Of Injury: 6/10/17-5/7/18

DOS	SERVICE	DESCRIPTION	AMOUNT
08/24/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/08/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
11/21/18	PMT BY CHECK	DOS 8/24/18* # 0150456762	-156.50
11/21/18	PMT BY CHECK	DOS 10/8/18* # 0150456763	-250.00
07/02/19	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/06/19	PMT BY CHECK	DOS 7/2/19* # 0156568551	-156.50
10/02/19	LEGAL_PREP	DEPO PREP II @ L/O SAMUELSEN	156.50
/ /	INTERPRETER:	DANIEL FATTORI # 36586781	0.00
10/17/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI (SET BY SEDGWICK)	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/15/21	PMT BY CHECK	DOS 10/2/19-10/17/19* # 124224905 SEDGWICK	-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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT: www.ProofOfMarketRate.net.

Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

0008060-0024461 0106 001 339727 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
09/15/2021	406.50	124224905
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
660 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name			Loss Date	Claim Number
			04/30/2017	189044585-001
Amt Paid:	406.50	Description:		
Amt Billed:	406.50	Invoice:	78525	ICN:189044585-001
Dates:	10/02/2019 - 10/17/2019	Comment:		

SWK.RM.SDM.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

Genesis Administrative Services LLC
New Hampshire Insurance Company

ORIGIN 6609288
Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/15/2021

124224905
62-22
311

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

$406.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Debra Davenport

MEMO: MP

Genesis Administrative Service, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1138844546

⑈124224905⑈ ⑆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#
09/24/21 80034

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
30206273255-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14573)
W. C. DEPARTMENT
ATTN: JULIA HILBERT
P.O. BOX 14573
LEXINGTON, KY 40512

Case: vs MARTHAS MEXICAN DELI
Date Of Injury: 9/26/20

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/21	LEGAL_REVIEW	DEPO REVIEW @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
08/12/21	LEGAL_C&R	C&R READING @ L/O MINAIE LAW GROUP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
09/20/21	PMT BY CHECK	DOS 3/17/21-8/12/21* =# 125010861	-406.56

BALANCE 93.44

* 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. SEE JOYCE ALTMAN INTERPRETERS' MARKET RATE AT:
www.ProofOfMarketRate.net.

Sedgwick Claims Management Services, Inc
P.O. Box 14573
Lexington, KY 40512

DATE	CHECK AMOUNT	CHECK NUMBER
09/20/2021	406.56	125010861
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
660 Sedgwick Claims Management Services, Inc		01 of 01

0000920-0003845 0106 001 341455

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

80034

Claimant Name		Loss Date	Claim Number
		09/26/2020	30206273255-0001
Amt Paid: 156.56	Description:	Interpreter	
Amt Billed: 0.00	Invoice:		ICN:6883-9930880
Dates: 03/17/2021 - 03/17/2021	Comment:		
		09/26/2020	30206273255-0001
Amt Paid: 250.00	Description:	Interpreter	
Amt Billed: 250.00	Invoice:	5320210901011134	ICN:6883-432972
Dates: 08/12/2021 - 08/12/2021	Comment:		

SWK.RM.SDM.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

State Farm Fire and Casualty Company
State Farm Fire and Casualty Company

ORIGIN 6606883

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/20/2021

125010861

62-22
311

PAY: ******FOUR HUNDRED SIX AND 56/100 DOLLARS

$406.56

PAY TO THE ORDER OF JOYCE ALTMAN INTERPR

1143220699

Bob Blankenship

MEMO: MP

State Farm Fire and Casualty C, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈125010861⑈ ⑆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#
09/22/21 80720

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
55C544752

BILL TO:
SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: MARK DILLOW
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs BASMAT INC DBA MC STARLITE
Date Of Injury: 3/2/20

DOS	SERVICE	DESCRIPTION	AMOUNT
05/27/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/11/21	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/30/21	PMT BY CHECK	DOS 5/27/21* # 50526224	-195.00
07/21/21	PMT BY CHECK	DOS 6/11/21* # 50571614	-250.00
08/11/21	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI II	195.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
09/08/21	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI II	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/15/21	PMT BY CHECK	DOS 8/11/21* # 50693158	-195.00

BALANCE 250.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT WI 54481-8032

Please retain for your records. No. 50693158

0000834

Sentry®

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

INVOICE# 80720

REFERENCE NO.: 114192372
EMPLOYEE/PATIENT:

CL NO. 55C544752
NOT NEGOTIABLE
$*********195.00

THIS PAYMENT COVERS -- 081121 THRU 081121 ACCT#80720

1 00001 0000834 21258 N A 0 210915223223.9400 00270200443623245873927814165 65 55C544752

20-656B

▼ Detach Here ▼

(10/13)

Sentry®

CLAIM ACCOUNT

No. 50693158

56-382
412
WELLS FARGO BANK, N.A.

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED	VOID AFTER ONE YEAR
55C544752	03/02/2020	Basmat Corporation	09/15/2021	

PAYMENT COVERS	AMOUNT
081121 THRU 081121 ACCT#80720	$*********195.00

PAY ONE HUNDRED NINETY-FIVE AND NO/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

MIDDLESEX INSURANCE COMPANY

Dale Bukowski

⑈50693158⑈ ⑆041203821⑆ 9600031681⑈

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

*** INVOICE ***
Date NO#
09/08/21 77399

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
FBA2418

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

Case: vs BAH CA /CHURCH'S CHICKEN/KFC
Date Of Injury: 2/5/17 - 2/5/18

DOS	SERVICE	DESCRIPTION	AMOUNT
09/26/19	LEGAL_PREP	DEPO PREP @ PREMIER BUSINESS	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/15/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
02/07/20	PMT BY CHECK	DOS 9/26/19-10/15/19* # 2979392 ICW	-331.50
03/17/20	LEGAL_MISC	JOB ANALYSIS @ L/O DENNIS FUSI	195.00
/ /	INTERPRETER:	ROBERTO ARROYO # 301531	0.00
02/12/21	LEGAL_MISC	READING OF STIP & AWARD @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/09/21	PMT BY CHECK	DOS 3/17/20-2/12/21* # 896D 95312143 TRAV	-520.00
06/18/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/02/21	PMT BY CHECK	DOS 6/18/21* # 896D 95596585 TRAVELERS	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - WORKERS' COMPENSATI
WORKERS' COMPENSATION UNIT
P O BOX 660055
DALLAS TX 75266-0055
SA06912

896D 95596585

TRAVELERS

DATE: 09/02/21
LOSS DATE: 10/18/17
FILE NUMBER: 152 CB FBA2418 A

EMPLOYEE

ACCOUNT NAME:

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: 6/18/2021

TOTAL PAID: $250.00
TAX INFO: 330956713 Y C
PAY MISC: balance owed
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: FRANK J. MONGE AT (909)612-3787

245007009
DETACH CHECK

UNSUMM -11131
OVRPUNS2-121295
DETACH CHECK

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

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

TRAVELERS
P O BOX 660055
DALLAS TX 75266-0055
(909)612-3787

896D 95596585 62-20 / 311

DATE	ACCOUNT NUMBER	FILE NUMBER
09/02/21	SK6	152 CB FBA2418 A

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

TWO HUNDRED FIFTY AND 00/100 ---------- PAY: $******250.00 FJM

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

013974
SA06912

Douglas K. Russell
AUTHORIZED SIGNATURE

⑈95596585⑈ ⑆031100209⑆ 3862289211⑈

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

*** INVOICE ***
Date NO#
09/28/21 81437

**** THIS SERVES AS DEMAND FOR PAYMENT ****

EAMS#(s):

SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
FPV6673

BILL TO:
TRAVELERS INS. (DALLAS)
W. C. DEPARTMENT
ATTN: TAUNYA KINNEY
P.O. BOX 660055
DALLAS, TX 75266

Case: vs OAKMONT PACIFIC BEACH
Date Of Injury: 2/12/19

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/21	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
09/22/21	PMT BY CHECK	DOS 8/25/21* # 896D 95659423	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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www.ProofOfMarketRate.net.

THE TRAVELERS - TRAVELERS WORKERS C
TRAVELERS WORKERS COMP CLAIMS
PO BOX 660055
DALLAS TX 75266-0055
SA07450

896D 95659423

m

TRAVELERS

DATE: 09/22/21
LOSS DATE: 02/12/19
FILE NUMBER: 158 CB FPV6673 H
EMPLOYEE
ACCOUNT NAME:

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: 8/25/2021

TOTAL PAID: $250.00
TAX INFO: 330956713 Y C
PAY MISC: 81437
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: TAUNYA KINNEY AT (916)859-2671

265007550
DETACH CHECK

UNSUMM -11131
OVRPUNS2-12129
DETACH CHECK

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

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

TRAVELERS
PO BOX 660055
DALLAS TX 75266-0055
(916)859-2671

896D 95659423 62-20 / 311

DATE	ACCOUNT NUMBER	FILE NUMBER
09/22/21	TC2	158 CB FPV6673 H

TWO HUNDRED FIFTY AND 00/100 ---------- PAY: $******250.00 X21

VOID VOID VOID
VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

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

015055
SA07450

Douglas K. Russell
AUTHORIZED SIGNATURE

⑈95659423⑈ ⑆031100209⑆ 3862289 2⑈