Market Rate Summary Graph

Payments for legal DOS on litigated cases or cases settled in-house at market rate or less than market rate, received between 9/1/21 and 9/30/21

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
1	73709	4/9/18-3/16/21	9/1/2021	**Legal services**	C&R Reading ($250), depo review ($250), depo prep ($156.50)	**$ 656.50**	PYMTS RCVD	8473333	5/21/2018	$ 156.50	Total Amt Paid for legal services ($656.50)/ Total Amt Billed for legal services ($656.50)	N/A	Barrett Business Services
				Additional items billed	Additional costs collected	$ 734.88		8499282	6/18/2018	$ 250.00			
								9506047	9/1/2021	$ 984.88			
				TOTAL AMT BILLED =>		**$ 1,391.38**		**TOTAL AMT PAID =>**		**$ 1,391.38**	**100%**		
2	32797	8/9/06-12/28/16	9/28/2021	**Legal services**	**Full day Board Appear. (WCAB LBO) ($313), 2 depo review ($250 each),** depo prep ($147), depo prep ($156.50), board appear. (WCAB LB) ($147), 4 board appear. (WCAB LB), ($156.50 each)	**$ 1,889.50**	PYMTS RCVD	33132737-1 Specialty Risk	1/22/2007	$ 544.00	Total Amt Paid for legal services ($1889.50)/ Total Amt Billed for legal services ($1889.50)	Total Amt Paid for legal services + Penalties & Interest ($2368.05) / Principal Amt Billed for legal services ($1889.50)	ESIS
								FE45083004 ESIS	1/31/2013	$ 156.50			
								FE46181892 ESIS	12/2/2013	$ 600.50			
				Medical services	3 Initials ($230 each), 24 PR2s ($180 each), 16 f/u's ($180 each), 2 EMGs ($150 each), 2 NVCs ($150 each), AME ($230 for 2 hrs-billed at $287.50 for 2 hrs 30 mins), P&S ($230)	$ 8,907.50		FE60039064 ESIS	1/11/2017	$ 313.00			
								FE60742427 ESIS	6/22/2017	$ 156.50			
								FE60742431 ESIS	6/22/2017	$ 250.00			
				Additional items billed	Lien activation fee	$ 100.00		FE60742444 ESIS	6/22/2017	$ 87.60			
					Penalties & Interest for legal and medical services	$ 13,798.76		FE50233755 ESIS	9/21/2021	$ 10,000.00			
				TOTAL AMT BILLED =>		**$ 24,695.76**		**TOTAL AMT PAID =>**		**$ 12,108.10**	**100%**	**125%**	

Market Rate Summary Graph

Payments for legal DOS on litigated cases or cases settled in-house at market rate or less than market rate, received between 9/1/21 and 9/30/21

	Invoice	Service Date(s)	Invoice Date	Type of Svc(s) plus additional fees		Amount billed		Check No.	Check Date	Total Paid Amt	Percentage of market rate paid	Percentage of market rate paid, including P&I	Payment Authority
3	77003	10/8/19-1/22/21	9/30/2021	**Legal services**	C&R Reading ($250), depo review ($250), depo prep ($156.50)	**$ 656.50**	PYMTS RCVD	CN-587449	3/4/2021	$ 250.00	Total Amt Paid for legal services ($656.50)/ Total Amt Billed for legal services ($656.50)	N/A	SCIF
				Additional items billed	Additional costs collected	$ 356.68		CN-604905	9/27/2021	$ 763.18			
				TOTAL AMT BILLED =>		**$ 1,013.18**		**TOTAL AMT PAID =>**		**$ 1,013.18**	**100%**		
4	73163	1/8/18-4/2/21	9/30/2021	**Legal services**	C&R Reading ($250), depo review ($250), depo prep ($156.50)	**$ 656.50**	PYMTS RCVD	86476558	3/1/2018	$ 156.50	Total Amt Paid for legal services ($656.50)/ Total Amt Billed for legal services ($656.50)	N/A	Sedgwick
				Additional items billed	Additional costs collected	$ 1,100.00		123919521	4/30/2021	$ 90.00			
								125215034	9/28/2021	$ 1,510.00			
				TOTAL AMT BILLED =>		**$ 1,756.50**		**TOTAL AMT PAID =>**		**$ 1,756.50**	**100%**		

Average % of Market Rate paid without P&I	**100%**

Average % of Market Rate paid with P&I	**125%**

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

*** INVOICE ***
Date NO#
09/01/21 73709

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

EAMS#(s):

SS # : XXX-XX-
DOB : 11/30/90
Terms: 60 days
Claim #(s):
BB-18-000250/00249/00246

BILL TO:
BARRETT BUSINESS SVC (SACRAM)
W. C. DEPARTMENT
ATTN: SHANE BUTLER
P.O. BOX # 277550
SACRAMENTO, CA 95827

Case: vs BBSI
Date Of Injury: 1/8/18;11/17;1/3/18

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/18	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
05/18/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/21/18	PMT BY CHECK	DOS 4/9/18* =# 8473333	-156.50
06/18/18	PMT BY CHECK	DOS 5/18/18* =# 8499282	-250.00
03/16/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/01/21	COSTS	ADD'L COSTS AWARDED	734.88
09/01/21	PMT BY CHECK	DOS 8/31/21* # 9506047	-984.88

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.

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

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8473333	05/21/18

Claim#: BB-18-000250

PAY EXACTLY: *One hundred fifty six and 50/100 Dollars*

*******$156.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

MAY 25 2018

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈00084733331⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: FUSION FINISH, LLC, SANTA ANA - 90
19200 S Reyes Ave
Compton, CA 90221

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4393383 - 1
Reprice: CA, 92781
Billed Date: 04/26/2018
Business Rcvd: 05/02/2018
MBR Rcvd: 05/02/2018
MBR Date: 05/21/2018
Date Approved: 05/21/2018
DOS From - To: 04/09/2018 - 04/09/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2305
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 73709
Provider Tax Id: 33-0956713

Claim #: BB-18-000250
Processor Initials: SB
DOI: 01/08/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/09/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$0.00	$156.50
	Billed: 99199; Units: 1								
Sub-Totals for Bill: 4393383					$156.50			$0.00	$156.50
Totals for Bill:4393383									$156.50

Line Item Reason Codes and Descriptions
MV0 Market Value

RX3 Per BU/provider agreement amount may be negotiated

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

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

CORVEL

Bank Code= BBSEC 11-24 1210(8)

CHECK NUMBER	CHECK DATE
8499282	06/18/18

Claim#: BB-18-000250

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

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈0008499282⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE ←

DETACH HERE →

CORVEL
Explanation of Review

Business Unit: FUSION FINISH, LLC, SANTA ANA - 90
19200 S Reyes Ave
Compton, CA 90221

Employer
Patient:

Patient DOB:

PAID
JUN 22 2018

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/4436307 - 1
Reprice: CA, 92781
Billed Date: 05/29/2018
Business Rcvd: 06/04/2018
MBR Rcvd: 06/04/2018
MBR Date: 06/15/2018
Date Approved: 06/15/2018
DOS From - To: 05/18/2018 - 05/18/2018

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2305
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 73709
Provider Tax Id: 33-0956713

Claim #: BB-18-000250
Processor Initials:
DOI: 01/08/2018
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
05/18/18	T1013 G67, RX3, MV0	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00

Sub-Totals for Bill: 4436307	$250.00	$0.00	$250.00
Charges not listed have been previously processed			$0.00
Totals for Bill:4436307			$250.00

Line Item Reason Codes and Descriptions
MV0 Market Value

RX3 Per BU/provider agreement amount may be negotiated

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

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

AS ADMINISTRATOR OF:
Ace American Insurance Company

CORVEL

bankcode=BBSEC
11-24
1210(8)

WELLS FARGO BANK PORTLAND, OR

CHECK NUMBER	CHECK DATE
9506047	09/01/21

*******$984.88

PLEASE CASH IMMEDIATELY
VOID AFTER 90 DAYS

PAY EXACTLY: *Nine hundred eighty four and 88/100 Dollars*

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

⑈0009506047⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

DETACH HERE

CORVEL

73709

Claim No.	D/A	Claimant	From	Thru	Remittance
BB-18-000246	01/03/2018		08/31/2021	08/31/2021	*******$984.88

Invoice Reference/Comments

full and final

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 32797

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
61093450002134

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

Case. vs ONE SOURCE
Date Of Injury: 5/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/06	INITIAL EXAM	-DR PAYANDEH*	230.00
08/23/06	EMG TESTING	BY DR BEDZAH: U/E*	125.00
08/23/06	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
09/13/06	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
09/13/06	EMG TESTING	REF BY DR PAYANDEH: L/E*	180.00
09/06/06	FOLLOW-UP	-DR PAYANDEH*	180.00
10/04/06	FOLLOW-UP	-DR PAYANDEH*	230.00
10/16/06	INITIAL EXAM	-DR RAHMAN*	180.00
11/01/06	FOLLOW-UP	-DR PAYANDEH*	147.00
11/02/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	180.00
11/27/06	FOLLOW-UP	-DR RAHMAN*	250.00
11/29/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (AMENDED)	180.00
12/06/06	FOLLOW-UP	-DR PAYANDEH*	147.00
12/14/06	WCAB LB	EXPEDITED HEARING	180.00
12/27/06	FOLLOW-UP	-DR PAYANDEH*	180.00
01/08/07	FOLLOW-UP	-DR RAHMAN*	-544.00
01/22/07	PMT BY CHECK	DOS 8/9/06 THRU 12/14/06 # 33132737-1	180.00
01/24/07	FOLLOW-UP	-DR PAYANDEH*	180.00
02/12/07	FOLLOW-UP	-DR RAHMAN*	180.00
02/14/07	FOLLOW-UP	-DR PAYANDEH*	180.00
03/07/07	FOLLOW-UP	-DR PAYANDEH*	180.00
03/26/07	FOLLOW-UP	DR RAHMAN*	180.00
03/28/07	FOLLOW-UP	-DR PAYANDEH*	180.00
04/18/07	FOLLOW-UP	-DR PAYANDEH*	230.00
05/02/07	P AND S	DR PAYANDEH*	180.00
06/04/07	FOLLOW-UP	-DR RAHMAN*	180.00
06/25/07	FOLLOW-UP	DR RAHMAN*	180.00
08/06/07	PR-2	DR RAHMAN*	180.00
08/08/07	PR-2	-DR PAYANDEH*	

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 32797

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
61093450002134

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

Case: vs ONE SOURCE
Date Of Injury: 5/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/10/07	PR2/REEVAL	DR RAHMAN* (AMENDED)	180.00
10/08/07	PR2/REEVAL	-DR RAHMAN*	180.00
11/12/07	PR2/REEVAL	-DR RAHMAN*	180.00
12/03/07	PR2/REEVAL	DR RAHMAN*	180.00
01/28/08	PR2/REEVAL	-DR RAHMAN*	180.00
02/25/08	PR2/REEVAL	DR RAHMAN*	180.00
12/29/16	PENALTIES	FOR DATE OF SERVICE 9/13/06	18.75
12/29/20	INTEREST	FOR DATE OF SERVICE 9/13/06	138.80
05/28/08	PENALTIES	FOR DATE OF SERVICE 10/16/06	34.50
12/29/20	INTEREST	FOR DATE OF SERVICE 10/16/06	315.01
05/28/08	PENALTIES	FOR DATE OF SERVICE 11/27/06	27.00
12/29/20	INTEREST	FOR DATE OF SERVICE 11/27/06	243.07
05/28/08	PENALTIES	FOR DATE OF SERVICE 08/23/06	18.75
12/29/20	INTEREST	FOR DATE OF SERVICE 08/23/06	168.80
05/28/08	PENALTIES	FOR DATE OF SERVICE 5/2/07	34.50
12/29/20	INTEREST	FOR DATE OF SERVICE 5/2/07	315.01
07/14/08	PR2/REEVAL	-DR RAHMAN*	180.00
11/24/08	PR2/REEVAL	DR RAHMAN @ ADVANCE SURGICAL PARTNERS*	180.00
01/12/09	PR2/REEVAL	-DR RAHMAN @ ADVANCE SURGICAL PARTNERS*	180.00
11/12/09	WCAB LB	RATING MSC	156.50
11/15/10	PENALTIES	FOR DATE OF SERVICE 11/12/09	23.48
12/02/13	INTEREST	FOR DATE OF SERVICE 11/12/09	73.07
10/04/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/24/12	AME	DR DAVID PAYNE @ INDUSTRIAL ORTHO (2.5 HRS)	287.50
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/10/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	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#
09/28/21 32797

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
61093450002134

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

Case: vs ONE SOURCE
Date Of Injury: 5/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
10/24/12	PR2/REEVAL	-DR SCHILLING @ ADVANCE CARE* (AMENDED)	180.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
11/27/12	PR2/REEVAL	-DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/19/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/31/13	PMT BY CHECK	DOS 12/19/12 # FE45083004	-156.50
03/18/13	PR2/REEVAL	-DR JACKSON-SCOTT @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/10/13	PR2/REEVAL	-DR SCHILLING @ ADVANCE CARE* (AMENDED)	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/24/13	PR2/REEVAL	-DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/17/13	INITIAL EXAM	-DR SHAMLOU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
06/26/13	PR2/REEVAL	-DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
08/05/13	PR2/REEVAL	-DR JACKSON-SCOTT @ ACS*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/10/13	PR2/REEVAL	-DR JACKSON-SCOTT @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/02/13	PMT BY CHECK	DOS 11/12/09-2/24/12 # FE46181892	-600.50
12/18/13	PR2/REEVAL	-DR SCHILLING @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CRISTINA VAUGHT # 500050	0.00
02/03/14	PR2/REEVAL	-DR JACKSON-SCOTT @ ACS* FUTURE MED	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

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

*** INVOICE ***
Date NO#
09/28/21 32797

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
61093450002134

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

Case: vs ONE SOURCE
Date Of Injury: 5/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/14	PR2/REEVAL	-DR SCHILLING/THOMAS CHASE @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROBERT PETERS # 500233	0.00
05/29/14	PR2/REEVAL	-DR SCHILLING/ CHASE P.A. @ ADVNCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/06/14	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
11/19/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/14/15	PR2/REEVAL	-DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	TANIA CRAWFORD # 101330	0.00
11/19/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
12/29/16	PENALTIES	FOR DATE OF SERVICE 8/9/06	34.50
06/09/21	INTEREST	FOR DATE OF SERVICE 8/9/06	326.75
12/29/16	PENALTIES	FOR DATE OF SERVICE 8/23/06	18.75
06/09/21	INTEREST	FOR DATE OF SERVICE 8/23/06	177.58
12/29/16	PENALTIES	FOR DATE OF SERVICE 9/13/06	18.75
06/09/21	INTEREST	FOR DATE OF SERVICE 9/13/06	177.58
12/29/16	PENALTIES	FOR DATE OF SERVICE 9/6/06	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 9/6/06	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 10/4/06	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 10/4/06	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 11/1/06	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 11/1/06	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 12/6/06	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 12/6/06	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 12/27/06	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 12/27/06	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 1/8/07	27.00

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 32797

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
61093450002134

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

Case: vs ONE SOURCE
Date Of Injury: 5/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/21	INTEREST	FOR DATE OF SERVICE 1/8/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 1/24/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 1/24/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 2/12/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 2/12/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 2/14/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 2/14/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 3/7/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 3/7/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 3/26/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 3/26/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 3/28/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 3/28/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 4/18/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 4/18/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 6/4/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 6/4/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 6/25/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 6/25/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 8/6/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 8/6/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 8/8/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 8/8/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 9/10/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 9/10/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 10/8/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 10/8/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 11/12/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 11/12/07	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 12/03/07	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 12/03/07	255.72

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 32797

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
61093450002134

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

Case: vs ONE SOURCE
Date Of Injury: 5/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
12/29/16	PENALTIES	FOR DATE OF SERVICE 1/28/08	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 1/28/08	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 2/25/08	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 2/25/08	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 7/14/08	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 7/14/08	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 11/24/08	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 11/24/08	255.72
12/29/16	PENALTIES	FOR DATE OF SERVICE 1/12/09	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 1/12/09	254.81
12/29/16	PENALTIES	FOR DATE OF SERVICE 10/4/11	23.48
12/02/13	INTEREST	FOR DATE OF SERVICE 10/4/11	38.61
12/29/16	PENALTIES	FOR DATE OF SERVICE 4/10/12	23.48
10/17/18	INTEREST	FOR DATE OF SERVICE 4/10/12	116.66
12/29/16	PENALTIES	FOR DATE OF SERVICE 10/24/12	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 10/24/12	175.47
12/29/16	PENALTIES	FOR DATE OF SERVICE 11/27/12	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 11/27/12	173.88
12/29/16	PENALTIES	FOR DATE OF SERVICE 3/18/13	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 3/18/13	168.32
12/29/16	PENALTIES	FOR DATE OF SERVICE 4/10/13	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 4/10/13	167.02
12/29/16	PENALTIES	FOR DATE OF SERVICE 5/24/13	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 5/24/13	165.09
12/29/16	PENALTIES	FOR DATE OF SERVICE 5/17/13	34.50
06/09/21	INTEREST	FOR DATE OF SERVICE 5/17/13	210.95
12/29/16	PENALTIES	FOR DATE OF SERVICE 6/26/13	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 6/26/13	163.84
12/29/16	PENALTIES	FOR DATE OF SERVICE 8/5/13	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 8/5/13	161.06
12/29/16	PENALTIES	FOR DATE OF SERVICE 10/10/13	27.00

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 32797

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
61093450002134

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

Case: vs ONE SOURCE
Date Of Injury: 5/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/21	INTEREST	FOR DATE OF SERVICE 10/10/13	156.75
12/29/16	PENALTIES	FOR DATE OF SERVICE 12/18/13	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 12/18/13	152.90
12/29/16	PENALTIES	FOR DATE OF SERVICE 2/3/14	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 2/3/14	149.55
12/29/16	PENALTIES	FOR DATE OF SERVICE 3/5/14	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 3/5/14	149.15
12/29/16	PENALTIES	FOR DATE OF SERVICE 5/29/14	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 5/29/14	142.18
12/29/16	PENALTIES	FOR DATE OF SERVICE 10/6/14	23.48
06/09/21	INTEREST	FOR DATE OF SERVICE 10/6/14	70.76
12/29/16	PENALTIES	FOR DATE OF SERVICE 11/19/14	37.50
12/29/16	INTEREST	FOR DATE OF SERVICE 11/19/14	110.12
12/29/16	PENALTIES	FOR DATE OF SERVICE 9/14/15	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 9/14/15	117.00
12/28/16	LEGAL_WCAB	STATUS CONFERENCE - FULL DAY @ WCAB LB	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/11/17	PMT BY CHECK	DOS 12/28/16* # FE60039064	-313.00
06/22/17	PMT BY CHECK	DOS 10/6/14* # FE60742427	-156.50
06/22/17	PMT BY CHECK	DOS 11/19/14* # FE60742431	-250.00
06/22/17	PMT BY CHECK	DOS 11/12/09-11/19/14* PENALTY # FE60742444	-87.60
06/09/21	PENALTIES	FOR DATE OF SERVICE 08/23/06	18.75
06/09/21	INTEREST	FOR DATE OF SERVICE 08/23/06	177.58
06/09/21	PENALTIES	FOR DATE OF SERVICE 10/16/06	34.50
06/09/21	INTEREST	FOR DATE OF SERVICE 10/16/06	326.75
06/09/21	PENALTIES	FOR DATE OF SERVICE 11/27/06	27.00
06/09/21	INTEREST	FOR DATE OF SERVICE 11/27/06	255.72
06/09/21	PENALTIES	FOR DATE OF SERVICE 05/02/07	34.50
06/09/21	INTEREST	FOR DATE OF SERVICE 05/02/07	326.75

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 32797

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

EAMS#(s):

SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
61093450002134

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

Case: vs ONE SOURCE
Date Of Injury: 5/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/21	PMT BY CHECK	DOS 8/16/06* =# FE50233755	-10000.00
09/28/21	BLCE OFF SET	BALANCE OFF SET	-12587.66

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.

SPECIALTY RISK SERVICES
P.O. BOX 7007
LA HABRA, CA 90632

HIGCSR

800-526-1611

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

IF YOU HAVE ANY QUESTIONS REGARDING THIS PAYMENT CALL:
MATTHEW MESA
800-221-5473 EXT 41069

Payee Name:	JOYCE ALTMAN INTERPRETERS INC
Claim Number:	YMA C 05712
Issue Date:	01/22/2007
Payment Narrative:	ASSOCIATED LEGAL/TRIAL EXP 08/09/06-12/1
Check Amount	$ 544.00
Check Number:	33132737-1

PAID

Invoice Number.
Batch Number:

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

066820982

PDWLDMCD-002073-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 01/31/13

CHECK NO. **FE45083004**

STATEMENT **ESIS**

An Insurance Services Company
ESIS, Inc.

5900C13FE 00 00525 FE45083004
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID	DOLLARS
6109345000213	$********156.50

*** NOT NEGOTIABLE ***

FOR
12/19/12 THRU 12/19/12 32797

CLAIMANT

DATE OF EVENT
05/11/05

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-002073-01-01-00

PAID FEB 04 2013

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

PDWLDMCD-002462-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 12/02/13

CHECK NO. **FE46181892**

STATEMENT **ESIS**

An Insurance Services Company
ESIS, Inc.

5900C13FE 00 01003 FE46181892
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
6109345000213

DOLLARS
$********600.50

* NOT NEGOTIABLE *

FOR
11/12/09 THRU 02/24/12 32797

CLAIMANT

DATE OF EVENT
05/11/05

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PAID DEC 02 2013

PDWLDMCD-002462-01-01-00

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

PDWLDMCD-001248-01-01-00

ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE. 01/11/17
CHECK NO. **FE60039064**

STATEMENT

ESIS®

5900C13FE 00 00413 FE60039064

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

FILED
JAN 18 2017
BY: .....

FILE ID	DOLLARS
6109345000213	$********313.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 200807161620482852913 6

FOR
12/28/16 THRU 12/28/16 32797
CLAIMANT

DATE OF EVENT
05/11/05

32797

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-001248-01-01-00

BOA10B (07/2016)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWLDMCD-000306-01-01-00

ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 06/22/17
CHECK NO. **FE60742427**

STATEMENT

Paid by ESIS, Inc. on behalf of
The AIG Insurance Companies

5900H1IFE 00 00081 FE60742427

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

FILE ID
6109345000213

DOLLARS
$********156.50

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 200807161620482852913 6

FOR
10/06/14 THRU 10/06/14 DEPO PREP
CLAIMANT

DATE OF EVENT
05/11/05

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PAID
JUN 26 [illegible]
BY: .....

42A (12/2016)

DETACH THIS PORTION BEFORE CASHING

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

Id by ESIS, Inc. on behalf of
e AIG Insurance Companies

64-1278
611

DATE 06/22/17

FE60742427

FILE ID
6109345000213

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

CWH1210617000020982

****ONE HUNDRED FIFTY SIX DOLLARS AND 50 CENTS****

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

$********156.50

/06/14 THRU 10/06/14 DEPO PR EP

CLAIM OFFICE
NORTHRIDGE

T
I INDUSTRIES

CLAIMANT

DATE OF EVENT
05/11/05

AUTHORIZED SIGNATURE

Bank of America

S-1GS-11

⑈436074242⑈ ⑆061112788⑆ 00329978641 0⑈

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

POWLLMCD-000308-01-01-00

ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 06/22/17
CHECK NO. **FE60742431**

STATEMENT

Paid by ESIS, Inc. on behalf of
The AIG Insurance Companies

5900H1IFE 00 00083 FE60742431

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

FILE ID
6109345000213

DOLLARS
$********250.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 200807161620482852913 6

FOR
11/19/14 THRU 11/19/14 DEPO REVIEW
CLAIMANT

DATE OF EVENT
05/11/05

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PAID
JUN 2 6 2017
BY: .....

42A (12/2016)

DETACH THIS PORTION BEFORE CASHING

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

d by ESIS, Inc. on behalf of
é AIG Insurance Companies

64-1278
611

DATE
06/22/17

FE60742431

FILE ID
6109345000213

PLEASE DEPOSIT
or CASH
WITHIN 90 DAYS

CWH1210617000020084

TWO HUNDRED FIFTY DOLLARS AND 00 CENTS

TO THE
ER OF

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

$********250.00

/19/14 THRU 11/19/14 DEPO RE VIEW

CLAIM OFFICE
NORTHRIDGE

NT
M INDUSTRIES

CLAIMANT

DATE OF EVENT
05/11/05

AUTHORIZED SIGNATURE

Bank of America

3S-1GS-11

⑈436074243⑈ ⑆061112788⑆ 003299786410⑈

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

ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 06/22/17
CHECK NO. **FE60742444**

STATEMENT

Paid by ESIS, Inc. on behalf of
The AIG Insurance Companies

5900H1IFE 00 00085 FE60742444

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

32797-1

FILE ID
6109345000213

DOLLARS
$*********87.60

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 200807161620482852913 6

FOR
11/12/09 THRU 11/19/14 PENALTY
CLAIMANT

DATE OF EVENT
05/11/05

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PAID
JUN 26 20[illegible]

BY: .....

42A (12/2016)

DETACH THIS PORTION BEFORE CASHING

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

ld by ESIS, Inc. on behalf of
e AIG Insurance Companies

64-1276
611

DATE
06/22/17

FE60742444

FILE ID
6109345000213

PLEASE DEPOSIT
or CASH
WITHIN 90 DAYS

CWH1210617000020086

EIGHTY SEVEN DOLLARS AND 60 CENTS

TO THE
ER OF:

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

$*********87.60

/12/09 THRU 11/19/14 PENALTY

CLAIM OFFICE
NORTHRIDGE

NT
M INDUSTRIES

CLAIMANT

DATE OF EVENT
05/11/05

AUTHORIZED SIGNATURE

Bank of America

S-1GS-11

⑈FE60742444⑈ ⑆061112788⑆ 003299786410⑈

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

P709202801B

202109223934

ESIS, INC.
PO BOX 6569
SCRANTON, PA 18505-6569

Electronic Service Requested

DATE: 09/21/21
CHECK NO: **FE50233755**

STATEMENT

SINGLE PIECE

264 2.9882 SP 0.930

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

2

Paid by ESIS on behalf of The AIG Insurance Companies

FILE ID	DOLLARS
6109345000214	$ 10,000.00

* **NOT NEGOTIABLE** *

INVOICE # XXXXX8852

AGENCY CLAIM # 200807141851448789586 2

FOR

SERVICES FROM 08/16/06 THRU 08/16/06 PAT.# XXXXX8852

CLAIMANT

DATE OF EVENT
11/15/05

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

EM-BOA42A

DETACH THIS PORTION BEFORE CASHING

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

Paid by ESIS on behalf of The AIG Insurance Companies

64-1278/611 GA

DATE: 09/21/21

FE50233755

FILE ID
6109345000214

Bank of America

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

Pay Ten Thousand Dollars

$ ***$10,000.00***

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

CLAIMANT

FOR
SERVICES FROM 08/16/06 THRU 08/16/06 PAT.# XXXXX88

CLIENT
ABM INDUSTRIES, INC.

CLAIM OFFICE
NORTHRIDGE

DATE OF EVENT
11/15/05

AUTHORIZED SIGNATURE

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

⑈FE50233755⑈ ⑆061112788⑆ 00329978641⑈

P7092028014

20210922934

ESIS MedBill Impact
P.O. Box 6561; Scranton, PA
18505-6561

Review Analysis oo

Control Number: 20804212
Bill Index Number: X020804212
Date Reviewed: 09/16/2021
Reviewed By: 9023L
Rep/Sup: AUJ/AVV

Claim Number: 61093450002145
Patient Name:
Provider Tax ID:330956713
Provider NPI: 0

Date Of Injury: 11/15/2005
Patient ID:
Patient Account:
Payor Receipt Date: 09/16/2021

State Jurisdiction:CA
MPN Name:
PPO Name:
PPO ID: (PPOID: 0)

Impact Receipt Date: 09/16/2021
MPN ID
Provider Invoice:

Branch Name: 345
Employer Name:ABM INDUSTRIES, INC.

Provider
St Lic No
JOYCE ALTMAN
INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Rendering Provider
NPI:
Company:
First Name:
Last Name: JOYCE ALTMAN
INTERPRETERS

Insurer
TIN:131938623
Commerce & Industry Insurance Comp
70 PINE ST
NEW YORK, NY 10270

ICD Codes: 959.9 INJURY OTHER AND UNSPECIFIED UNSPECIFIED SITE

Date of Service	Billed Procedure	Reviewed Procedure	Qty	Provider Charges	Bill Review	REDUCTION PPO	REDUCTION OON	Recommend Allowance	Notes
8/16/06	MDS11 00		1	$22,587.66	$12,587.66	$0.00	$0.00	$10,000.00	1,2,3,4
Lump Sum Payment									
				$22,537.66	$12,587.66	$0.00	$0.00	$10,000.00	

Notes/Messages:
1 DOS from 08/09/06-09/14/15
2 Reviewed per client instructions. (250)
3 Rush Bill (E328)
4 This payment is a lien agreement that includes any penalties and interest associated with this service. (E336)

Date of Service	Billed Procedure	Reviewed Procedure	Qty	Provider Charges	Bill Review	REDUCTION PPO	REDUCTION OON	Recommend Allowance	Notes

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under section 5307.1,5307.3, 5307.6 and/or 5307.9 of the California Labor Code.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

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

*** INVOICE ***
Date NO#
09/30/21 77003

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06453424

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

Case: vs RIO RANCHO DISCOUNT MALL INC
Date Of Injury: 12/15/18

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/19	LEGAL_PREP	DEPO PREP @ PERSONAL COURT	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
11/15/19	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/22/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/04/21	PMT BY CHECK	DOS 1/22/21* # CN-587449	-250.00
09/16/21	COSTS	ADD'L COSTS AWARDED	356.68
09/27/21	PMT BY CHECK	DOS 9/16/21* # CN-604905	-763.18

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)

H

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

Provider Number: XXXXX6713

Check #: **CN-587449**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/04/21
Doc #: 036171138

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Charges	Amount Reduced	Reduction Codes	PPO Savings	Allowances
Patient Name:					**Claim #:** 06453424		**Date of Injury:** 12/15/18		
SSN: XXX-XX-7964	Employer name: RIO RANCHO DISCOUNT MALL				Employer ID: 0000009139335180				
	MPN NAME: State Fund MPN				MPN ID: 3136				
1	SF1-SPCA-538231	01/22/21	999Q9	Legal Int - Half D	250.00	.00	922 G5 375	.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"

[redacted]

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 #: **CN-604905**

Issue Date: 09/27/21
Doc #: 036722168

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Charges	Amount Reduced	Reduction Codes	PPO Savings	Allowances
Patient Name:					**Claim #:** 06453424		**Date of Injury:** 12/15/18		
SSN: XXX-XX-7964	Employer name: RIO RANCHO DISCOUNT MALL				Employer ID: 0000009139335180				
	MPN NAME: State Fund MPN				MPN ID: 3136				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SPCA-578400	09/16/21	MDS10	Settlement For Dis	763.18	.00	961 G5 375 G67	.00	763.18
					Total Allowances:				**$763.18**

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

28448508

State Compensation Insurance Fund

Medical
SG

MCO - Insured
PO Box 65005
Fresno, CA 93650-5005

CN-604905
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
September 27, 2021	**$********763.18**

PAY ****Seven Hundred Sixty-Three and 18/100 Dollars****ONLY

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

Please negotiate at your local Union Bank Branch.

⑈521260490 5⑈ ⑆122241501⑆ ⑈908100104 3⑈

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

*** INVOICE ***
Date NO#
09/30/21 73163

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

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30165290438-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: WILLIAM COO
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs K AND M MEAT COMPANY
Date Of Injury: 2/2/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/18	LEGAL_PREP	DEPO PREP @ L/O BRADFORD & BARTHEL	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
02/15/18	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
03/01/18	PMT BY CHECK	DOS 1/8/18* # 86476558	-156.50
04/02/21	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/30/21	PMT BY CHECK	DOS 4/2/21* =# 123919521	-90.00
09/02/21	COSTS	ADD'L COSTS AWARDED	1100.00
09/28/21	PMT BY CHECK	DOS 9/2/21* # 125215034	-1510.00

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.

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

0002581-0008659 0106 001 688937 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
03/01/2018	156.50	86476558
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
234 Sedgwick Claims Management Services, Inc		01 of 01

73163 - 1

Claimant Name		Loss Date	Claim Number
		02/02/2016	30165290438-0001
Amt Paid:	156.50	Description:	Lump Sum Settlement - Medical
Amt Billed:	156.50	Invoice:	ICN:301652904380001
Dates:	01/08/2018 - 01/08/2018	Comment:	

PAID
MAR 06 2018

SWK.RM.STD.00.NP

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

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

Sedgwick as agent for
Starr Indemnity & Liability Company
Starr Indemnity & Liability Co

ORIGIN 2346260 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 03/01/2018

86476558

62-22
311

PAY: ******ONE HUNDRED FIFTY SIX AND 50/100 DOLLARS

$156.50

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

326274441

Bob Blankenship

MEMO: MP

Starr Indemnity Liability Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

⑈86476558⑈ ⑆031100225⑆ 2079950059703⑈

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

0001893-0007075 0106 001 989589 SWK

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 92781-4165

DATE	CHECK AMOUNT	CHECK NUMBER
04/30/2021	90.00	123919521
PAYEE		TAX ID
JOYCE ALTMAN INTERPR		*****6713
SCMS UNIT		PAGE
234 Sedgwick Claims Management Services, Inc		01 of 01

73163

Claimant Name		Loss Date	Claim Number
		02/02/2016	30165290438-0001
Amt Paid: 0.00	Description:	Interpreter	
Amt Billed: 156.50	Invoice:	5320210422002760	ICN:6260-39717
Dates: 01/08/2018 - 01/08/2018	Comment:		
		02/02/2016	30165290438-0001
Amt Paid: 0.00	Description:	Interpreter	
Amt Billed: 250.00	Invoice:	5320210422002760	ICN:6260-39717
Dates: 02/15/2018 - 02/15/2018	Comment:		
		02/02/2016	30165290438-0001
Amt Paid: 90.00	Description:	Interpreter	
Amt Billed: 250.00	Invoice:	5320210422002760	ICN:6260-39717
Dates: 04/02/2021 - 04/02/2021	Comment:		

RECEIVED
MAY 05 2021

SWK:RM:SDM.00.NP

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[redacted]

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

0000886-0003935 0106 001 343967 SWK

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

DATE	CHECK AMOUNT	CHECK NUMBER
09/28/2021	1,510.00	125215034
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
234 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name		Loss Date	Claim Number
		02/02/2016	30165290438-0001
Amt Paid:	1,510.00	Description:	Lump Sum Settlement - Medical
Amt Billed:	1,510.00	Invoice:	see DCN ICN:301652904380001
Dates:	09/02/2021 - 09/02/2021	Comment:	Lien Agreement

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
Starr Indemnity & Liability Company
Starr Indemnity & Liability Co

ORIGIN 2346260 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 09/28/2021

125215034

62-22
311

PAY: ******ONE THOUSAND FIVE HUNDRED TEN AND 00/100 DOLLARS

$1,510.00

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Bob Blankenship

MEMO: MP

Starr Indemnity Liability Co, Principal
Sedgwick Claims Management Services, Inc., Agent By:

1149773199

⑈125215034⑈ ⑆031100225⑆ 20799500597 03⑈